



APPLICATION FORM FOR THE PROVISION OF A DISABLED PERSON'S PARKING BAY

The provision of a disabled persons' parking bay is intended for people who have severe mobility problems and also hold a current blue badge. Consideration can only be given where NO other off road parking can be utilised. Bays will only be provided for drivers who have their own vehicle, have a permanent disability and would otherwise find it impossible to walk the distance between their vehicle and their home. Only in exceptional circumstances will consideration be given to disabled individuals who cannot be left unattended for any period of time.

This application may result in the installation of a bay. However, it should be stressed that the bay is not exclusive to any individual and may be used by any blue badge holder.

If you think that you meet these requirements and wish to apply for a bay, please complete this form and **return it to your local Community Health & Care Partnership office.**

Applicant's full name (Mr/Mrs/Miss/Ms) _____

Address _____

Date of Birth _____

1) Do you have a current Blue Badge? YES NO

If YES please give the serial number _____

Date of Issue _____

Are you the driver of a private car? YES NO

If YES, are you the registered keeper of the vehicle? YES NO

If YES, please supply your driving licence number _____

And supply a COPY of your Vehicle Registration document.

Are you the main driver of this vehicle? YES NO

2) Was your vehicle supplied by a government department due to your disability? YES NO

If YES, please explain why _____

3) Is off road parking available? YES NO

Do you have a driveway/vehicular access to your home? YES NO

Would it be possible to create such a parking area? YES NO

If NO, please explain why _____

4) Please explain the difficulties you are experiencing whilst parking at your home?

5) If you are a passenger and feel that you cannot be left unattended whilst your driver parks the car, or there are exceptional circumstances which you wish to be considered, please indicate these below.

Medical verification must be submitted in these circumstances

Please note that it is a joint decision by Community Health & Care Partnership and the Roads & Transportation Service on whether to provide or not provide a parking bay. It may not be possible to create such a facility in certain areas if it has the potential to disrupt traffic flow.

Additionally, failure to supply all information requested including a copy of your Vehicle Registration document will result in your application being rejected.

I declare that to the best of my belief all the statements I have made on this form are true and I agree to the local authority contacting other agencies where necessary for the purpose of obtaining information to support my application.

Signed _____

Date _____

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COMMENTS – ROADS SERVICE	COMMENTS - CHCP