



# Application for the Provision of a Car Badge for a Disabled or Blind Person

Social Services

## PART A

Full Name of Applicant

Address

Postcode:

Telephone:

Date of Birth:

Car Reg:

## PART B

If you tick YES for any Part B questions 1 - 5, **please supply evidence** (e.g. copies of one of the following: an official letter confirming an award of the allowance, a Vehicle Excise Duty Exemption certificate, the first two pages of a Post Office Book for payment of the allowance). If you cannot obtain copies you or someone on your behalf can come to Wat Tyler House, Customer Services desk, and show staff the original evidence.

Please  as appropriate.

1. Are you registered as BLIND under the National Assistance Act 1948?  
If yes, please give the name of the local authority with which you are registered.

Yes

No

Which Authority

2. Do you receive the higher rate of the mobility component of Disability Living Allowance?

Yes

No

Date Allowance expires

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

Yes

No

4. Do you receive a Government grant towards your own vehicle?

Yes

No

5. Do you receive a War Pensioner's Mobility Supplement?

Yes  No  Date allowance expires

6. What is the nature of your disability

If you have answered YES to any questions in Part B, please go to Part F.

If you have answered NO to all the questions in Part B, you may qualify for a badge under Part C or Part D.

### PLEASE READ BEFORE COMPLETING PARTS C or D

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 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.

The intention of the scheme is that only very severely disabled people will qualify under these conditions. Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places.

It is essential that each application under Part C or D is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.

**PEOPLE WITH TEMPORARY DISABILITIES, SUCH AS A BROKEN LEG, WILL NOT QUALIFY FOR A BADGE. CHILDREN AGED UNDER TWO YEARS DO NOT QUALIFY FOR A BADGE.**

If after reading these notes you think you may qualify for a badge, please proceed to Part C or D.

### 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?

3. Do you regularly use a walking aid?

Yes  No

If YES, please state type of aid

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

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**

What is the name and address of your Family Doctor?

Name

Address

Tel. No:

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

**PART F**

Applications should be accompanied by **2 passport type** photographs of the applicant. Both photographs should be signed on the back by the applicant. These 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, passport type size.

Exception to this requirement to produce photographs will be granted only for persons with a facial disfigurement.

I attach 2 photographs


I am unable to provide photographs because

Please state if you wish to be registered as a disabled person with your local Social Services Department

Yes  No

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

SIGNED: ..... DATE: .....

 "The information you provide will be used to process your application for the purpose of providing you with a Car Badge for a Disabled or Blind Person, and will not be used for any other purpose.

NAME: .....

ALL COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO:  
CUSTOMER SERVICES UNIT, CIVIC OFFICES, SWINDON SN1 2JH.  
**(together with any evidence, £2 fee and photographs).**  
TELEPHONE ENQUIRIES ON SWINDON (01793) **463725**

CHEQUES AND POSTAL ORDERS MADE PAYABLE TO **SWINDON BOROUGH COUNCIL**

PART G For Office use ONLY	DATE
GP	_____
GP Reminder	_____
Referred to Occupational Therapist	_____
Approved	_____
Refused	_____
Cheque refund requested	_____
Cheque and Photographs returned	_____
Appeal Date	_____
Appeal Decision	_____
Request for £2 and Photographs (after appeal decision)	_____

Badge No:  Date Issued:  Expiry Date: