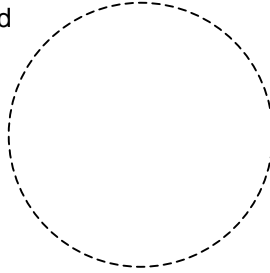




Date received



OFFICE USE ONLY:	
Previous Badge No.	
Expiry Date	

**The European Blue Badge Scheme of Parking Concessions for Disabled and Blind People**

**Application Form**

**INSTRUCTIONS FOR COMPLETION: Please**

1. Read the enclosed Department of Transport booklet carefully. Keep the booklet because it tells you how to use the badge, if awarded.
2. Complete all parts of the form as directed. **Allow 28 days for processing.**
3. Send 2 recent (i.e. no more than 2 years old) photographs, size approximately 2x1.5 inches or 4.5x3.5 cms with the name of the applicant on the back of each one.
4. Enclose a cheque/postal order for £2.00 (non-refundable) to cover administration costs.
5. Return the completed application form with photographs and cheque/PO to:  
**Corporate Support**  
**Customer Advice Centre**  
**10/12 George Hudson Street**  
**York**  
**YO1 6LP**

**Opening Hours:**  
**Monday to Friday 8:30 to 17:00**  
**Telephone: 01904 554213**

**Part A**

This part must be completed in full in all cases.

Full name of applicant

Mr/Mrs/Miss/Ms  Date of Birth:

Address

Postcode

National Insurance Number  Tel:

Previous address (if you have moved within the last 3 years).

<b>Office use only</b>	Payment rec'd <input type="text"/> Date <input type="text"/>	APPROVED BADGE No. <input type="text"/>	REFUSED BY <input type="text"/>
	Receipt no. <input type="text"/>	EXPIRY <input type="text"/>	

**Part B****This part must be completed in all cases.**

Are you registered as blind / severely sight-impaired under the National Assistance Act 1948?

Yes

No

If Yes, please give the name of the local authority with which you are registered and provide proof if this is not City of York.

Do you receive the higher rate of the mobility component of the Disability Living Allowance?

Yes

No

If Yes, please supply evidence (e.g. an official letter confirming the period for which DLA has been awarded). Note that a badge may be issued for the period of the award, to a maximum of 3 years.

Was your vehicle supplied by the Department of Health & Social Security, the Scottish Home & Health Department, or the Welsh Office?  
If **Yes**, please supply details and evidence.

Yes

No

Do you receive a Government grant towards your own vehicle?  
If **Yes**, please supply details and evidence.

Yes

No

Do you receive War Pensioner's Mobility Supplement?

Yes

No

If **Yes**, please supply evidence (e.g. official letter of award of War Pensioner's Mobility Supplement).

**NB. We will return original documents/evidence to you but we cannot accept responsibility for items lost in the post. Photocopies of official award letters are acceptable.**

**IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN PART B PLEASE GO TO PART F**

**IMPORTANT NOTES - Please read before completing Parts C or D**

\* If the answer to **all the questions in Part B is No** an applicant will qualify for a badge only if he/she

- cannot walk or can walk only with severe difficulty
- is aged under 2 and needs to travel with bulky medical equipment at all times or has a condition that requires rapid access to a vehicle for treatment or transport
- drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter

\* The intention of the scheme is that only very severely disabled people will qualify under these conditions. People with temporary disabilities (such as a broken leg, or those awaiting a hip/knee replacement) will **not** qualify for a badge.

\* Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who cannot operate parking meters.

\* It is essential that each application under **Part C** or **Part D** is considered carefully. We may ask for medical evidence of a disability and/or arrange a (mobility) assessment.

**If after reading these notes you think you (or the person on whose behalf you are applying) may qualify for a badge, please complete Part C i) or C ii) or Part D and Part E.**

**Part C**

i). Complete this part only if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

What is the nature of your disability?

What is the **maximum** distance you can walk without stopping, severe discomfort, or help from another person?

Do you regularly use a walking aid?

Yes

No

If Yes, please state type of aid.

**Part C**

ii). Complete this part only if you are applying on behalf of a child under 2 years of age who needs bulky medical equipment at all times or has a condition that requires rapid access to a vehicle for treatment or transport.

What is the specific medical condition that requires the child to travel with bulky medical equipment at all times? Please give full details of the condition and the equipment.

What is the specific medical condition that requires rapid access to a vehicle for treatment or transport?

Your name and relationship to child.

**Part D**

Complete this part only if you hold a valid driving licence, regularly drive a vehicle, have a severe disability in both arms and are unable to operate or have considerable difficulty in operating, all or some types of parking meter.

What is the nature of your disability?

Do you drive a specially adapted car?

Yes

No

(tick)

If yes, state type of adaptation

**Please provide a copy of your driving licence in either case.**

**Part E**

Please complete this part if you have completed Part C i) or ii) or Part D.

An assessment to determine the extent of your mobility or your child's condition will be required in support of your application. This will take place at York Hospital and will be conducted by a physiotherapist. You will be contacted separately with details of the appointment.

As part of the application the physiotherapist may also need access to your/your child's medical records. To allow this, please read the following statement and sign the form below.

**I permit access to my/my child's medical records for the purpose of the Blue Badge application.**

Signed ..... (signature of applicant/).

Doctor's Name & Address:	
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**Part F**

This part must be completed in all cases.

**IMPORTANT:** Please sign this box to validate the blue parking badge. Your (or in the case of a child a parent /guardian's) signature will be displayed on the badge.

Signature:

**We advise applicants that the data held by the authority in respect of your parking application will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.**

**Declaration**

I declare that to the best of my belief the statements I have made on this form are true

Signed

Date

Name  
(print)

Relationship to  
applicant  
(if applicable)

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

**Part G**
**Ethnicity Form (optional)**

Please complete the following:

Ethnic record keeping and monitoring makes it possible to demonstrate that our commitment to deliver services in a fair and non-discriminatory way is being achieved. To help us do this, please indicate your/your child's ethnic origin in the appropriate box below.

SELECT YOUR ETHNICITY FROM THE CATEGORIES LISTED BELOW		PLEASE TICK
<b>WHITE</b>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White background (please specify)	<input type="checkbox"/>
<b>MIXED</b>	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other MIXED background (please specify)	<input type="checkbox"/>
<b>ASIAN or ASIAN BRITISH</b>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background (please specify)	<input type="checkbox"/>
<b>BLACK or BLACK BRITISH</b>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background (please specify)	<input type="checkbox"/>
<b>OTHER ETHNIC GROUPS</b>	Chinese	<input type="checkbox"/>
	Any other ethnic group (please specify)	<input type="checkbox"/>