

The Blue European Parking Badge  
Scheme of Parking Concessions for  
Disabled and Blind People



Photograph

## Application Form

The Blue European Parking Badge Scheme is governed by Regulations approved by Parliament.

The scheme allows people with severe walking difficulties to park close to places they wish to visit. Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places, or to drivers who cannot turn by hand the steering wheel of a vehicle. People with temporary disabilities, such as a broken leg, will not qualify for badges.

A leaflet explaining the scheme will be given to all new badge holders.

### Part A: Personal details

**All applicants must complete this section.**

Title:  Surname:   
*Mr/Ms/Mrs/Miss*

Other names:

Date of Birth:  Telephone:

Address:

Postcode:

**ALL** applicants must provide proof of their **permanent address in Haringey dated within the last 3 months**. This can be a photocopy of ONE of the following:

- A recent council tax, electric, gas, telephone or water bill
- Benefits Agency / Inland Revenue letter
- Bank / Building Society statement

Please **also supply two passport size photographs** with your name printed on the back and dated.

Are you a resident of Haringey? Yes:  No:

If **No**, Haringey Council will be unable to process your application. Please contact the Borough you live in.

Are you a Driver? Yes:  No:

Are you a Passenger? Yes:  No:

Have you had a Blue Badge before? Yes:  No:

If Yes, where was it issued?

Badge Number:

Date of Expiry:

## Part B: Automatic Eligibility Criteria

If you tick YES to any parts in this section you may automatically qualify for a Blue Badge. You will need to provide us with proof, as stated in each section.

1 Are you registered as blind under the National Assistance Act 1948? Yes  No   
If Yes, you must provide a copy of your BD8/CV1 certificate.

2 Do you receive the higher rate mobility component of Disability Living Allowance? Yes  No   
If Yes, please supply evidence (e.g. the official letter confirming the award and duration of your Entitlement, OR your vehicle Excise Duty Exemption Certificate).

**Please note that Attendance Allowance or Care Allowance do not qualify under automatic criteria.**

3 Was your vehicle supplied by a Government Health Department? Yes  No   
If yes, please give details and provide evidence.

4 Do you receive a Government grant towards your own vehicle? Yes  No   
If yes, please give details and provide evidence.

5 **Do you receive a War Pensioners' Mobility Supplement?**

Yes  No

If yes, please give details and provide evidence.

Complete question 6 only if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn, by hand, the steering wheel of a vehicle, even if that wheel is fitted with a turning knob.

6 **Do you drive a specifically adapted car?**

Yes  No

If yes, please state how the car has been adapted and produce evidence.

## **Part C: Other Eligibility Criteria**

**Complete this part ONLY if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.**

Please note that all applicants who complete Part C will be required to attend a mobility assessment with the Integrated Community Therapy team at Haringey Teaching Primary Care Trust (PCT). You will be contacted directly by the PCT if you require an assessment.

1 **Please describe the nature of your disability and diagnosis.**

2 **What medications, if any, are you prescribed?**

**3 Do you require a walking aid?**  
If yes, indicate which aid you use.

Yes  No

**4 How far can you walk without stopping, experiencing severe discomfort or requiring help from another person?**

metre(s)

**5 Please describe in full, how your condition/disability affects your ability to walk.**

Please print the name, address and telephone number of your family doctor. We will only contact your doctor if additional information is required to support your application.

**Name:**

**Address:**

Postcode:

**Telephone:**

## Part D: Declaration

**This part must be completed in all cases.**

I have enclosed a copy proof of my permanent address, as stated in Section A Yes  No

I have enclosed two passport size photographs Yes  No

*(please clearly write name and date at the back of the photo)*

I have enclosed the proof(s) of my automatic qualification as requested in Section B. Yes  No

I declare that to the best of my belief all the statements I have made on this form are true and I agree to the local authority contacting my family doctor if necessary for the purpose of obtaining information to support my application.

**It is very important that you sign within the border of the two signature boxes below, as one signature is to be affixed to the badge if the application is successful and the other is for our records.**

**Signed:**

**Signed:**

**Name:**

**Date:**

# Equal Opportunities Monitoring Form

As a public authority, Haringey Council is required by law to carry out equal opportunities monitoring of everything we do to make sure that all sections of the community have access to the Council whether in terms of jobs or services.

The information you provide in this section will help us to check that we are fulfilling this duty and help us to improve the quality of services to all of our service users.

## Ethnicity

What is your ethnic group? (Please tick one box from the appropriate section)

### White

- |               |                          |                 |                          |
|---------------|--------------------------|-----------------|--------------------------|
| British       | <input type="checkbox"/> | Irish           | <input type="checkbox"/> |
| Greek/Cypriot | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| Turkish       | <input type="checkbox"/> | Turkish/Cypriot | <input type="checkbox"/> |
| Gypsy         | <input type="checkbox"/> | Kurdish         | <input type="checkbox"/> |
| Other         | <input type="checkbox"/> |                 |                          |

Please write in: \_\_\_\_\_

### Mixed

- |                           |                          |                         |                          |
|---------------------------|--------------------------|-------------------------|--------------------------|
| White and Black Caribbean | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| White and Asian           | <input type="checkbox"/> |                         |                          |
| Other                     | <input type="checkbox"/> |                         |                          |

Please write in: \_\_\_\_\_

### Asian or Asian British

- |             |                          |                    |                          |
|-------------|--------------------------|--------------------|--------------------------|
| Indian      | <input type="checkbox"/> | Pakistani          | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | East Asian African | <input type="checkbox"/> |
| Other       | <input type="checkbox"/> |                    |                          |

Please write in: \_\_\_\_\_

### Black or Black British

- |           |                          |         |                          |
|-----------|--------------------------|---------|--------------------------|
| Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Other     | <input type="checkbox"/> |         |                          |

Please write in: \_\_\_\_\_

### Chinese or other ethnic group

- |         |                          |
|---------|--------------------------|
| Chinese | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

Please write in: \_\_\_\_\_

### Gender

Are you: Male  Female

## Further Information

You can hand in your completed form at any of the following four Customer Services Centres.

### **South Tottenham Customer Service Centre**

Apex House, 820 Seven Sisters Road, London N15 5PQ

### **Wood Green Customer Service Centre**

48 Station Road, Wood Green, London N22 7TY

### **Hornsey Customer Service Centre**

The Broadway, Crouch End, London N8 9JJ

### **North Tottenham Customer Service Centre**

639 High Road, Tottenham, London N17 8BD

Alternatively you can post your form and other relevant documents to:

Concessionary Travel Team, Haringey Council, P.O. Box 38996, London, N22 9AF.

## **What will happen next?**

Your application will be assessed within 6 weeks of receiving your completed application form. If we require further information we will write to you within 10 working days of receiving your application.

## **Successful Applicants**

If you qualify for a Blue Badge you will be sent a letter giving you details about how to collect it. If your application is not successful, we will write to you with the reason for our decision and provide details of how to appeal.

## **How can I get further help or information?**

You can find out more information from your local Customer Services Centre, or contact the Concessionary Travel team on 020 8489 1865 or 020 8489 1878, or email [concessionary.travel@haringey.gov.uk](mailto:concessionary.travel@haringey.gov.uk)

## **Data Security Statement:**

Haringey Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information contact the Data Protection Officer, Feedback & Information Team, Haringey Council, River Park House, High Road, Wood Green, London N22 8HQ or [dataprotection@haringey.gov.uk](mailto:dataprotection@haringey.gov.uk)

## For Office Use Only

Date Received:  Applicant ID:

Title:  Surname:   
*Mr/Ms/Mrs/Miss*

Other Names:

Application Progress: Complete  Incomplete

Date Sent Back:  Date Returned:

Reason: POA Insufficient  GP Form Requires Stamp  Failed To Provide 2 Photographs   
Not Resident of Borough  Client Signature Missing  BD8/CV1 Evidence Required   
DLA Evidence

Comments:

Outcome: Accepted:  Refused:  Date:  Authorised By:

Type of Disability: BLI  DLA  WAR  DIS

## Customer Service Use Only

Customer Service Office: H  ST  NT  WG

Badge No:  Date Issued:

Issued by:  Valid to Date: