

Application Form

The Parking Badge Scheme For Disabled People

Data Protection. We will use your personal details to give you the best possible service. Some of these may be sensitive. They could include health, ethnic origin or religious beliefs. We may share some or all of them with other Council departments, our agents, service providers or other third parties. We only do this to help us decide whether to give you our services or if the law says we must. We do not involve any third party unless we are sure they will keep your personal data secure and treat it confidentially. If you are worried about giving us your personal details or about us sharing them with others, please phone our Helpline 0800 1696520 during office hours. We will explain what you can do. From time to time we write to ask what you think about our services. If you do not want us to do this, please tell us. *Culture, City of Wakefield Metropolitan District Council.*

Please Note: Badges can take more than four weeks to issue

Please as appropriate. New Application Renewal Organisation Application (lost/stolen)

Now start part A and continue through the form unless directed otherwise.

Part A

| | | |
|------------------------------------|------------------|----------|
| Full Name of Applicant/Institution | SURNAME | FORENAME |
| | Mr/Mrs/Miss/Ms | |
| Address | SURNAME AT BIRTH | |
| | | |
| Post Code | | |
| Date of Birth | Tel No | |
| Town of Birth | | |
| National Insurance Number | Gender | |

(Organisational applications should now go to Part G)

Part B

1 Are you registered blind under the National Assistance Act 1948? Yes No

If Yes, please supply evidence (eg BD8, CV1 or Registration Card) - photocopies acceptable

2 Do you receive Mobility Allowance or the higher rate of the Disability Living Allowance for help with getting around? Yes No

If Yes, please supply up to date evidence (eg an official letter confirming an award of the allowance). Owing to new legislation from Department of Transport badges will not always be awarded for 3 years unless the DWP letter supports this - photocopies acceptable

3 Was your vehicle supplied by the Department of Social Security, the Scottish Home and Health Department, or the Welsh Office or Motability? Yes No

If Yes, please supply up to date evidence (eg an official letter confirming an award of the allowance) - photocopies acceptable

Do you receive a Government grant towards your own vehicle? Yes No

If Yes, please supply up to date proof (eg an official letter confirming the grant) - photocopies acceptable

4 Do you receive War Pensioners' Mobility Supplement? Yes No

If Yes, please supply up to date evidence (eg copy of an official letter of copy confirming an award of War Pensioners' Mobility Allowance) - photocopies acceptable

If you have answered Yes to any of the questions in Part B, please go to Part F.

If you have answered No to all the questions in part B, you may qualify for a badge under Part C or Part D.

Important Notes - Please read before completing Parts C or D.

- If you have answered No to all the questions in part B you will qualify for a badge only if you:
 - cannot walk, or can walk only with severe difficulty or
 - if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn the steering wheel of a vehicle, even if that wheel is fitted with a turning knob.
- The intention of the Scheme is that only very severely disabled people will qualify under these conditions.
- It is essential that each application under Part C or Part D is considered carefully. You may be asked to provide medical evidence of your disability or in certain circumstances, have a medical examination.
- 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 turn by hand the steering wheel of a vehicle.
- People with **temporary** disabilities, such as a broken leg, will not qualify for badges.

If after reading these notes you think you may qualify for a badge, please read Part C and Part D.

Part C

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.

1 What is the nature of your disability and how does it affect your ability to walk?

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

3 Do you regularly use any equipment to help you get about
eg. wheelchair, zimmer frame?

Yes

No

If yes, please state the type of aid you use.

Now go to Part E

Part D

Only complete this part if you hold a valid driving licence and have a severe disability in both your upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.

1 What is the nature of your disability?

2 Do you drive a specially adapted car?

Yes

No

If yes, please state type of adaptation.

Now go to Part E

Part E

Complete this part only if you have completed Part C or Part D

1 What is the name and address of your family doctor?

| Name | Address |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

2 Are you willing for us to contact your doctor to determine the extent of your disability for the purpose of obtaining information to support your application?

Yes

No

Now go to Part F

Part F

Wakefield Metropolitan District Council operates an Equal Opportunities Policy to ensure that people from all sections of the community are treated fairly. Therefore, it is important that this section is completed.

Please describe which you feel your ethnic/racial origin is (tick relevant box)

| | | | | |
|-----------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed White & Black Caribbean | <input type="checkbox"/> Asian, or Asian British Indian | <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Other ethnic groups Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black background | |
| | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Any other Asian background | | |

If other, please give details

Please state which language you speak

Please tell us your religion

Now go to Part G

Part G

Part G must be completed in all cases.

What is the number of the cheque/postal order you have application? (cash not accepted)

Please make sure your name and address is on the back of the cheque/postal order.

a Individual applications

Applications should be accompanied by two passport photographs of the applicant (must be no more than 2 years old). Both photographs should have your name and post code on the back. Your fee and photographs will be returned if your application is unsuccessful.

Please use this section to ensure you have enclosed the relevant supporting documents

I have enclosed the £10 fee made payable to WMDC (cash not accepted)

I have enclosed up to date evidence to support my application (If you have answered yes in Part B)

I attach 2 recent photographs (no more than 2 years old), each showing my name and post code on the back

PLEASE NOTE BADGES CANNOT BE ISSUED WITHOUT A PHOTOGRAPH

BADGES MUST BE RETURNED TO THE ADDRESS BELOW WHEN THEY ARE OUT OF DATE.

Now complete below

b Organisational applications

(eg Residential Care Homes)

Please ensure that your company stamp is shown in the box provided

company stamp

Now complete below

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

Signed

Date

Name

DO NOT FORGET TO SIGN THE BOX, BELOW LEFT.

Completed forms should be sent to the following address:

The Car Badge Unit, PO BOX 208, Pontefract WF8 1WS Telephone Number: 0845 8 506 506

(Please Note - This is a fully postal service and we are not open to the public)

Applications may take more than four weeks to issue, however, discretionary applications can take longer and the time taken may vary.

Please sign your name in the box below (do not write outside the lines). Failure to include your signature will delay your application

FOR OFFICE USE ONLY

Car Badge Check List

Photos enclosed

Receipt

Fee enclosed

Signed correctly

Proof of Mobility etc.

On Car Badge System ID:

Letter to GP Date:

Pending awaiting further enquiries:

.....
.....
.....

For Office Use Only. *Please delete as appropriate

This application has* / has not* been approved

Signature:

Date Issued:

Receipt No:

Badge No:

Serial No: