



Date Received

Application Number

Passed To

Application For Parking Spaces For Use By Disabled Persons

Please note that this form can be completed electronically and submitted by e-mail. This is our preferred method of receipt.

Part A. PERSONAL DETAILS:-

Title Mr Mrs Miss Ms Other (please state)

Name

Address

Town Post Code

Phone Number Date of Birth

Blue Badge Serial Number *Please provide a copy with your application*

Have you made any previous applications? Yes No If YES, state when

If previously refused, state reason

Doctors Name

Address

Town Post Code

Part B. CRITERIA:-

The vehicle **must** be registered at the application address

Is the vehicle normally kept at the address overnight? Yes No

Do you have a driveway or garage? Yes No

Do you have a rented garage? Yes No

Is your vehicle adapted? Yes No

Applications will be refused where a garage or driveway exists. Please see the criteria sheet for more information

The main driver must be the applicant, if not please name the main driver of the vehicle:-

Where you are not the main driver, do you regularly require daily transport to school or hospital? Yes No

If you are a disabled passenger and believe you may be eligible, please include a letter of support from your doctor or health practitioner Or have Part F completed by an Authorised Signatory

Part C. ALLOWANCE DETAILS:-

Are you in receipt of a Disability Living Allowance Mobility component at Higher rate? Yes No

OR

Are you in receipt of Attendance Allowance (Higher Rate)? Yes No

If YES, please supply evidence that you are currently receiving the allowance (e.g. an official letter confirming award of allowance dated within the last 12 months, which also shows an expiry date or an award for an indefinite period and showing the applicants correct name and address).

Part D. 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 that you can walk without stopping, severe discomfort or help from another person? Please give further details if applicable.

Do you regularly use a walking aid? Yes No

Are you wheelchair dependent? Yes No

Part E. LOCATION:-

Is the disabled parking bay required on the street outside the property? Yes No

If NO, please provide details below:-

Part F. TO BE COMPLETED BY AUTHORISED SIGNATORY:-

The provision for a disabled parking space is principally designed to assist disabled drivers with severe walking disabilities to park closer to home.

In order to assist Clackmannanshire Council as the issuing authority, assess the needs of the applicant and the suitability for an on street disabled space where they do not meet the relevant criteria. The following section has to be completed by an Authorised Signatory: Occupational Therapist; Social Worker; Community Care Team.

The ultimate decision to approve or refuse applications rest entirely with Clackmannanshire Council.

Does the applicant have a disability which affects walking ability? Yes No

If NO, please sign and return this form. There is no need to answer further questions.

Is the effect of this disability: Permanent
 Temporary
 Intermittent

Does the applicant regularly need to use:

(a) a wheelchair? Yes No Unknown
(b) a walking aid? Yes No Unknown

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

Signature:

Print Name

Occupation

Address

Town Post Code

Phone Number Date

Part G. DECLARATION BY APPLICANT:-

Your application cannot be determined unless you have agreed to and ticked **ALL** of the following statements:

- a) I declare that all information I have given in the application is CORRECT
- b) I have enclosed copies of the required documents:
● Blue Badge (both sides, including number and photo); and
● Proof of receipt of required benefits
- c) I acknowledge that any Disabled Badge holder can use the bay;
- d) I understand that it might be necessary for the Council to contact my GP for further information and I hereby give my permission
- e) I understand that the provision of the bay will be regularly reviewed and I agree to provide copies of any documents required by the Council for this purpose
- f) I agree to notify the Council immediately if any of my details stated in Part A, B C or D change and accept that the bay will be removed if I no longer meet the required criteria
- g) I agree to my information being used as explained below

The information provided will be processed by Clackmannanshire Council in connection with Parking Spaces for use by Disabled. Your information will be disclosed to partners acting on the Councils behalf in the administration of the scheme and your address disclosed as part of the local consultation process.

Applicant's Signature:

Date

If the form has been completed by another person on your behalf can they please complete the following:

Signature:

Print Name

Relationship

Date

Please return completed application forms to:

Incomplete forms will delay your application.

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