



Application for Disabled Person's Parking Badge *'The Blue Badge Scheme'*

in terms of The Disabled Persons (Badges for Motor Vehicles) (Scotland) Regulations 2000
and The Local Authorities' Traffic Orders (Exemptions for Disabled Persons) (Scotland) Regulations 2000

❖ Please as appropriate.

Part A

Title Mr Mrs Miss Ms Other (please state)

Full Name of applicant

Address

Date of Birth

Postcode

Tel.

Details of at least one
vehicle in which you travel

Make

Reg. No.

Have you ever had a badge issued by Stirling 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 *Go straight to Part G*

NO *Go to question 2*

If YES, please give the name of the local authority with which you are registered. **NOTE:** although you do not have to provide proof of registration, it may speed up your application if you do.

2 Do you receive Disability Living Allowance Mobility Component (Higher Rate)?

YES *Go straight to Part G*

NO *Go to question 3*

If YES, please supply evidence that you are currently receiving the allowance (e.g. an official letter confirming award of the allowance, a Vehicle Excise Duty Exemption Certificate or a Post Office Order Book for payment of the allowance).

3 Do you receive War Pensioners' Mobility Supplement?

YES *Go straight to Part G*

NO *Go straight to Part C*

If YES, please supply evidence (e.g. official letter confirming award of War Pensioners' Mobility Supplement).

PLEASE TURN OVER 

Important Notes - Please read before completing Parts C, D or E.

- ❖ If you have answered **NO** to all the questions in Part B you will qualify for a badge only if
 - you cannot walk or can walk only with severe difficulty **or**
 - you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a motor vehicle **or**
 - you have a vehicle supplied by any of the agencies listed 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 or Part D is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.
- ❖ Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who cannot turn by hand the steering wheel of a motor vehicle.
- ❖ People with temporary disabilities, such as a broken leg, will not qualify for badges.

If after reading these notes you think you may qualify for a badge, please complete the appropriate sections.

Part C

Complete this part only if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

1 What is the nature of your disability?

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

3 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 hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a motor vehicle.

1 What is the nature of your disability?

2 Do you drive a specially adapted car?

YES NO

If YES, please state type of adaptation

Part E

1 Was your vehicle supplied by the Department of Health and Social Security, the Scottish Home and Health Department or the Welsh Office?

YES NO

If YES, please give details

2 Do you receive a Government grant towards your vehicle?

YES NO

If YES, please give details

NOW GO TO PART F

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?

Name
Address

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

If you have completed this part, please sign the form below and pass it to a doctor with a stamped addressed envelope for forwarding to Clackmannanshire Council. Please note that the Council will not be responsible for any charge which the doctor makes. The applicant will have to pay that charge.

Part G

This Part must be completed in all cases

- ❖ I attach 2 passport sized photographs I am unable to provide photographs because of the exceptional circumstances detailed in the box below
SIGNED 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 (2"/5cm wide x 2½"/6cm long).

- ❖ 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 doctor, if necessary, for the purpose of obtaining information to support my application.

Name in capitals:

Date:

PLEASE TURN OVER →

Please SIGN within the lines of both boxes

