

Application For A Personalised Disabled Person's Parking Bay Physical Disabilities

Section A – Your details

Title (Mr, Mrs, Miss, Ms, Other):

First name:

Surname:

Date of birth:

Main residence:

Postcode:

Phone number:

Email:

On average, how many days per week do you spend at this address?

Proof of address

If you would like us to verify your main residency in the Royal Borough by checking council tax records, please tick this box. If you choose not to tick this box, you must provide two documents (from the list of evidence in the guidance notes to this form) to prove that your main residence is in the Royal Borough.

Do you have a second home?

Yes No

If YES, please fill in the full address of your second home here:



Section B – Mobility Details

What is your disability or medical condition that makes it difficult for you to walk?

Why are you applying for a personalised parking bay?

How do you get around outside your vehicle? (e.g. walking unaided, with a stick or crutches, or by wheelchair)

What is the maximum you can usually walk (including rest stops)?

Can you sometimes walk further than this?

Yes No

Are you dependent on another person in getting to the vehicle?

Yes No

Do you need assistance to get in and out of the vehicle?

Yes No

Do you have access to a garage or to off-street parking?

Yes No

If you have answered **yes** above:

- explain why you do not use the available garage or off-street parking:

- name and address of landlord or housing association that has provided the garage or off-street parking:

Section C – Vehicle Details

Please note if you are applying as a passenger, your nominated driver must live with you and you must be totally dependent on this driver for your mobility outside the vehicle.

The vehicle registration number:

Are you the driver of the vehicle? Yes No

If no, the driver's name:

Driver's address:

Do you own the vehicle? Yes No

If no, the owner's name:

Driver's address:

How often do you normally use the vehicle each week?

How often each week is the vehicle used without you?

Where is the vehicle normally parked? (Please give street name, and number of nearest house)

What problems do you have in parking?

If you are given a personalised bay, will the bay be left empty for a specific time of the day? Yes No

If yes, please explain why the bay is left empty: (e.g., "8:30–6:30, Monday through Friday at work"):

Section D – Details Of Health Professional

Please give details of your health professional that has treated you for the medical condition that causes your walking impairment, as we may need to contact them for more information. This person should be a specialist (e.g., a physiotherapist); information from a GP will not normally be acceptable for this purpose.

Name of your specialist health professional:

Name:

Job title:

Address:

Postcode:

Phone number:

Date last seen (or approximate date):

Do you agree that we can contact this health professional if we need more information?

Yes

No

If yes, please give your consent here:

Your signature:

Although information from health professionals is considered, the final decision about eligibility for a personalised parking bay is made by the Council.

Section E – Contact With Third Parties

We cannot discuss your application or personal details with anyone except with your permission. If you think that we may need to speak with any one else about this application, please give their details below:

Name:

Address:

Postcode:

Phone number:

Relationship to you:

Section F – Declaration

1. The address in the Royal Borough of Kensington and Chelsea given in the application form must be the applicant’s main home, as defined guidance notes to the form.
2. The vehicle nominated in the application form must be the one that the applicant drives or is driven in. The vehicle must be registered at the applicant’s address.
3. If the applicant is a passenger, their nominated driver must live with them.
4. The applicant must not hold another valid Disabled Person’s Parking Badge or Personalised Disabled Parking Bay from any other local authority.
5. The applicant must agree not to permit anyone else, aside from the nominated driver, to park in the parking bay.
6. The applicant must agree to inform the Council immediately at such time as either the applicant or the nominated driver(s) cease living at the address given in the application. Not to inform the Council of this is an offence that may lead to prosecution for attempting to defraud the Royal Borough.
7. The applicant must agree to report immediately to the Council upon becoming aware that another person is using the parking bay.
8. The applicant must agree to be visited at home, should this be necessary, in order for the Council to carry out further investigations, including contacting any relevant people, before or after issuing a disabled parking bay permit, to make sure that the address on the application is correct.
9. The disabled parking bay will be withdrawn from service by the Council if the application contains any information that is wrong or untrue, or if the applicant allows the parking bay to be misused. In either of these situations

Please sign and date below to confirm that you have, read, understood and agreed with these conditions.

Your signature, or your representative’s or guardians signature.

Date.

If your representative or guardian is completing this form, they should give their details below:

Representative’s name

Address:

Phone number:

Relationship to applicant: