

# Application form for a disabled person's parking badge



Your photograph must fit within this box.  
See instructions in the Guidance Notes enclosed.

Photograph sent via email

Before you begin, please read the guidance notes on how to complete this form.  
Incomplete forms will be returned. Please write clearly in BLOCK CAPITALS.

## Section A – Your details – all applicants

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

First names (in full)

Surname

National Insurance Number

Date of birth

Address

Home phone number

Work number

Mobile number

Email

Please return this form to:

**The Royal Borough of Kensington and Chelsea**  
**Accessible Transport Services**  
**Kensington Town Hall**  
**Hornton Street, London W8 7NX**  
**020 7361 2390**



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Section B – Badge Details – all applicants

### Badge details

Are you applying as a  Passenger  Driver (tick one only)

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Badge(s) required  Purple (for use in the borough)  Blue (for use outside the borough)

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Do you have a Blue Badge from another local authority?  No  Yes

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If **yes**, please enclose a photocopy of the front and back of this Blue Badge.

### Payment for the Blue Badge

Your Blue Badge will cost you £10 to cover the costs of administration, production and postage. You will incur the £10 charge each time a Blue Badge is issued to you (e.g. renewal, lost or stolen).

Please note that your application will not be finalised until the payment has been received by the ATS team.

#### **You may pay using one of the following:**

- a) Enclose a cheque or, postal order for £10 with this application form, made payable to Royal Borough Kensington & Chelsea. Please write your name and date of birth on the back of the cheque or postal order.
- b) At the Town Hall payment machine – payments can be made by the following methods cash, cheque, postal order or debit card. Once you have made the payment, please email **ATS@rbkc.gov.uk** and send a copy of your receipt confirming the payment.

## Section C – Proofs required by all applicants

### Proof of your identity

You must provide a photocopy of one of the following documents as proof of your identity:

- Birth certificate / adoption certificate
- Marriage / Divorce certificate
- Civil partnership / Dissolution certificate
- Valid driving licence
- Passport
- Residence Permit Card – both front and back

### Proof of your address – for residents

1. Is the address given on the front page of this application form your sole or main residence?  No  Yes

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2. Would you like us to check council tax records to prove your main home is in the borough?  No  Yes

#### If you have answered No to question 2, you need to provide the following:

- One document from the list of evidence in the guidance notes to this form together with consent to check the electoral register:

Would you like us to check the electoral register to prove your main home is in the borough?  No  Yes

or

- two documents from the list of evidence in the guidance notes to this form.
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### Proof of your address – for non-residents

Please provide two documents from the list of evidence in the guidance notes to this form.

## Section D – Proofs for non-residents applying for a Purple Badge

### People who work in the borough

I confirm that my permanent business premises is situated in the Royal Borough

Employer's name  
and address

You must enclose an official letter on headed paper from your employer confirming the following details:

- name of company
- address of business premises
- whether your employment is permanent or temporary
- how many days per week you work

If you are self-employed, or working in a family business, you must include a letter from your registered accountant or solicitor to confirm this.

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### People who study in the borough

I confirm that I study at an educational establishment situated in the Royal Borough

Educational  
establishment's  
name and address

You must enclose an official letter on headed paper from your school, college or university to confirm the following details:

- name and address of educational establishment
- course title
- term dates

## Section E – Eligible without further assessment

People who may be issued with a badge without further assessment are those who are more than two years old and answer yes to one of the following questions:

1. Do you receive the higher rate mobility component of the Disability Living Allowance?  No  Yes

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2. Have you been awarded 8 points or more of the moving around activity of the Personal Independence Payment?  No  Yes

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3. Have you been awarded 10 points or more in respect of the “planning journeys” activity in your Personal Independence Payment (PIP) award, specifically because you cannot undertake any journey because it would cause you overwhelming psychological distress.  No  Yes

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4. Are you registered blind (severely sight impaired)?  No  Yes  
If yes, please enclose a copy of your ophthalmologist’s report, BD8 or CVI report issued within the United Kingdom.

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5. Do you receive a War Pension’s Mobility Supplement?  No  Yes  
If **yes**, please provide a copy of your award letter from the Veterans UK helpline. They can be contacted on **0808 1914 218**.

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6. Have you been both awarded a lump sum at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking?  No  Yes  
If **yes**, please provide a copy of your award letter from the Veterans UK helpline. They can be contacted on **0808 1914 218**.

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If you have answered **yes** to any of the above questions, go to page 15 or 16.

Otherwise fill in the relevant part on pages 6 to 14.

## Section F – Eligible subject to further assessment

### Part 1 – People with serious walking disabilities

Badges are issued to people who experience a physical disability, enduring for at least 3 years, during the course of a journey. They must be unable to walk or experience very considerable difficulty whilst walking. In all cases, entitlement depends on the applicant's difficulty walking and considerations such as difficulty in carrying parcels or luggage are not to be taken into account.

What is your disability or medical condition and when did it start?

If you need more space please continue on page 19.

Surgery you have had or are waiting for:

Please give details of any **treatment** that you have received in the past twelve months relating to your disability (for example, physiotherapy or attendance at a pain management clinic);

Are you still receiving treatment?

No  Yes

If yes, when do you expect the treatment to finish?

Date:

**Please provide a copy of your current medical prescription list and any relevant medical reports.**

## Hospital investigations in the last 12 months

Hospital:

Reason:

Date last seen:

Date of next appointment:

Hospital:

Reason:

Date last seen:

Date of next appointment:

If you need more space please continue on page 19.

Please describe your difficulty in walking.

How far can you walk **before** experiencing serious difficulty?

 (metres)

What is the total distance you are usually able to walk (including rest stops)?

 (metres)

Are you sometimes able to walk further than this?

No  Yes

Please describe the difficulties you experience at this distance.

Do you use a wheelchair outside?

No  Yes  Sometimes

Do you regularly use a walking aid?

No  Yes  Sometimes

If **Yes**, please say what type of walking aid you use:

Who recommended your wheelchair/walking aid?

On what date was your wheelchair/walking aid provided? (if known)

Are you able to travel alone without someone helping you?

No  Yes

Are you able to walk outside without help?

No  Yes

If **No**, please describe the help that you need:

If necessary, are you willing to be interviewed by our mobility assessor so we can see how your disability affects your walking?

No  Yes

Do you need an interpreter?

No  Yes

If **Yes**, please specify the language:

If we think it is necessary for you to have a mobility assessment and you refuse to come for an interview, this may affect the outcome of your application.

## Health Professionals Details

Please give details of your health professional(s) who has treated you in relation to your disability/walking impairment, as we may need to contact them for further information. This could be your physiotherapist, a specialist consultant, or your GP.

Name

Job title

Address

Phone number

Date last seen (or approximate date)

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Name

Job title

Address

Phone number

Date last seen (or approximate date)

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Although information from health professionals is considered, the final decision about whether to issue you with a parking badge is made by the Council. This decision is based on your mobility difficulties and not on a medical diagnosis.

You may need to attend an interview with our mobility assessor.

 now go to page 15 or 16

## Part 2 – People with hidden (non-physical) disabilities

Badges are issued to people who experience a hidden (non-physical) disability, enduring for at least 3 years, during the course of a journey. Difficulties include very considerable psychological distress, be at risk of serious harm when walking, or pose, when walking, a risk of serious harm to any other person.

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What affects you taking a journey? (tick all that apply)

**I am a risk near vehicles, in traffic or car parks**

When are you a risk?

Almost never

Sometimes

Almost every journey

Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks

**I struggle to plan or follow a journey**

What journeys does this apply to?

Unfamiliar journeys

Every journey

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**I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others**

How often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Please describe the kinds of incidents that have happened or are likely to happen on journeys

**I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control**

How often does this happen?

- Almost never       Sometimes       Almost every journey       Every journey

Please give examples of the situations that cause temporary loss of behavioural control

**I can become extremely anxious or fearful of public/open spaces**

When do you become extremely anxious/fearful?

Almost never

Sometimes

Almost every journey

Every journey

Please describe the levels of anxiety

**Something else**

Please describe what affects you taking a journey

**How would a Blue Badge Improve taking a journey between a vehicle and your destination for you?**

(Describe your needs, in detail)

**What measures are currently taken to try to improve journeys for you between a vehicle and your destination?**

(List the measures taking to try to improve journeys)

How effective are they?

Please enclose copies of your medical reports.

 now go to page 15 or 16

## Part 3 – People with severe disability in both arms (drivers only)

Badges are issued to a person who ‘drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter’.

Do you drive regularly?  No  Yes

Do you have a severe disability in both arms?  No  Yes

Are you unable to operate, or have considerable difficulty operating, all or some types of parking meter?  No  Yes

Please enclose a letter from your doctor verifying your medical condition.

 now go to page 15

## Part 4 – Children under the age of three

Children under three years of age may be issued with a badge if they have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around, or need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed. For further info see guidance notes.

Are you applying on behalf of a child who:

1. Suffers from a ‘condition that requires that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty’?  No  Yes

or

2. Suffers from a ‘condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition on the vehicle or be taken quickly in the vehicle to a place where they can be treated’?  No  Yes

Please enclose a letter from your health professional verifying what type of equipment is required or describe the child’s medical condition and the need for immediate treatment.

 now go to page 16

## Section G – Fill in this page if you are applying as a DRIVER

Please note as a driver you may only register one vehicle for the Purple Badge. This vehicle must be registered at your address.

Vehicle registration number

Colour, make  
and model of vehicle

Is this vehicle in commercial use?

No  Yes

Is this vehicle a company vehicle?

No  Yes

If yes, you need to provide a letter clarifying whether you are the sole driver. The letter must be on the company's headed paper and signed either by the company director or someone in a senior position other than you.

You need to provide photocopies of the following documents:

Valid UK / EU driving licence

and

V5C registration certificate (pages 1 and 2)

or

Motability hire agreement confirming the vehicle registration number or your Motability insurance document confirming the vehicle registration number.

 now go to page 17

## Section H – Fill in this page if you are applying as a PASSENGER

You may put forward up to four people who will drive you and whose vehicle registration numbers will be listed on your Purple Badge.

Each of your driver(s) must provide copies of pages 1 and 2 of their Vehicle Registration document V5C or Motability hire agreement and a copy of their valid driving licence. Your drivers must also complete a signed 'Nominated driver's form' that is separate to this application form.

### Please list your nominated drivers below

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

Name

Vehicle registration number

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

Name

Vehicle registration number

---

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

Name

Vehicle registration number

---

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

Name

Vehicle registration number

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 now go to page 17

## Section I – Contact with third parties

We cannot discuss your application or personal details with anyone for any reason, unless you give us your permission to do so. If you think that we may need to speak with anyone else about this application, please give their details below.

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

Surname

First names (in full)

Address

Phone number

Relationship to you

 now go to page 18

## Section J – Declaration – all applicants

1. I confirm that the photograph I have submitted with my application is a true likeness.  
.....
2. I understand and accept that you may withdraw the badge(s) you have issued to me and prosecute me if I have given any information on this form that I know is wrong or untrue.  
.....
3. I consent to the Council checking any information held by the Councils Social Care department to help determine my eligibility and I understand that the Council will check my Disability Living Allowance /Personal Independence Payment award using the Department for Work & Pensions database in accordance with the 2012 Welfare Reform Act.  
.....
4. I consent to the Council contacting my health professional(s) if further medical information is required.  
.....
5. I understand that I must promptly inform the Council of any changes that may affect my entitlement to a badge.  
.....
6. I understand you will deal with the personal information I provide in line with the Data Protection Act 1998. You will use the information to assess whether I qualify for a disabled person's parking badge and to manage, monitor and evaluate your services. You will not use my information for any other purpose and you will keep my information in electronic format.  
.....
7. I understand that you have to protect the public funds you handle, so you may use the information I have provided on this form to prevent and detect fraud. You may share this information with other sections within the Council, and with agencies such as the police and Transport for London.  
.....
8. I will not allow anyone else to use the Badge(s) when I am not present in the vehicle.  
.....
9. I must not hold more than one valid blue badge at any one time.  
.....

**By signing and dating this section, I confirm that I have read, understood and agreed each of the above statements.**

Your signature, or your representative's or guardian's signature

Date

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

Representative's  
or guardian's name

Contact phone

Address

Relationship to you

## Notes:

The privacy notice can be viewed on the RBKC website.



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