

Date: **As postmark**
My ref:
Your ref:
Contact: **Disabled Person's Parking
Badge Section**
Phone: **0116 305 0001**
Email:

Dear Sir/Madam

RE: The Disabled Person's Parking Badge Scheme

Thank you for your recent enquiry regarding: the Disabled Person's Parking Badge Scheme. Please read these guidance notes/instructions carefully before completing the application overleaf.

- The purpose of the scheme is that only very severely disabled or blind persons will **AUTOMATICALLY** qualify for a badge.
 - The Blue Badge Scheme provides parking concessions for people with severe walking difficulties and those with severe disabilities in both arms, who travel either as drivers or passengers. It is designed to make it easier for them to visit shops, restaurants and other local amenities by parking closer to their destination.
 - Children under the age of two who, due to a specific medical condition, need to travel with bulky medical equipment or be close to a vehicle for emergency medical treatment are also eligible to qualify automatically.
 - If your Blue Badge is lost or stolen, please contact the Customer Service Centre or visit the website for more information. You may be required to provide evidence of the lost/theft and any replacement may be subject to a fee.
1. **ALL** applicants must complete sections A, B, & D.
 2. Part C should only be completed if applicant has answered NO to all questions in Part B.
 3. Part E needs to be completed by your Family Doctor only if you have answered **NO** to all questions in Part B
 4. Application is by post only

We will aim to process your application within 3 weeks of receiving the completed form. If you require any further information, please ring the number at the top of this letter.

**THE APPLICANT OR THEIR REPRESENTATIVE MUST SIGN IN THE BOX
ADJACENT - AS THIS WILL BE AFFIXED TO BADGE**

Please sign below; this signature will appear on your Badge

Customer Service Centre (HTWM)

Leicestershire County Council, County Hall, Glenfield, Leicestershire LE3 8ST

Telephone: 0116 305 0001 Fax: 0116 305 0006 Minicom: 0116 305 0007

Email: customerservices@leics.gov.uk

Director, Matthew Lugg

www.leics.gov.uk

Information supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998 for statistical analysis, management, planning and in the provision of services by the County Council and its partners. The information will be held in accordance with the Council's records management and retention policy.

Some of the information requested requires your explicit approval to enable us to collect it and use it. By completing sections related to questions about disability, health or medical conditions you are agreeing to us using the information for the purposes described above.

- If you have answered **NO** to all the questions in **PART B**, you may qualify for a badge under **PART C**. Once you have completed Parts C & D please take this application form to your Family Doctor. Part E (*See overleaf*) to be completed by your Family Doctor and then returned in the envelope provided. Please ensure a stamp is placed on the return envelope.

Part C

1 What is the nature of your disability and how does it affect your mobility.

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

3 Is the disability Permanent Temporary Are its effects Intermittent

4 Do you regularly use a walking aid? Yes No
 If yes please state what type of aid _____

5 What is the name & address of your family doctor?

NAME _____
 ADDRESS _____
 POST CODE _____

Please go to PART D

Part D

ALL APPLICANTS MUST COMPLETE THIS SECTION

Please also enter name and address of applicant on back of photograph

- Applications must be accompanied by **one** passport size photograph of the applicant. The applicants name should be put on the back of the photo.
- I have * **enclosed documentary evidence of my entitlement of an award** (*where applicable*)
 * **enclosed one passport sized photograph**

SIGNED _____ DATE _____
 NAME _____

**IF YOU HAVE ANSWERED NO to all questions in PART B
 PLEASE TAKE THIS FORM TO YOUR GP.**