



Falkirk Council

Blue Badge Scheme

Application for Disabled Persons' Parking Badge

in terms of The Disabled Persons (Badges for Motor Vehicles) (Amendment) Regulations 2007
and The Local Authorities' Traffic Orders (Exemptions for Disabled Persons) (Scotland) Regulations 1999.

❖ Please as appropriate.

Part A

Title Mr Mrs Miss Ms Other (please state)

Full Name of applicant

Address

Postcode

Date of Birth

Tel.

Details of at least one
vehicle in which you travel

Make

Reg. No.

Have you ever had a badge issued by Falkirk Council?

YES

NO

If YES, please insert Serial Number here

Part B

1 Are you registered as blind under the National Assistance Act 1948?

YES

NO

If YES, please give the name of the local authority with which you are registered and, if possible, your registration number.

2 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 for Work and Pensions or a current letter of agreement confirming participation in a Motability scheme).

3 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).

If you have answered YES to any of the questions in Part B, please go straight to Part G 

If you have answered NO to all the questions in Part B you will qualify for a badge only if

- you cannot walk or have considerable difficulty walking because of a permanent and substantial disability or
- you have considerable difficulty in walking because of a temporary but substantial disability which is likely to last for a period of at least 12 months or
- you drive a vehicle regularly and have a severe congenital 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, D or 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 you may qualify for a badge, please read Part C, D and 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 they will be kept confidential.

Part C

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

1 What is the nature of your disability?


2 Is your disability permanent? YES NO

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

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

4 Do you regularly use a walking aid? YES NO

If YES, please state type of aid

NOW GO TO PART F


Part D

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

1 What is the nature of your disability?

2 Do you drive a specially adapted car? YES NO

If YES, please state nature of adaptation.

Part E

You may also qualify for a Blue Badge if:

- (i) 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 great difficulty.
- (ii) 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 in the vehicle to a place where they can be treated.

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

Part F

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

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

- 2 Are you willing to have a 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 the form and pass it to a doctor with a stamped addressed envelope for forwarding to Falkirk Council. Please note that the Council will not be responsible for any charge which might be made by the doctor. The applicant will have to pay that charge.

Part G

THIS PART MUST BE COMPLETED IN ALL CASES

Unless there are exceptional circumstances, you must submit with your application 2 passport size photographs, both of which you should sign on the back. Your photographs will be returned if your application is unsuccessful. You may send photographs taken from self-service booths or any suitable photographs cut down to an appropriate size.

- ❖ I attach 2 photographs SIGNED ON THE BACK I am unable to provide photographs because of the exceptional circumstances detailed in the box below

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

Signed

Date

Name



All applicants should sign their name in this box.
The signature MUST be inside the black lines.

- ❖ **IF YOU HAVE COMPLETED PART F** you should now take or send this form to your family doctor along with a **stamped envelope addressed to: Falkirk Council Public Transport Unit, Abbotsford House, FALKIRK FK2 7YZ.**
- ❖ **IF YOU HAVE NOT BEEN REQUIRED TO COMPLETE PART F** you should now take or send this form to: Falkirk Council Transport Planning Unit, Abbotsford House, FALKIRK FK2 7YZ.

Part H - TO BE COMPLETED BY A MEDICAL PRACTITIONER

The Blue Badge Scheme is governed by regulations approved by the Scottish Executive. The Scheme is principally designed to allow people with severe walking disabilities to park close to places 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 in deciding 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 rests entirely with Falkirk Council.

The answers to the questions in this form should NOT be divulged to the applicant.

Please as appropriate.

1 Does the applicant have a disability which affects walking ability?

YES

NO

If you have answered **NO**, please sign this form and return it to Falkirk Council. There is no need to answer further questions.

2 Is the effect of this disability: Permanent Temporary Intermittent

If **Temporary**, please state how long you expect this to last.

Does the applicant a) wheelchair YES NO NOT KNOWN
regularly need to use: b) a walking aid YES NO NOT KNOWN

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

3 Can the applicant walk only with excessive labour? YES NO

4 Can the applicant walk only at an extremely slow pace? YES NO

5 Can the applicant walk only with excessive pain? YES NO

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

Unable to walk

Less than 25 metres

Between 25 and 50 metres

Between 50 and 75 metres

Between 75 and 100 metres

More than 100 metres

Signed

Practice Stamp

Date

Name

Practice Code **V25**

COUNCIL USE ONLY

MOB/POB/VEDEC NO. _____ expiry date _____

BADGE / REFUSAL NO. _____ Ref:BB April2007