



Disabled Persons Badge Scheme

Application Form

Part 1 To be completed by the Applicant

If you need help in completing this Form, or any part of it, please do not hesitate to contact the Issuing Office. If you are completing this Form for someone else please ensure that the information provided is about HIM/HER and not yourself.

Please complete in BLOCK CAPITALS using a Black ballpoint pen. If this application is a renewal Please quote Serial No.

SECTION 1 To be completed by all applicants

Title:

Mr	Mrs	Miss	Ms	Other
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Please tick the appropriate box

Surname:

Forenames:

Address:

Date of Birth:

Daytime Telephone No:

SECTION 2

To be completed if you consider that you have a permanent and substantial disability which means you are unable to walk or have considerable difficulty in walking

Question 1

What is the nature of your disability and how does it affect your mobility/ability to walk?

Question 2

How many years have you had this disability?

Question 3

Do you regularly use a wheelchair?

YES

☐

NO

☐

Question 4

Do you regularly use a walking aid?
(e.g., walking stick, zimmer, rollator etc?)

YES

☐

NO

☐

If YES please state type of aid

Please note: Answers to Question 5 & 6 must be given in number form

Question 5

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

Question 6

What is the maximum number of steps you can climb without assistance (i.e. help from another person/handrail/banister?)

People with temporary disabilities, such as a broken leg, will not qualify for Disabled Persons Badge.

SECTION 3

To be completed if you have a severe disability in both upper limbs, regularly drive a motor vehicle but cannot turn the steering wheel of a motor vehicle by hand even if that wheel is fitted with a turning knob.

Question 1

What is the nature of your disability?

Question 2

Do you drive a specially adapted car?

YES

☐

NO

☐

If YES please state the type of adaptation

SECTION 4

Details of your GP as it may be necessary to contact him/her

Name:

Address:

Telephone No.

SECTION 5 Licence Details

Question 1

Do you hold a valid driving licence?

YES

☐

NO

☐

Question 2

If you have answered yes to the above please state categories:

Question 3

Do you drive/ride a motor vehicle regularly?

YES

☐

NO

☐

SECTION 6 Declaration (to be completed by all applicants)

I declare that to the best of my belief the information I have given is correct and agree to the Department of Transport contacting my GP, if necessary, for the purpose of obtaining information to support my application.

I further agree to the Department of Transport disclosing the particulars contained in this form to the Licensing Authority.

The Licensing Authority may require that you undertake a further driving test to assess your driving capability.

Signed

Dated:

Applications should be accompanied by 2 passport type photographs of the applicant.

Both photographs should be signed by the applicant and have the applicant's name **clearly printed on the back.**

Your photographs will be returned if your application is unsuccessful.

I attach 2 photographs

☐

Part 2

To be completed by the Applicant's Doctor

1 Name of Applicant _____

Address _____

Date of Birth _____

Male ☐ Female ☐

2 When did you last see / examine the applicant? _____ / _____ / _____

3 Does the applicant have a disability that affects his/her walking ability?

Yes ☐ No ☐

If you have answered **Yes** please give details _____

If you have answered **No** please sign the form and return it.
There is no need to answer further questions.

4 Is the disability **Permanent** ☐ **Temporary** ☐ **Intermittent** ☐

If **Temporary** please give expected recovery period

5 Does the applicant regularly need to use

a) a wheelchair? Yes ☐ No ☐

b) a walking aid? Yes ☐ No ☐

If Yes please state the type of walking aid

6 With your knowledge of the applicant’s condition how far can he/she walk without stopping, severe discomfort or help from another person?

Less then 50 metres

50-100 metres

100-150 metres

150-200 metres

More than 200 metres

Signed:

Practice Stamp

Name:

Date:

Tel:

FOR OFFICIAL USE ONLY

I recommend that:

A Disabled Persons Badge should be issued

The application be refused

Signed:

Dated: