

Environment, Culture & Communities  
Traffic & Safety Group



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**Application Form  
for a  
Disabled Persons Parking Bay**

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**This form is available in large print on request  
from the Traffic & Safety Group,  
Contact 01344 351639.**

If you have hearing difficulties and use a minicom please dial 01344 352045  
(Bracknell Forest Borough Council reception desk minicom) and ask for a member  
of staff to call you back

## **1. BRACKNELL FOREST COUNCIL POLICY**

Bracknell Forest Council operates a scheme to mark out disabled parking bays in residential streets. Typically these are required in streets that are heavily parked and where disabled people may have trouble in finding a parking space close enough to where they live without experiencing real difficulty in getting from their car to their home.

At the same time, we need to take account of the affect that a new disabled parking bay could have on other residents in the area or street if a number of spaces are already reserved for disabled person parking. We need, therefore, to ensure that all applications received are considered on their evidence of genuine need, to help us get the balance right.

Applications for disabled persons parking bays in residential areas will be assessed using all of the information provided, and there are many factors to consider. You can use the following basic points to help in deciding whether to make an application. The answers to the following questions should be 'yes'.

- Do you have a current Blue Badge?
- Do you receive Higher Rate of the mobility component of the Disability Living Allowance, or if you are over 65 would you qualify for it?
- Is the vehicle you use registered at your address?

An application will not be successful if you already have a private parking place or driveway that you could use.

The Council will need to take other considerations into account, including an assessment of whether a bay can be marked out without creating a road safety problem and without causing the road to be obstructed.

Please note that the application process can take a long time, for good reason. The Council implements Disabled Parking Bays (for successful applicants) twice yearly and dependant on the point of application, the installation of a parking bay could take up to 12 months.

It is also worth noting that where a bay is marked out, it cannot be reserved for an individual. Any car displaying a valid disabled badge may legally park there.

**2. PERSONAL DETAILS**

Name .....

Address .....

.....

.....

Post Code .....

Telephone No. Day .....

Evening.....

Date of Birth .....

**3. NATIONAL BLUE BADGE PARKING SCHEME**

**a)** Are you a Blue Badge holder? YES/NO

If NO, please go to part 1 (Bracknell Forest Council Policy)

If YES, please state the Reference Number and issuing Authority

.....

**b)** What is the Expiry Date of the Blue Badge? .....

**c)** Do you, or a permanent member of your household, have a car which is Registered (via DVLA) at your current address? YES/NO

If NO, please read Section 1 (Bracknell Forest Council Policy)

If yes, please enclose a copy of the Vehicle Registration Certificate (V5c).

**d)** Do you drive this vehicle? YES/NO

If NO, please proceed to question **g)**

**e)** Are you the main driver of this vehicle? YES/NO

**f)** How often do you drive the vehicle during a typical week? *(Please tick relevant box)*

1 to 3 times

4 to 6 times

Daily

g) Please give the name(s) of any other driver(s) of this vehicle?

.....

h) Does this person / do these people live at your address? YES/NO

i) How often are you a passenger in the vehicle during a typical week? (Please tick relevant box)

1 to 3 times                       4 to 6 times                       Daily

j) Typically, where is this vehicle parked?

.....

k) Approximately, how far is this location from the main door of your property?

.....

*We understand how difficult it can be to work out the distance. There are several things that can help you:*

- o *Ask someone to walk with you and pace the distance they walk (the average adult step is just under one metre, for example, if the person walking with you took 100 steps, you would have walked about 90 metres)*
- o *The average four-door car is about 4 metres long*

l) Are there currently any off-street parking facilities, e.g. driveway/hard standing, or garage for this vehicle ? YES/NO

If YES, please indicate which type .....

If NO, please proceed to Section 4.

m) Approximately, how far is this parking facility from your property?

.....

*See Question (k) above for a guide on judging this distance.*

**4. ABOUT YOUR DISABILITY**

a) Please summarise your disability:.....

.....

.....

.....

.....

.....

**b) Which of the following description(s) best matches your circumstances?**

*Please tick the relevant box(es):*

- cannot walk at all
- have difficulties walking
- could become very ill if you attempted to walk
- can only walk a short distance without being in severe discomfort
- use walking sticks
- use crutches
- use a wheelchair
- use a mobility scooter
- use another type of walking aid

if so, please provide details .....

- need support from another person when walking

if so, please explain .....

- both substantially deaf and substantially blind
- have a learning disability
- have severe behavioural difficulties
- have a mental health difficulty
- have some other difficulty

if so, please explain .....

**c) What parking difficulties are you experiencing?**

.....

.....

.....

.....

**d) How often do you experience these parking difficulties during a typical week?**

*(Please tick relevant box)*

- 1 to 3 times       4 to 6 times       Daily

**5. DISABILITY LIVING ALLOWANCE**

a) Do you receive the Disability Living Allowance YES/NO

If NO, please read Section 1 (Bracknell Forest Council Policy)

b) Do you receive the Disability Living Allowance for assistance with your care needs, your mobility needs or both?

.....

If you receive the Disability Living Allowance for your mobility needs, do you receive the higher rate of benefit? YES / NO

If NO, please read Section 1 (Bracknell Forest Council Policy)

Please provide evidence of your receipt of the Higher Rate of the mobility component of Disability Living Allowance such as the correspondence confirming your eligibility.

**6. OLDER PEOPLE *(This section only applies if you are 65 years old or over).***

If you are 65 years old, or over, you may not receive the Disability Living Allowance. If this is the case, our assessment of your mobility will need to be based upon the information provided by you and your doctor or nominated care professional (see below).

**7. STATEMENT FROM YOUR DOCTOR OR NOMINATED CARE PROFESSIONAL**

*(e.g. doctor, social worker, occupational therapist, a nurse)*

Please arrange for your doctor (or a nominated care professional) who knows you, and the details of your disability, to complete the questionnaire at the end of this application form. Please ensure that you have read and completed Sections 1 to 8 of the application form beforehand.

**8. DECLARATION**

I declare that the information I have provided on this form is correct, to the best of my knowledge, and that I have completed all Sections that relate to my circumstances.

I accept that as part of the application process, the information I have provided, along with the information provided by my nominated care professional, will be cross referenced with any relevant information held by the Council's Social Services Department.

Signed.....

Date.....

Please post, or hand deliver, the completed application form to the address below. The envelope should be marked "Disabled Persons Parking Bay Application – Private & Confidential":

Traffic & Safety Group  
Bracknell Forest Council  
Time Square  
Market Street  
Bracknell  
RG12 1JD

The Council will acknowledge receipt of your application and will be in contact with you during the process to keep you advised on the status of your application. You may be required to provide further information about your circumstances.

**The information provided in this form will be used in accordance with the Data Protection Act 1998. The details you provide will only be used in connection with processing your application for a Disabled Persons Parking Bay.**

**If you have any difficulties completing this form, please contact the Traffic & Safety Group on 01344 351639.**

**The following questionnaire is to be completed by your Doctor or nominated care professional:**

Practice / Organisation Name:	Practice Address:
	Tel. N°:

Patient's Name:
Patient's Address:

Please summarise the applicant's disability .....

.....

.....

.....

Please tell us about the mobility difficulties the applicant experiences as a result of their disability.....

.....

.....

.....

The patient's condition is:

temporary  permanent  degenerative  (Please tick as appropriate)  
 (less than 12 months)

If condition is temporary, please state the approximate length of time that the patient is likely to be affected .....

The distance that he / she is able to walk, without stopping or experiencing severe discomfort, and **without** help from another person or a walking/mobility aid (approximately):

Distance in metres	0	0-10	10-20	20-50	50-100	Over 100
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(Please tick the appropriate box)

The distance that he / she is able to walk or travel, without stopping or experiencing severe discomfort, **with** help from another person or a walking/mobility aid (approximately):

Distance in metres	0	0-10	10-20	20-50	50-100	Over 100
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(Please tick the appropriate box)

If the applicant is an adult, do they have a physical disability, learning disability, severe behavioural difficulty, mental health difficulty or other circumstances that means they cannot be left alone for short periods? YES / NO

If YES, please explain .....

Having considered the information provided by the applicant (in their application to the Council for a Disabled Persons Parking Bay - attached to this form), would you say that their description accurately reflects their level of disability? YES / NO

If NO, please explain .....

Are there exceptional circumstances regarding this persons disability (i.e. rapidly degenerative condition) that necessitate the urgent provision of a Disabled Persons Parking Bay ? YES / NO

If YES, please explain in what way and to what extent: .....

Declaration

I declare that the information I have provided on this form is correct and complete to the best of my knowledge.

Name .....

Position/Profession .....

Signed ..... Date.....

If you feel there is any other relevant information you can give to support this application, please write on the back of this page or on a separate sheet.

**The information provided in this form will be used in accordance with the Data Protection Act 1998. The details you provide will only be used in connection with the processing of your patient’s application for a Disabled Persons Parking Bay.**

**If you have any questions regarding this form, please contact the Traffic & Safety Group on 01344 351639.**