



## **CRITERIA FOR THE PROVISION OF DISABLED PERSONS PARKING BAYS**

- A. The applicant should be the disabled driver of the vehicle for which the parking space is to be provided.
- B. If the disabled person is not the driver but the passenger of the vehicle, the nominated driver must live at the same address as the applicant. A bay may be provided where the applicant:
  - 1. Requires substantial physical assistance from the driver of the vehicle when entering and leaving the vehicle and the driver is generally the only person available to assist the passenger should also live at the same address.
  - 2. Is sufficiently mentally or physically incapacitated to necessitate constant supervision by the driver of the vehicle. The driver of the vehicle should be the only person available to effect this supervision and should also live at the same address.
  - 3. Is between the ages of 2 and 17 years and meets either or both of the criteria stated in section 1 or 2 above.
- C. The applicant must be the holder of a current Blue Badge, issued under the Disabled Persons (Badges for Motor Vehicles) Regulations and must be in receipt of the higher rate mobility component of Disability Living Allowance (Attendance Allowance for over 65's)
- D. The applicant must provide written consent (medical consent form) for the Council to access your Blue Badge mobility assessment form. To provide evidence that they or the person for whom the application is being made has very considerable difficulty in walking.
- E. Disabled persons parking bays will only be provided where in the opinion of Council Officers and the Metropolitan Police there is a proven difficulty in parking and no suitable alternative off-street parking is available.
- F. Where off-street parking facilities are available a bay may be provided if the applicant can demonstrate that the facilities are unsuitable for the use of a disabled person due to the nature of their disability.

.....

**We do not provide disabled Persons parking bays for:-**

Children under 2 years of age.

Dial-a-ride, taxis or hospital drivers to pick up disabled persons

Non-disabled visitors or carers

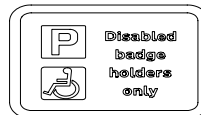


## **DISABLED PERSONS PARKING BAY**

Disabled bays are open to use by ANY European Blue Badge holder and are enforceable by Haringey Parking Enforcement officers 24hours a day, Monday to Sunday.

### **Description:**

Bay marked 'DISABLED' with sign



The Council has an agreed set of criteria for the provision of disabled persons parking bays to cater for the most needy cases. The following conditions must be met to qualify for a disabled parking bay.

1. You must hold a valid European Blue Badge
2. You or your nominated driver must:-
  - i. Have a vehicle registered and available at your address.
  - ii. Hold a full UK licence.
3. You must be in receipt of the higher rate mobility component of the Disability Living Allowance OR Attendance Allowance if over 65

All sections of the form must be completed to help us assess your application. Any applications with uncompleted forms or missing documents will be rejected and so will further delay your application.

The final decision regarding the provision and placement of a parking bay is with the Council's Transport Policy and Projects department.

Please return the completed application & medical form to:

**Transport Policy and Projects**  
1<sup>st</sup> Floor (South)  
River Park House  
225 High Road  
Wood Green  
London N22 8HQ

For further information please call: 020 8489 1225

NB: Due to the legal processes involved, your application will take between three and six months to complete. We will contact you closer to the date when your bay is due to be installed.

**IF YOU MOVE AWAY FROM YOUR PRESENT ADDRESS OR CIRCUMSTANCES CHANGE AND THE BAY IS NO LONGER REQUIRED, YOU MUST NOTIFY THE ABOVE.**

Please keep this form for reference, should you need to contact us.

# **DISABLED PERSONS PARKING BAY APPLICATION FORM**

## **Personal Details**

PLEASE USE BLOCK CAPITALS

Title .....	Surname .....
Full Address .....	First Name .....
.....	Date of Birth.....
Postcode .....	Badge No. ....
Tel No. ....	Date of Expiry.....

## **Declaration**

PLEASE TICK (✓) THE BOXES IN THE RIGHT-HAND COLUMN TO SHOW THAT YOU UNDERSTAND THE DECLARATION.

- |   |                          |
|---|--------------------------|
| 1. a. I confirm that I am the disabled driver of the vehicle for which the parking bay has been requested.                                      | <input type="checkbox"/> |
| <b>OR</b>   |                          |
| b. I confirm that .....is my nominated driver of the vehicle for which the parking bay has been requested.                                      | <input type="checkbox"/> |
| 2. I am in receipt of the higher rate mobility component of the Disability Living Allowance   | <input type="checkbox"/> |
| 3. I possess no alternative off-street parking facility, such as a garage, driveway or area of hard standing in my garden.                      | <input type="checkbox"/> |
| 4. Parking near my property is most difficult during the:<br>Morning/ Afternoon/ Evening/ Weekends/ At all times (Please delete as appropriate) |                          |
| 5. I confirm that I have notified the DVLA of my disability (if applicable).  | <input type="checkbox"/> |
| 6. I confirm that I have notified my insurance company of my disability (if applicable).  | <input type="checkbox"/> |

## **YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THE FOLLOWING ITEMS ARE ENCLOSED: -**

- |   |                          |
|---|--------------------------|
| ▪ A copy of your current European Blue Badge.   | <input type="checkbox"/> |
| ▪ A copy of your/ nominated driver's driving licence <b>AND</b> vehicle registration documents. | <input type="checkbox"/> |
| ▪ Your signed Access to Medical Records Consent Form.   | <input type="checkbox"/> |
| ▪ Proof of award of higher rate mobility component of DLA or Attendance Allowance for over 65's | <input type="checkbox"/> |

SIGNED..... DATE.....

ANY FALSE INFORMATION GIVEN ON THIS APPLICATION WILL RESULT IN THE IMMEDIATE WITHDRAWAL OF THE DISABLED BAY

**ETHNICITY: What is your ethnic group?**

Please tick (✓) one box

***WHITE***

- British
- Irish
- Greek Cypriot
- Turkish Cypriot
- Kurdish
- Turkish
- Any other White background, please write in:

.....

***MIXED***

- White and Black Caribbean
- White and Black African
- White Asian
- Any other Mixed background, please write in:

.....

***CHINESE OR OTHER ETHNIC GROUP***

- Chinese
- Any other ethnic group, please write in:

.....

***ASIAN OR ASIAN BRITISH***

- Indian
- Pakistani
- Bangladeshi
- East African Asian
- Any other Asian background, please write in:

.....

***BLACK OR BLACK BRITISH***

- Caribbean
- African
- Any other Black Background, please write in:

.....



## Medical Record Access Consent Form

### For access to Blue Badge records by someone other than the patient

I \_\_\_\_\_ of \_\_\_\_\_  
(name of applicant) (address)

authorise Lynn Ingram of Haringey Council to request a copy of my Blue Badge medical records on my behalf.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

#### Statement of Interpreter (where appropriate)

I have interpreted the information above to the applicant to the best of my ability and in a way in which I believe they can understand.

Signed: \_\_\_\_\_

Name in Print: \_\_\_\_\_

Date: \_\_\_\_\_

