



Council of the Isles of Scilly
Adult Social Care Department
Application for Disabled Parking Badge

To be completed in **BLOCK CAPITALS**, answering all sections.
If necessary, someone can complete it on your behalf.
Please ✓ all appropriate boxes.

Section A

Full name of applicant: _____

Title: Mr Mrs Miss Ms DOB: / /

Address: _____

_____ Postcode _____

Tel No. (inc. code) _____

**PLEASE READ CAREFULLY BEFORE COMPLETING
THIS APPLICATION**

- The fee for the badge is £2.00. Cheques and Postal orders should be crossed and made payable to “**Council of the Isles of Scilly**”. Please do not send cash.
- The fee will be refunded if your application is unsuccessful.
- Two passport style photographs are required.
These will be returned if your application is unsuccessful.

Section B

- Are you registered blind with the Council of the Isles of Scilly under the National Assistance Act 1948?

Yes

No

Do you receive Mobility Allowance or the higher rate of the mobility component of the Disability Living Allowance?

Yes, please supply evidence (eg an official letter confirming an award of the allowance, a Vehicle Excise Duty Exemption Certificate or an order book for payment of the allowance.

No

- Was your vehicle supplied by the Department of Social Security, or the Scottish Executive?

Yes, enclose any relevant documents/letters.

No

- Do you receive a Government grant towards your vehicle?

Yes, enclose any relevant documents/letters.

No

- Do you receive War Pensioner's Mobility Supplement?

Yes, enclose a letter confirming an award of War Pensioner's Mobility Supplement.

No

If you have answered 'YES' to any of the above, please proceed to Section E.

If you have answered 'NO' to all of the above, proceed to Section C or D.

Section C

The intention of the Scheme is that only severely disabled people will qualify.

If you have answered 'No' to all questions in Section B you will only qualify for a badge if you fulfil one of the following criteria:

- You cannot walk or can walk only with severe difficulty.
- 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 vehicle, even if that wheel is fitted with a turning knob.

Note: (ii) If you apply under any of the criteria in this Section C, your doctor will be requested to provide medical evidence of your disability. You will also be required to undertake a walking test by the Department's Occupational Therapist.

(ii) People with temporary disabilities, such as a broken leg, will not qualify for a badge.

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- Do you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking?

Yes

No, If **No**, go to Section D.

If **Yes**, state the nature of your disability and answer the rest of the questions in Section C.

Nature of Disability: _____

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

Unable to walk any distance

50 – 100 metres

Less than 50 metres

More than 100 metres

- Do you regularly use a walking aid?

Yes No

If **Yes**, please give type of aid:

- What is the name and practice address of your doctor?

Name:

Address:

Postcode:

- Would you be 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 are applying under this section, once you have answered all these questions proceed to Section E

Section 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 vehicle even if that wheel is fitted with a turning knob.**

What is the nature of your disability?

Do you drive a specially adapted car?

Yes No

If Yes, please state type of adaptation:

Section E – This part must be completed in all cases.

Applications should normally be accompanied by two passport style photographs of the applicant, as described in **Section A**.

The name of the applicant should be clearly written on the back of the photographs and these will be returned if the application is unsuccessful, as will the fee.

- I attach two photographs (only in exceptional circumstances where the holder suffers with a severe facial disfigurement will they not be required).
- I attach the required fee of £2.00 as described in **Section A**.
- I attach any document as specified in **Section B**.

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

Signature:

Date: / /

(or other authorised mark*)

** An authorised mark is acceptable for applicants aged 18 years and over who are unable to sign.
For applicants aged under 18 years, a parent/guardian/representative should sign on their behalf.*

Print your name below **only** if you have signed on behalf of an applicant under the age of 18 years.

Relationship to applicant:

Now sign or place an authorised mark in the box at the bottom of the page, where indicated.

This signature (or authorised mark) will appear on your badge.

Section E cont...

When completed, this form, the fee and any other enclosures should be sent to:

Adult Social Care, Council of the Isles of Scilly, St Mary's, TR21 0LW.

Please Note: The Road Traffic Acts require disabled drivers when applying for a licence to declare any disabilities which are or may become likely to affect their ability to drive safely, and to do so also if a condition develops or worsens during the currency of a licence. You should be aware of this legal requirement and notify the Driving and Vehicle Licensing Centre, Swansea, SA6 7JL (or SA99 1AB) if you feel this applies to you.