

Part E - GP ASSESSMENT

People who do not qualify under the automatic categories may qualify on the recommendation of a Medical Practitioner. To qualify, the applicant must have a mobility impairment which makes it impossible, or virtually impossible for them to walk, considerations such as carrying parcels are not to be taken into account. The disability must be permanent and not just spasmodic and must be of a physical rather than a psychological nature.

This certificate should be completed by a **medical practitioner** and returned to the local authority in the envelope provided. The ultimate decision to issue or refuse a badge rests entirely with the issuing authority.

The answers to the questions in this form should not be divulged to the applicant.

1. Does the applicant have a disability which severely affects walking? Yes No
2. Would the exertion of walking worsen their state of health Yes No

If you have answered **Yes**, to either of the does questions, please give details together with a **specific diagnosis which reflects the inability to walk.**

3. Is the effect of the disability Permanent Temporary Intermittent
4. Does the applicant regularly need to use a walking aid Yes No

If **Yes**, please state type of walking aid

5. From your knowledge of the applicant's condition, how far can the applicant walk without stopping, experiencing severe discomfort or needing help from another person?

NB. Considerations such as carrying parcels should not be taken into account.

Less than 50 metres Between 50 metres and 100 metres More than 100 metres

SIGNED

DATE

NAME

Practice stamp

FOR OFFICIAL USE ONLY	
BADGE NO	
EXPIRY DATE	
DECISION	

PHOTO OF APPLICANT (PASSPORT SIZE)

APPLICATION FOR DISABLED PERSONS PARKING PERMIT (BLUE BADGE)

Application is by POST only. Please return completed application forms to:
 Customer Service Centre (HTWM)
 Leicestershire County Council
 County Hall
 Glenfield
 Leicestershire LE3 8ST

Who can apply?

- The Blue Badge Scheme provides parking concessions for people with severe walking difficulties, those with severe disabilities in both arms, who travel either as drivers or passengers and those who are registered blind. It is designed to make it easier for them to visit shops, restaurants and other local amenities by parking closer to their destination.
- Children under the age of 2 who, due to a specific medical condition, need to travel with bulky medical equipment or be close to a vehicle for emergency medical treatment may also be eligible.

Guide to Completing Form

Please as appropriate and complete in **block capitals**.

- ALL** applicants must complete sections A, B, & D.
- Part C and Part E should only be completed if applicant has answered NO to all questions in Part B.
- Part E needs to be completed by your Family Doctor only if you have answered NO to all questions in Part B.
- Please enclose one passport size photograph of the applicant with the applicant's name on the back of the photo.
- Where applicable, please enclose documentary evidence of entitlement of an award.

If you require this information in an alternative version e.g. large print, Braille, tape or help in understanding it in your language please contact us on 0116 305 0001

Customer Service Centre (HTWM)
 Leicestershire County Council, County Hall, Glenfield, Leicestershire LE3 8ST
 Telephone: 0116 305 0001 Fax: 0116 305 0006 Minicom: 0116 305 0007
 Email: customerservices@leics.gov.uk

Director, Matthew Lugg

www.leics.gov.uk



Date: As postmark
 Contact: HTWM Customer Service Centre
 Phone: 0116 305 0001
 Email: customerservices@leics.gov.uk

Information supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998 for statistical analysis, management, planning and in the provision of services by the County Council and its partners. The information will be held in accordance with the Council's records management and retention policy.
 Some of the information requested requires your explicit approval to enable us to collect it and use it. By completing sections related to questions about disability, health or medical conditions you are agreeing to us using the information for the purposes described above. Please note that key data may be provided to bodies responsible for auditing and administering public funds for the purposes of preventing and detecting fraud.

If this application is a **Renewal**, please state

Serial number Expiry Date

Part A - PERSONAL DETAILS

TITLE SURNAME FIRST NAME

DATE OF BIRTH AGE

CURRENT ADDRESS OF APPLICANT

HOUSE No.
STREET NAME
TOWN
COUNTY
POST CODE Tel. No.

PREVIOUS ADDRESS (IN LAST 5 YEARS)

Name of person completing form

Relationship to Applicant

Part B - ELIGIBILITY CRITERIA

1 Are you registered as totally blind under the National Assistance Act 1948? Yes No

If YES, please give the name of the Local Authority with which you are registered

2 Do you receive the Higher Rate of Mobility Component of the Disability Living Allowance? (This does not include Attendance Allowance) Yes No

If YES, please supply a photocopy of award notice of your entitlement stating the length and type of Allowance covered

3 Do you receive War Pensioners' Mobility Supplement? Yes No

If YES, please supply an official letter confirming this

IF YOU HAVE ANSWERED YES to any of the above, then fill in Part D and return the application form and documentary evidence in the envelope supplied, please ensure a stamp is placed on the return envelope.

Part C - SELF ASSESSMENT

1 What is the nature of your disability and how does it affect your mobility?

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

3 Is the disability Permanent Temporary Are its effects Intermittent

4 Do you regularly use a walking aid? Yes No
If yes please state what type of aid

5 What is the name & address of your family doctor?
NAME
ADDRESS
POST CODE

Part D - SIGNATURE

NOTICE

- We aim to process your application within 3 weeks of receiving the completed form.
- New badges are posted approximately 14 days before expiry of the current badges.
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- Some of the information requested requires your explicit approval to enable us to collect and use it. By completing sections related to questions about disability, health or medical conditions you are agreeing to us using the information for the purposes described above.

All applicants or their representatives must complete this section as the signature will be affixed to the blue badge.

I have enclosed * one passport size photograph with my name printed on the back
* enclosed documentary evidence of my entitlement of an award (where applicable)

SIGNED

DATE

NAME