

APPLICATION FOR A DISABLED PERSONS PARKING BAY

Personal Details

PLEASE USE BLOCK CAPITALS

Surname _____

First Name _____

Full Address _____

Daytime Telephone Number _____

Post Code _____

Email Address _____

Declaration

Please Tick (✓) the boxes in the right-hand column to show that you understand the declaration

1	<p>(a) I confirm that I am the disabled driver of the vehicle for which the parking bay has been requested</p> <p>Or</p> <p>(b) I confirm that _____ is my nominated driver of the vehicle for which the parking bay has been requested*</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
2	<p>(a) I possess no alternative off-street parking facility, such as a garage, driveway or area of hardstanding in my garden</p> <p>Or</p> <p>(b) I possess a garage, driveway or area of hard standing in my garden but cannot use for the following reason:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
3	<p>Parking near my property is most difficult during: The week / Weekends* and (Morning / Afternoon / Evening) * Please note: If you do not specify when parking is difficult then an officer will check the road at any time during the day, which could be when there is no parking problem. If this is the case the application will be rejected. *Delete as applicable</p>	
4	<p>I confirm that I have notified the DVLA of my disability (if applicable) Please note that you may be required to provide evidence of this</p>	<p><input type="checkbox"/></p>
5	<p>I enclose:</p> <p>i) A copy of my current London Borough of Barnet Disabled Badge (both sides of the badge)</p> <p>ii) A copy of my own / my nominated driver's* Driving Licence *Delete as applicable</p> <p>iii) A form (enclosed) from my G.P. (or other authorised medical source) supporting my application and stating the extent to which my ability to walk is impaired</p> <p>iv) A copy of my car registration document</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

v)	A copy of: * Higher rate mobility component Disability Living Allowance letter (age 65 or under) or *Higher rate of Attendance Allowance letter (Over 65 years of age) *Delete as applicable	<input type="checkbox"/>
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SIGNED _____

DATE _____

When you have completed this form please send it together with the items listed in section 5 to the address below

Parking Design Team
 Highways
 6th Floor
 2 Bristol Avenue
 Colindale
 London
 NW9 4EW

Data Protection

Barnet Council will collect and use the information you give us to undertake our functions as a local authority and deliver services to you. It is our responsibility to ensure that your information is kept safe. Where necessary and legally allowed, we will share your information with trusted external organisations, commissioned partners and contracted service providers in order to deliver services and support to you.

The information we collect may be used to better understand your use of our services and assist us in improving our services. This is to ensure we are using public funds in the best possible way. Under our duty to protect public money we may use the information you have provided for the prevention and detection of crime.
 For further details of how we use your information and to understand your rights please visit www.barnet.gov.uk/privacy or email data.protection@barnet.gov.uk to request a full copy of our privacy notice.

CONFIDENTIAL

Date: / /

DISABLED PERSONS PARKING BAY APPLICATION

PATIENT'S NAME: _____
PATIENT'S ADDRESS: _____

1. This is to confirm that the above-named person is a patient at my practice and suffers from a disability that affects their ability to walk to such an extent that they are in need of a disabled persons parking bay.
2. **The distance that they are reasonably able to walk without stopping, severe discomfort or help from another person is approximately:**

Distance in metres	0	0-10	10-20	20-50	Over 50
Please tick in the appropriate column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Does the applicant require the use of crutches: Yes/No
 Does the applicant require the use of a wheelchair: Yes/No
 *Please delete as appropriate.

4. Please give a brief description of the applicant's disability:

5. Their condition is Temporary* / Permanent / Degenerative. (Please delete as appropriate) *If condition is temporary, please state the approximate length of time that the patient is likely to be affected.

6. I support this patient's application for a disabled persons parking bay.

Signed:	Practice Stamp:
Doctors Name:	

If you feel there is any other relevant information you can give to support this application, please write on the back of this page or on a separate sheet.

Data Protection

We would like to ensure you that the information you provide will be stored carefully and the data you provide will not be used or given to external companies for sales or marketing purposes. We would further like to ensure you that in accordance with Barnet and Re's data protection rules and regulation we will only hold your personal information on record for 6 years before we dispose of it in a legal and secure issue.

CRITERIA FOR THE PROVISION OF DISABLED PERSONS PARKING BAYS

1. The applicant must be the holder of a valid Disabled Person's Blue Badge issued by the London Borough of Barnet.
2. The applicant must be in receipt of the higher rate mobility component of Disability Living Allowance (age 65 or under), or the higher rate of Attendance Allowance (over 65 years of age).
3. The applicant should normally be the driver of the vehicle for which the parking space is to be provided.
4. If the applicant is not the driver but the passenger of the vehicle, the nominated driver must live at the same address as the applicant, and a may be provided if:
 - a. the applicant requires substantial physical assistance from the driver of the vehicle, when entering or leaving the vehicle and the driver is generally the only person available to assist the passenger.
 - b. the applicant is sufficiently mentally or physically incapacitated to necessitate the constant supervision by the driver of the vehicle. The driver of the vehicle should be the only person available to affect this supervision and should live at the same address.
5. A medical professional must confirm that the applicant's ability to walk is restricted to 50 metres or less, including rest stops.
6. Only where in the opinion of Council Officers there is proven difficult in parking on-street and no suitable alternative off-street parking facilities are available, will a 'designated' disabled bay be provided.
7. Where off-street parking facilities are available, a designated disabled bay may be provided if the applicant can demonstrate, and the Council are satisfied that the facilities are unsuitable for the use of the applicant given the nature of their disability.
8. Once all the required documents and procedures have been approved and followed it can take approximately 2-3 month to implement the bay.

Please return your application form to:

Parking Design Team
Highways
6th Floor
2 Bristol Avenue
Colindale
London NW9 4EW

Email: Highwayscorrespondence@barnet.gov.uk

Tel: 0208 359 3555