

APPLICATION FOR THE PROVISION OF A DISABLED PERSONS' PARKING PLACE



Please refer to the guidance notes before completing this application form and complete the answers in as much detail as possible.

Name of Disabled Applicant			
AddressPostcode		
Telephone No.		Date of Birth	

*To be awarded a Disabled Persons Parking Place, the applicant **MUST** be the holder of a current Disabled Persons' Blue Badge. Please provide serial number and expiry date of the badge. If the applicant does not have a Blue Badge, the criteria will **NOT** be met.*

Serial Number	
Expiry Date	

Who is the main driver of the vehicle?

Applicant		Husband		Wife		Partner		Daughter		Son	
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Other (please specify)

If you are the passenger:

Does the main driver reside at the same address?	YES / NO
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Is the vehicle registered at the same address?	YES / NO
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Are you on the higher rate of Mobility Component of the Disability Living Allowance?	YES / NO
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If you have answered 'No' you do not meet the criteria for a Disabled Persons Parking Place.

If you have answered 'Yes' please provide a copy of your letter from the Department for Works and Pensions as documentary evidence as proof you receive this allowance.

Do you have access to any of the following?

Hardstanding	YES / NO	Driveway	YES / NO	Garage	YES / NO
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If you have answered 'Yes' to any of the options, is it accessible by car? YES / NO

If 'No' please explain why access is not possible:

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Please describe the parking difficulties that exist where you live, please including the frequency of the Parking congestion (e.g. during evenings only/at weekends etc.)

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Please use the following section to provide any additional non medical information you feel will support your application.

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Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

Signed Date
Applicant or on behalf of Applicant

Please return this application form to:

Operational Manager Highways and Engineering
The Vale of Glamorgan Council
The Alps
Wenvoe
CF5 6AA