

GUIDANCE NOTES FOR AN APPLICATION FOR A PERSONALISED DISABLED PERSON'S PARKING BAY – PHYSICAL DISABILITIES

Parking concessions for people with serious walking disabilities are an important and a central feature of the Council's parking and accessibility policies. Personalised disabled parking bays are one of these concessions offered by the Council to accommodate residents with severe walking impairments. Due to serious parking pressure in the Royal Borough, applications for these parking bays must be carefully considered before being approved. Each eligible applicant is entitled to one Bay for one nominated vehicle.

Who is eligible?

You must be the holder of a Disabled Person's Purple Badge and your ability to walk must be restricted to a total of 50 metres or less, including rest stops. In exceptional circumstances applicants who do not meet the strict criteria may be found eligible. This is when there are other relevant factors you may experience in walking, such as pain and distress, inordinate length of time taken, excessive labour, or the detrimental effect it may have on your health.

If you are a passenger, your nominated driver must live with you and, in addition to meeting the eligibility criteria above, you must be totally reliant upon your driver for mobility outside the vehicle. The vehicle that you nominate must be registered at your address.

If you have access to a garage or to off-street parking, you will not normally qualify for a parking bay on the public highway. If you are a Council tenant and there is off-street parking available on your estate, you will not normally qualify. To apply for a free parking bay on your estate (priority is given to disabled people) please contact the Kensington and Chelsea Housing Management 0800 137 111 or contact your Housing Association.

Receipt of the higher rate mobility component of the Disability Living Allowance, or any other state benefits, does not give automatic entitlement to a bay.

Personalised bays cannot be provided for residential care homes.

The address that you give in the application must be your main residence in the Royal Borough. You can only get a personalised bay if your main home (not including a bed or makeshift bedroom in the back of an office or shop) is in the Royal Borough and you meet the following conditions:



- You spend at least four nights a week at your home in the borough;
- You live at the property for at least 13 weeks in a row;
- You pay the relevant council tax for the property (full or single person);
- The vehicle registration certificate shows your name and address in the Royal Borough, or your company name or the name of a lease or hire company;
- You do not already hold a disabled parking permit for another address in any other local authority;
- Your vehicle is not designed for more than 12 passengers (not counting the driver) and is less than 548.6 centimetres (18 feet) long and less than 208.3 centimetres (6 feet 10 inches) high unless it is specially adapted for use by a disabled person.

Application Process

You will be notified about your appointment within 4-6 weeks of receipt of your application at the Town Hall. You will normally be notified within four weeks of your interview as to whether your application has been approved.

Proof of Residency in the Royal Borough

Applicants must not hold another valid Disabled Person's Parking Badge or Personalised Disabled Parking Bay from any other local authority. As part of this application, you will be required to provide documents to prove that the address for which the bay is being requested is your main residence. If you are applying as a passenger, you are also required to provide proof that your driver lives with you at your address. Documents you provide as proof of where you live must clearly show your name and your address in the Royal Borough. We do not accept gas, electricity, phone, cable or water bills as proof of where you live. Acceptable forms of proof of residency are as follows:

- Current council tax bill (original)
- Home contents Insurance policy (photocopy)
- Bank or building society statement dated within the last three months
- Tenancy agreement that covers the full period of the badges which you are applying for (photocopy)
- Council or housing association rent statement dated within the last three months
- A letter confirming that your name is on the list of registered electors (original)
- Pension or benefit (e.g. DLA, income support) entitlement letter dated within the last three months)

If your application is successful, you will be required to provide proof annually of your continued residence at the address for which the bay has been approved. If you hold a bay as a passenger, you will likewise be required to provide proof that your driver continues to live with you at your address.

Mobility Assessment Interview

The Council's mobility assessor will visit you to assess your mobility problems and, unless you normally use a wheelchair, you will be asked to demonstrate your ability to walk. Your health professional may be asked about your disability and how this affects your mobility.

Your use of the vehicle will be taken into account, as it may be possible to make an alternative provision for you rather than reserving a bay for 24 hours each day. For example a yellow line will allow a disabled passenger's vehicle to be parked for up to 20 minutes. If you have off-street parking available to you, you will not be considered eligible for a parking bay.

Whilst information from doctors will be considered, the decision regarding eligibility rests entirely with the Council and is based on assessed need directly related to walking ability and not simply upon a medical diagnosis of a condition.

Provision of Bays

The Director of Highways and Traffic is responsible for marking out the bay, deciding where it can be situated, if necessary consulting the police.

Each bay is marked by an identifying number, which also appears on the user's special annual permit. Anyone else using the bay will be liable to a fine of up to £5,000. If successful you must display this personalised permit, together with your purple badge, in your nominated vehicle at all times you are using the bay.

Changes of address or personal details must be notified to this department with the necessary documentary proof. Please ensure that you read and fully complete the enclosed application form, as incomplete or unsigned forms may have to be returned to you and this will delay your application.

Appeals

If the Council decides that you are not eligible, you may appeal against this decision within 30 working days from the date of this letter. There are two conditions under which you may appeal against this decision:

- 1) you believe that the Council's decision was made without regard to eligibility criteria stated in the Council's Traffic Management Order 2009 No 28.
- 2) you believe the decision was made as the result of a mobility assessment that was not carried out in accordance with the Council's policy and procedures.

Travel Expenses

Please note that the Council cannot take responsibility for any travel expenses that you incur whilst your application is being processed, regardless of the outcome of your application. Should you be found ineligible, and decide to appeal the Council's decision, you will not be reimbursed by the Council for travel expenses incurred during the appeal procedure, regardless of the outcome of the appeal.

For further information

Contact the Accessible Transport team on

Telephone: 020 7361 2390

Email: ATS@rbkc.gov.uk

Please return the completed form to:

Accessible Transport Services
Kensington Town Hall
Hornton Street
London
W8 7NX

PLEASE DETACH AND KEEP THESE NOTES.

August 2011

APPLICATION FOR A PERSONALISED DISABLED PERSON'S PARKING BAY – PHYSICAL DISABILITIES

PART ONE – YOUR DETAILS

Mr/Mrs/Ms: _____ Forename(s): _____

Surname: _____

Date of Birth: _____ Home telephone: _____

Mobile: _____ Email: _____

Main residence: _____

_____ Postcode: _____

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

Ethnic Origin Data

The purpose of this section is to provide information on whether we are delivering services in an equitable manner across the whole community. The information is confidential and if you do not complete it will not prejudice your application. If you do not wish to fill it in, please tick the 'I do not wish to say' box below.

Please tick the box that applies to you:

(a) White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	(b) Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	(c) Mixed <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asian <input type="checkbox"/> Other	(d) Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	(e) Chinese <input type="checkbox"/> Chinese <input type="checkbox"/> Other
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Any other: _____

☐ I do not wish to say.


THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Proof of residency: 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:

 _____ Postcode _____

PART TWO – 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)? _____ metres

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:

PART THREE – 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.

(a) The vehicle registration number: _____

(b) Are you the driver of the vehicle? Yes ☐ No ☐

If **NO**, the driver's name: _____

Driver's address: _____

(c) Do you own the vehicle? Yes ☐ No ☐

If **NO**, the owner's name: _____

Owner's address: _____

(d) How often do you normally use the vehicle each week? _____

(e) How often each week is the vehicle used without you? _____

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

(g) What problems do you have in parking?

(h) 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"):

PART FOUR – 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:	
Their title:	
Their address:	
Their postcode:	Their telephone No:
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: _____

Name of your specialist health professional:	
Their title:	
Their address:	
Their postcode:	Their telephone No:
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.

PART FIVE – CONDITIONS FOR PROVISION OF A PERSONALISED BAY

Please tick each box below to indicate that you have, read, understood and agreed with these conditions.

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. ☐

The vehicle nominated in the application form must be the one that the applicant drives or is driven in. ☐

The applicant must not hold another valid Disabled Person's Parking Badge or Personalised Disabled Parking Bay from any other local authority. ☐

The applicant must agree not to permit anyone else, aside from the nominated driver, to park in the parking bay. ☐

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. ☐

The applicant must agree to report immediately to the Council upon becoming aware that another person is using the parking bay. ☐

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. ☐

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, the Royal Borough may prosecute the applicant for attempted fraud. ☐

PART SIX – MY DECLARATION

I hereby declare that the information I have provided in this application form is correct. I have read, understood and agreed with the conditions as listed in Part Five for provision of a personalised disabled person's parking bay.

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

Date

If your representative or guardian is completing this form they should print and sign their name below:

Name (in block capitals): _____

Signature: _____

Address: _____

Postcode: _____

Telephone: _____ Relationship to you: _____

PART SEVEN – 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: _____ Telephone: _____

Relationship to you: _____

PART EIGHT – FAIR INFORMATION NOTICE

The personal information that you provide will be handled by the Royal Borough of Kensington and Chelsea in line with the Data Protection Act 1998. The Information will be used for the purposes of assessing your eligibility to receive a personalised parking bay and to manage, monitor and evaluate services. Your information will not be used for any other purpose and we will keep your information in electronic format.

We must protect the public funds we manage and may use the information that you have provided for the prevention or detection of fraud. We may also share the information you have provided with other sections of the Council, such as the Council's Parking Enforcement Department, and with agencies such as the police.

MEDICAL INFORMATION FORM

We are currently reviewing our application process and, if you would like to help us, please fill in this form. **It is not compulsory.**

Title: **Forename:** **Surname:**

1. Please list a brief summary of your medical condition(s)/disability:

-
-
-
-
-

2. Please list any surgery you may have had or are waiting for: **Date of surgery**

- | | |
|---------|---------|
| • | • |
| • | • |
| • | • |

3. Please list the dates of any medical investigations in the last 12 months:

- Hospital:.....
Reason for investigation:.....
.....
Date last seen: Date of next appointment:
- Hospital:.....
Reason for investigation:.....
.....
Date last seen: Date of next appointment:
- Hospital:.....
Reason for investigation:.....
.....
Date last seen: Date of next appointment:

4. Please provide a copy of your current medical prescription list

Thank you for your co-operation in answering these questions.