

Part H - TO BE COMPLETED BY A MEDICAL PRACTITIONER

The Blue Badge Scheme is governed by legislation approved by the Scottish Government. The Scheme is principally designed to allow people with severe walking disabilities to park close to places that they wish to visit. It is essential that badges are issued only to people who would otherwise be incapable of visiting shops, public buildings or other places.

In order to assist Falkirk Council, as the issuing authority, decide whether or not the applicant is eligible for a badge, this certificate should be completed by a medical practitioner and returned to Falkirk Council in the envelope provided by the applicant. The ultimate decision to issue or refuse a badge lies entirely with Falkirk Council.

Please note that following a change to legislation from 1 April 2011 the questions on this form have been changed to reflect changes in the criteria. These bring it into line with the criteria for receiving the Higher Rate of the Mobility Component of Disability Living Allowance (DLA). Medical Practitioners should refer to the Department of Work and Pensions (DWP) Decision Makers Guide (DMG) Sections 61276 to 61331 when completing this form.

1. Does the applicant have a **physical** disability which means that they are **unable to walk or virtually unable to walk?** (as per DMG 61319)

No → If **NO** please sign and stamp this form and return it to Falkirk Council. There is no need to answer questions 2-6 below.
 Yes

If YES please answer ALL questions below or the application will be refused. The answers provided on this form should not be disclosed to the applicant.

2. Is the effect of this disability:

Permanent
 Temporary → How long is this expected to last?
 Intermittent → Please provide **full** details

3. Does the applicant regularly need to use:

a. wheelchair Yes No Don't Know
 b. walking aid Yes No Don't Know
 If YES to question 3b, state the type of walking aid

4. Can the applicant walk only with severe discomfort? Yes No
As per DMG 61300 "severe discomfort must arise from the physical act of walking"

5. Can the applicant walk only at a very slow pace? Yes No
As per DMG 61325, a "very slow pace" means under 40 metres per minute

6. From your knowledge of the applicant's condition, how far can the applicant walk outdoors without stopping, severe discomfort, or help from another person?

Unable to walk Less than 30 metres Between 30 and 80 metres Over 80 metres

Signed
 Name (Print)
 Date

Practice Stamp
 Practice Code

April 2011

Falkirk Council Use Only

Issue Yes No → Refusal No:
 If YES state duration → Expiry Date:
 Sign & Date

Blue Badge Scheme

Application for Disabled Persons' Parking Badge



Falkirk Council
 Development Services

In terms of the The Disabled Persons (Badges for Motor Vehicles) (Scotland) Regulations 2000 (as amended) and the Local Authorities' Traffic Orders (Exemptions for Disabled Persons) (Scotland) Regulations 1999.

Falkirk Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Part A

Title Mr Mrs Miss Ms Other (please state)

Full name of applicant
 Address
 Postcode

Date of Birth Telephone Number

Details of at least one vehicle in which you travel Make Reg No

Have you ever had a Blue Badge issued by Falkirk Council? Yes No
 If YES, please insert serial number here

Part B

Are you registered blind? Yes No
 If YES, please give the name of the local authority with which you are registered and your registration number

Do you receive Disability Living Allowance (Mobility Component) at the **higher rate**? Yes No
 If YES, please supply evidence (e.g. a current letter from the Department of Work and Pensions, or a current letter of agreement confirming participation in a Motability Scheme). Please note that evidence **must** be dated within the last 3 years and show your current address.
 Please list evidence enclosed

Do you receive War Pensioners' Mobility Supplement? Yes No
 If YES, please supply evidence (e.g. a current letter confirming award of War Pensioners' Mobility Supplement). Please note that evidence **must** be dated within the last 3 years and show your current address.
 Please list evidence enclosed

If you have answered YES to any of the questions in Part B, please go straight to Part G and **do not send this form to your doctor**. When you have completed Part G, you should send this form to Falkirk Council, Development Services, Abbotsford House, David's Loan, Falkirk, FK2 7YZ enclosing a cheque/postal order made out to Falkirk Council for £20. You can also hand this form in at Abbotsford House and pay by cash or credit/debit card. Please **do not** send cash through the post.

If you have answered **NO** to of the all questions in Part B, you will qualify for badge only if:

- You have a permanent disability that means that you are unable to walk or virtually unable to walk
- You have temporary disability that means that you are unable to walk or virtually unable to walk which is likely to last for a period of at least 12 months, or
- You drive a vehicle regularly and have a severe disability in both arms and have considerable difficulty in operating all or some types of parking meter, or
- You are the parent or carer of a child who meets the criteria in Part E.

The intention of the scheme is that only very severely disabled people will qualify.

It is essential that each application under Part C, Part D or Part E is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.

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

The information provided by you and by relevant third parties will be used in assessing whether you are eligible for a Blue Badge. These details may be disclosed to the Police, Traffic Wardens or Council Parking Attendants to allow them to carry out their statutory duties. Otherwise it will be kept confidential.

Part C

Complete this part only if you cannot walk or have considerable difficulty walking because of substantial disability

What is the nature of your disability?

Is your disability permanent?

Yes No

If **NO**, state how long you expect the disability to last

What is the maximum distance you can walk without stopping or without severe discomfort or help from another person? Give further details if applicable.

Do you regularly use a walking aid?

Yes No

If **YES**, please state the type of walking aid

NOW GO TO PART F →

Part D

Complete this part only if you drive a vehicle regularly and have a severe disability on both arms and have considerable difficulty operating all or some types of parking meter.

What is the nature of your disability?

Do you drive a specially adapted car?

Yes No

If **YES**, please state the nature of adaptation

NOW GO TO PART F →

Part E

You may also qualify for a Blue Badge if:

1. You are the parent or carer of a child who has a medical condition which requires that they always be accompanied by bulky medical equipment which can be kept in a vehicle but cannot be carried without difficulty, or
2. You are the parent or carer of a child who has a serious medical condition which requires that they be kept near a motor vehicle to be treated for that condition or so that they can be taken quickly to a place where they can be treated.

Please give details below if you think that you qualify (you may want to include a letter of support from a doctor or other health practitioner).

DO NOT send payment with this application. Falkirk Council will process your application, and if it is successful, you will be contacted with details of how to pay the £20 charge for the issue of a Blue Badge. NOW GO TO PART G.

Part F

Please complete this section if you have completed Part C or Part D of this form.

What is the name and address of your family doctor?

Are you willing to have an independent medical examination to determine the extent of your disability for the purpose of obtaining information to support your application?

Yes No

People who want to provide proof of eligibility by means of medical certification under Parts C or D should complete and sign this form and pass it to a doctor with a stamped addressed envelope for forwarding to Falkirk Council. **Falkirk Council is not responsible for any charges which might be made for completion of the form - the applicant will have to pay these charges.** DO NOT send payment with the application. Falkirk Council will process your application, and if it is successful, you will be contacted with details of how to pay the £20 charge for the issue of a Blue Badge. NOW GO TO PART G.

Part G

THIS SECTION MUST BE COMPLETE FOR ALL APPLICATIONS

Unless there are exceptional circumstances, you must submit 2 passport size photographs with your application, both of which you must sign on the back. Your photographs will be returned to you if your application is unsuccessful. You may send photographs from a photo booth, or any suitable photographs cut down to size.

- I attach 2 photographs, signed on the back
- I am unable to provide photographs because of the exceptional circumstances detailed below

I declare that to the best of my belief, all statements I have made on this form are true and I agree to Falkirk Council contacting my family doctor if necessary for the purpose of obtaining information to support my application.

Signed

Date

Name (Print)

ALL applicants must also sign their name in this box. The signature **MUST** be inside the black lines