



Application Pack 1A

Westminster Disabled Badge Scheme:
First time and re-applying for a Badge

© Westminster City Council March 2023

Westminster City Council

Westminster City Hall
64 Victoria Street
London SW1E 6QP

westminster.gov.uk



City of Westminster

Before you complete this application form, please read the 'Westminster's Disabled Person's Guidance Notes'. This document will tell you what you need to know about Westminster's disabled badge scheme and can be located via the below link:

<https://www.westminster.gov.uk/parking/disabled-parking/apply-or-renew-disabled-parking-badge>

Please complete this application form in full block capitals and use black ink.

All postal applications must be sent to the following address:

Westminster Parking Services
PO BOX 353
Sheffield
S98 1ER

Please make sure that you have all the proof documents to send with your application or it may be delayed. There are reminders throughout this application form and a checklist at the end of the application to help you remember to enclose any documents required in support of your application.

If you need assistance completing the application, form or have any questions about the Disabled White Badge Scheme, please contact us.

- **Telephone:** 020 7823 4567 (8am – 8pm Mon - Sat).
- **E-mail:** parkingpermits@westminster.gov.uk
- **Website:** <https://www.westminster.gov.uk/disabled-parking>.
- Contact us using a British Sign Language interpreter:
<https://www.westminster.gov.uk/about-council/contact-us/contact-us-using-british-sign-language-interpretter>

A copy of this document is available in large print.

WHICH SECTIONS OF THE APPLICATION FORM SHOULD I COMPLETE?

- Are you applying for a Blue Badge?
- Are you applying for a White Badge?
- Are you applying for a Blue and White Badge?

The application form is divided into the following 5 sections:

Section 1. About You	<ul style="list-style-type: none"> Your personal contact details Your current White and Blue Badge details if you are re-applying for your badges. The details of your medical practitioner or consultant Passport photograph.
Section 2. Eligibility	<ul style="list-style-type: none"> Proofs of residence if you live in Westminster If you are a non-Westminster resident and require a White Badge, you will need to provide proof that you work, study or receive medical treatment in the borough. In addition, you will need to supply your Blue Badge details if you have one.
Section 3. Disability Questionnaire	<ul style="list-style-type: none"> Details about your disability
Section 4. Vehicle and Driver Details	<ul style="list-style-type: none"> Vehicle details for up to 2 vehicles that you may wish to register to your White Badge. If you are only applying for a Blue Badge no vehicle details are required.
Section 5. Declaration	<ul style="list-style-type: none"> This section is a declaration that must be signed by the person applying for the disabled badges before sending the completed forms back to Westminster City Council.

Please tick the appropriate box: **Do you live in Westminster?**

- Yes, I live in Westminster**
- No, I do not live in Westminster**

<input type="checkbox"/>	I am applying for the first time	Complete:	Section 1 A & C, Section 2 B & C (only if you DO NOT live in Westminster), Section 3 A or B & C, Section 4 and Section 5
<input type="checkbox"/>	I am re-applying for my badge	Complete	Section 1 A, B & C, Section 2 B & C (only if you DO NOT live in Westminster), Section 3 A or B & C, Section 4 and Section 5

Section 1. ABOUT YOU

Section 1A: Personal Information

Title Mr Mrs Miss Ms Other (please specify) _____

Surname:		First Name:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Address:			
		Post code:	
Mobile Telephone:		Home Telephone:	
Email:			
National Insurance Number:		Date of Birth:	
Do you have a dedicated disabled bay provided for your own personal use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the bay number:			
Name of Parent/Guardian (if applicant is under the age of 18):			

Please note, failure to supply full detailed information (including a phone number) may result in a delay to your application.

Is there a third party that you would also like to give permission to act on your behalf with the application? If yes, please provide the details below: (*we may need to contact this person by phone*).

Name:	
Address:	
Telephone Number:	

Section 1B: Current Badge Details

Complete this section if you are **re-applying** for your badge(s), or if you have a Blue Badge that was issued by another borough. First Time Applicants please go to **Section 1C Passport Photograph (below)**.

Serial Number of your current WHITE badge:		Expiry Date:	
Serial Number of your current BLUE badge including any issued by a different issuing authority:		Expiry Date:	
Name of Local Authority that has issued your Blue Badge:			

Section 1C: Passport Photograph

Please ensure 1 recent passport sized photograph is enclosed with the application. The photograph must show the applicant's face and should be signed and dated on the back by the applicant or guardian. (You are signing the photograph to confirm this is a true and present likeness of the badge holder).

I enclose a passport photo with this application. (Tick box to confirm).

Go to **Section 2: Eligibility (page 6)**.

Section 2. ELIGIBILITY

Section 2A: To be completed by Westminster Residents only

Please provide copies of any **2 of the proof documents** listed below showing your **name and Westminster address**. The proofs must be in the same name and address as supplied on page 4 of this application.

(At least one must be dated within the last three months).

Various types of Proof	Tick which you have provided
Council Tax Demand	<input type="checkbox"/>
A valid Driving Licence showing the badge holders name and Westminster Address	<input type="checkbox"/>
A utility bill (electricity, gas, water)	<input type="checkbox"/>
A landline or contract mobile phone bill	<input type="checkbox"/>
A personal bank, building society or credit card statement	<input type="checkbox"/>
A valid tenancy agreement or an original letter on headed paper from your solicitor confirming that you are the legal owner and occupier of the property	<input type="checkbox"/>
A recent Disability Living Allowance Award (DLA)	<input type="checkbox"/>
A recent Personal Independence Payment Award (PIP)	<input type="checkbox"/>
Vehicle Registration Document (V5C) showing your name and Westminster address	<input type="checkbox"/>
Letter provided by motability finance to you at your Westminster address	<input type="checkbox"/>
Pension letter from the pension service	<input type="checkbox"/>
Housing Benefit or other type of benefit award letter	<input type="checkbox"/>

Section 2B: Eligibility as a Non Westminster Resident

(To be completed by Non-Westminster Residents only).

Do you have a Blue Badge from your local authority?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state your Blue Badge Serial Number:		Expiry date of the badge:	

I am applying for this badge because:

I work in the borough	<input type="checkbox"/>	Go to Section 2B1
I study in the borough	<input type="checkbox"/>	Go to Section 2B2
I am having medical treatment in the borough	<input type="checkbox"/>	Go to Section 2B3

Section 2B1: I work in the borough

Name of your employer:			
Address of your employer:			
		Post Code:	
Status of your employment:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
If temporary, give expiry date of your contract:			
If the fixed business base of your employer is not in Westminster, where in Westminster do you work/operate?			
Please describe the nature of your work:			
Average number of hours you work each week in Westminster:			

You must enclose an original letter from your employer. The letter needs to be on headed paper and signed by your employer. It must be dated within the last 30 days confirming the number of days and hours a week you attend your place of work. Your employer needs to confirm you have no access to any off street parking facilities and in addition, if you are the passenger in the nominated vehicle, that you require the assistance of a carer to support you.

If you are self-employed, the letter must be signed by someone other than yourself confirming these details i.e. from a solicitor or accountant, and must be on their headed paper.

I enclose a letter from my employer

Go to **Section 3. Disability Questionnaire (page 11)**.

Section 2B2. I study in the borough

Name of your place of study:	
Address of your place of study:	
Post Code:	
Course Title:	
Duration of your course:	
The name of your department head or tutor:	
Average number of hours you study each week in Westminster:	

You must enclose a letter from your place of study. The letter needs to be on headed paper and signed by your department head or tutor. It must be dated within the last 30 days. It also needs to state you have no access to any off street parking facilities and if you are the passenger in the nominated vehicle, that you require the assistance of a carer to support you.

I enclose a letter from my place of study

Go to **Section 3. Disability Questionnaire (page 11)**.

Section 2B3: I am having life changing medical treatment in the borough

Address where you receive treatment:	
Postcode:	
Type of Treatment you are receiving (Please give details):	
Average number of hours you receive treatment each week in Westminster:	

You must enclose a letter from your medical institution. It needs to be on headed paper, signed by your doctor or the person you are receiving treatment with and must state the nature and duration of each treatment. The letter must be dated within the last 30 days, confirming the number of days and hours a week, you attend for treatment and details of the type of treatment you are receiving.

I enclose a letter from my medical institution

Go to **Section 3. Disability Questionnaire (page 11)**.

Section 3. DISABILITY QUESTIONNAIRE

Section 3A: Eligible without further assessment

You may automatically qualify for a disabled badge if you either:

- Receive Higher Rate Disability Living Allowance (Mobility Component only)
- Receive 8 or more points for the “**moving around**” activity of the **Mobility Component** of a Personal Independent Payment Allowance (PIP) award.
- Receive 10 or more points in **Descriptor E** (cannot undertake any journey because it would cause overwhelming psychological distress) in the “**planning and following a journey**” activity of the **Mobility Component** of a Personal Independent Payment Allowance (PIP) award.
- Are registered as severely visually sight impaired (blind)
- Receive the War Pensioners’ Mobility Supplement
- Are in receipt of a DS1500 (or equivalent letter from your consultant or hospital confirming you have a terminal illness)
- Are registered with Westminster City Council Adult Services Sensory Needs team
- Receive a lump sum benefit at tariffs 1-8 of the Armed Forces and Reserved Forces Compensation Scheme

Section 3A1

Are you registered as severely visually sight impaired (blind) under the National Assistance Act 1948?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Are you registered with Westminster City Council Adult Services Sensory Needs Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your reference number if known:	

You may also qualify if you are classed as severely sight impaired (blind) and can provide a copy of a CVI (certificate of vision impairment) signed by a senior Ophthalmologist.

I enclose my CVI certificate.

If you answered Yes to 3A1, please go to **Section 4: Vehicle and Driver Details (page 17)**.

If you answered No to 3A1, please go to **Section 3 A2 (below)**.

Section 3A2

Do you receive Higher Rate Disability Living Allowance (DLA)? (Mobility Component only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, I enclose my Certificate of Entitlement (DBD384) showing how long I am entitled to the allowance for and the rate of the allowance. Please note the award must be current; and if possible dated in the last 3 – 6 months.	<input type="checkbox"/>

If you answered Yes to 3A2, please go to **Section 4: Vehicle and Driver Details (page 17)**.

If you answered No to 3A2, please go to **Section 3A3 (page 12)**.

Section 3A3

Do you receive 8 or more points for the mobility component of a Personal Independent Payment Allowance (PIP) award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive 10 or more points (cannot undertake any journey because it would cause overwhelming psychological distress) in the “planning and following a journey” activity of the Mobility Component of a Personal Independence Payment Allowance (PIP) award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, I enclose my Certificate of Entitlement showing how long I am entitled to the allowance and the amount of points received. Please note the award must be recent (dated in the last 3 – 6 months).	<input type="checkbox"/>

If you answered Yes to 3A3, please go to **Section 4: Vehicle and Driver Details (page 17)**.

If you answered No to 3A3, please go to **Section 3A4 (below)**.

Section 3A4

Do you receive the War Pensioner’s Mobility Supplement (WPMS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, I enclose my (WPMS) award letter	<input type="checkbox"/>

If you answered Yes to 3A4, please go to **Section 4: Vehicle and Driver Details (page 17)**.

If you answered No to 3A4, please go to **Section 3A5 (below)**.

Section 3A5

Do you receive a lump sum benefit at tariffs 1–8 of the Armed Forces and Reserved Forces Compensation Scheme? (Armed Forces Independent Payment (AFIP) awards are not included in the Type 1 eligibility criteria).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, I enclose confirmation that I am certified as having a permanent and substantial disability which causes inability to walk or considerable difficulty in walking.	<input type="checkbox"/>

If you answered Yes to 3A5, please go to **Section 4: Vehicle and Driver Details (page 17)**.

If you answered No to 3A5, please go to **Section 3A6 (below)**.

Section 3A6

Do you have a DS1500 form or equivalent letter from your consultant or Hospital confirming you have a terminal illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, I enclose the relevant form or equivalent letter	<input type="checkbox"/>

Section 3A7

Despite severe disability, I have elected to not apply for DLA / PIP.

If you have ticked the box above, then please explain why not:

Go to **Section 3B (page 14)** if you have answered No to all the questions in 3A Eligibility Without Further Assessment, otherwise go to **Section 4. Vehicle and Driver details (page 17)**.

Section 3B: Eligible subject to assessment

If you answered No to all questions in Section 3A, you may still qualify for a badge if:

You cannot walk or you can only walk with severe difficulty

You have a enduring and substantial disability which causes an inability to walk or very considerable difficulty in walking. Please Note; clear evidence is required to confirm that to walk 50 meters or more even using basic aids and having to rest to let pain/breathlessness to subside before continuing is virtually impossible and/or puts your health at severe risk by doing so.

You cannot undertake any journey because it would cause very considerable difficulty while walking, or overwhelming psychological distress, or risk of harm to yourself or others.

If you did score the 10 points outlined above in the “planning and following journeys” part of the assessment, you need to attach a copy of every page from the award letter. It should show your entitlement to PIP and assessment scores (including the mobility scores).

You have an upper limb disability

You drive a vehicle regularly and have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating the vehicle.

A child under 3 that requires to be close to the vehicle

The child is under the age of 3 and has a disability classified as follows:

- 1) A child, who on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty, i.e. Oxygen Cylinders / Feeding Tubes etc.
- 2) A child who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given.

IMPORTANT

Please fill in the attached further information form at the end of this application pack. The more details that are provided allow for a quicker application process. (Please ensure you complete Section 3C, Section 4 and Section 5 before you do this).

Section 3C: About your General Practitioner (GP) or Consultant

Title:		Surname:	
Address:			
		Post code:	
Telephone:			

It may be necessary for you to attend an assessment with the Council's Occupational Therapy Service if there is insufficient information to make a decision after the initial screening process.

Section 3C1. Occupational Therapist Assessment

Are you willing to have a mobility review/assessment by our occupational therapy service to determine the extent of your disability? If you answer no, this will delay your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require an interpreter to be present at the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate what language Please note; we will use an independent interpreter. You will not be able to bring your own interpreter:	

Go to **Section 4: Vehicle and Driver details (page 17)**.

Section 4. VEHICLE AND DRIVER DETAILS

You may register up to two vehicles on your White Badge.
Blue Badges are not vehicle specific and vehicles will not be added on to the Blue Badge.

Vehicle 1, please tick appropriate boxes

Vehicle registration number:	
<input type="checkbox"/> I drive this vehicle	<input type="checkbox"/> I am the passenger in this vehicle
Name of Registered Keeper:	
Address of Registered Keeper:	
Post Code:	

Vehicle 2, please tick appropriate boxes

Vehicle registration number:	
<input type="checkbox"/> I drive this vehicle	<input type="checkbox"/> I am the passenger in this vehicle
Name of Registered Keeper:	
Address of Registered Keeper:	
Post Code:	

Go to **Section 5: Declaration (page 18)**.

Section 5. DECLARATION

Section 5A: Westminster Residents Only

Please read this page very carefully before signing your name to the declaration.

1. I live at the address given in section 1A for at least four nights a week. I use the vehicles shown in section 4. If I move out of the City of Westminster, sell, or stop using any of the vehicles my White Badge covers; I will return my badge immediately to Westminster City Council.
2. I understand that the badge remains the property of Westminster City Council. I will return the badge if my circumstances change or my address or vehicles change. I will return the badge within 48 hours if asked to do so by an authorised council officer.
3. I agree that you can ask to inspect the address I have given as my home before or after a badge is issued. If I refuse to give my permission, I understand that you will not give me a badge, or if I already have a badge, you will withdraw it.
4. The photograph I am sending with this application are a true and fair likeness of me. If my appearance changes significantly, I will send you my badge with new photograph. If applying on behalf of someone, I can confirm the photo provided is a true and fair likeness of the badge holder's appearance.
5. I understand and agree to the terms and conditions of using the badges in Westminster. (For White Badge, refer to section F of the 'The White Badge Scheme Guidance Notes'. For the Blue Badge please refer to 'The Blue Badge scheme: rights and responsibilities in England')
6. I understand that the information I have given will only be used for the purposes described in the council's Data Protection Statement accompanying my application.
7. I understand that action may be taken against me if I use, lend or allow a badge to be used with the intention to deceive Westminster City Council (a maximum penalty of £2500; or, if convicted in the Crown Court, there is no limit to the amount of the fine, and I could also be sent to prison for two years).
8. The information I have given on this form is true and accurate. I understand that you may prosecute me if I have knowingly given false information.

Your signature: _____

Date: _____

Section 5B: Non-Westminster Residents Only

Please read this page very carefully before signing your name to the declaration.

1. The details I have given in section 2B and 2C of the application are correct. I use the vehicle(s) shown in section 4. If I stop working full time, studying or receiving treatment within the City of Westminster or I sell or stop using any of the vehicles my badge covers, I will return my badge immediately.
2. I understand that you will still own the badge. I will return the badge if my circumstances change, my address or vehicles change from those originally supplied. I will return the badge within 48 hours if asked to do so by an authorised council officer.
3. I agree that you can ask for permission to inspect the address I have given as my place of employment or study before or after a badge is issued. If I refuse to give permission, it is likely that you will not give me a badge, or if I already have a badge you will withdraw it.
4. The photograph I am sending with this application are a true and fair likeness of me. If my appearance changes significantly, I will send you my badge with new photograph. If applying on behalf of someone, I can confirm the photo provided is a true and fair likeness of the badge holder's appearance
5. I understand the terms and conditions of using the badges in Westminster. (For White Badge, refer to section F of the 'The White Badge Scheme Guidance Notes'. For the Blue Badge please refer to 'The Blue Badge scheme: rights and responsibilities in England').
6. I understand that the information I have given, will only be used for the purposes described in the council's Data Protection Statement accompanying my application.
7. I understand that if I use, lend or allow a badge to be used with the intention to deceive Westminster City Council (maximum penalty of £2500; or, if convicted in the Crown Court, there is no limit to the amount of the fine, and I could also be sent to prison for two years).
8. The information I have given on this form is true and accurate. I understand that you may prosecute me if I have knowingly given false information.

Your signature: _____

Date: _____

IMPORTANT – DATA PROTECTION

- To find out why the Council needs to collect and store personal data, how this is used and your rights to access your information, please refer to our [Privacy Policy](#) and [Fair Processing Notice](#).
- Westminster City Council will process your information primarily for the purpose of providing parking services to disabled applicants.
- We may also use your information to detect and prevent fraud and protect public funds. This will include the recording of vehicle information and verifying residency status and parking entitlements both within and outside the city. We therefore disclose your information to or request information from the Driver and Vehicle Licensing Authority (DVLA), Law Enforcement Agencies and other organisations such as Local Authorities.
- We will use a number of means to ensure the lawfulness of the use of our parking services. This will include the use of surveillance equipment, Civil Enforcement Officers, auditors and dedicated investigators to record data.
- We will use the information you provide to recover unpaid Penalty Charge Notices issued in Westminster.
- In line with its duty to protect public funds, the council and its agents will undertake investigations involving random auditing of vehicles and users who hold valid parking permits to counter suspected fraudulent use of its parking services. If you wish to complain at the manner in which your personal data has been processed or may be used you should write to the:

Data Protection Officer (Information Services)
Bi-Borough Legal Services
The Town Hall
Hornton Street
London W8 7NX

CAUTION

- The council takes fraud and misuse of the Westminster disabled parking permits very seriously and will be carrying out checks on the information that you provide, including possible home visits, inspections and checks on-street.
- If you want to report potential disabled permit fraud, please call the council's free fraud hotline on 020 7361 2777 or you can report it online at <https://www.westminster.gov.uk/parking/parking-residents/reporting-parking-permit-or-disabled-badge-fraud>. All calls are treated in the strictest of confidence.
- Westminster City Council will prosecute anyone found to be committing fraud.
- If you give false or misleading information it may result in the council taking action against you.

CHECKLIST

Passport Photograph	Section 1C (page 5)	<input type="checkbox"/>
Proof of eligibility (or)	Section 2A (page 6)	<input type="checkbox"/>
Letter from your employer (or)	Section 2B1 (page 8)	<input type="checkbox"/>
Letter from your place of study (or)	Section 2B2 (page 9)	<input type="checkbox"/>
Letter from medical institution (or)	Section 2B3 (page 10)	<input type="checkbox"/>
Certificate of Visual Impairment (or)	Section 3A1(page 11)	<input type="checkbox"/>
Certificate of Entitlement to receive higher rate mobility allowance	Section 3A2 (page 11)	<input type="checkbox"/>
Official Letter confirming that you receive war pension mobility supplement	Section 3A3 (page 112)	<input type="checkbox"/>

**A copy of this document is available in large print.
To request a copy please contact us on 020 7823 4567**

Please ensure you have completed the application form and enclosed all required proof documents.

Applying by Post

**Westminster Parking Services
PO BOX 353
Sheffield
S98 1ER**

Additional Information to Support your Application

- **Please complete this additional information form as fully as possible. You may feel that some of the questions are not relevant to the difficulties you have walking. However, the information will give us a good understanding of how your disability affects you on a daily basis.**
- It is essential that you enclose Hospital Reports and information to confirm your medical condition/disability. This should include results of investigations and supporting letters from other Health and Social care professionals. Please note that copies of appointment letters will not be considered as evidence and thus should not be enclosed.
- Failure to include supporting evidence such as medical records may result in an unsuccessful application.
- Please tick the relevant boxes and complete the sections as fully as possible. If you need to continue on another piece of paper please do so.

Please advise if this is a new application or if you are re-applying for your badge.

New Re-applying

Please provide details of your Health & Disability

Please provide full details of your medical conditions/disabilities. When you first began to experience problems, what treatment you have had in the past and are currently having. This should include any surgery you have had or expect to have.

It would be helpful if you could attach a copy of any repeat prescriptions you may have. If you are unable to please list the medication and dose you currently take in the section below.

I attach a copy of my repeat prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any difficulties with your Balance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any falls within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any surgery due to your conditions/disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any treatments due to your conditions/disability? E.g. Physiotherapy, Pain Clinic, Occupational Therapy Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Now in your own words please tell us about your Health and Disability (Please provide as much information as possible)

Mobility

Please tick the relevant boxes in sections 1 to 6 and then in section 7 describe how you get about.

Please explain how you get around both indoors and outdoors, including any difficulties you may have when using steps or stairs. In addition any walking equipment or assistance you require, the speed and style of how you walk and if you need to stop for rest breaks.

What is the maximum distance you can walk? _____ yards _____ metres

Section 1

Do you use any aids to help you walk and how often do you use them?

Type of Aid	Yes	No	Number used	Always	Some-times	Indoors	Outdoors
Walking Stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow Crutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame / Rollator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Scooter or Electric wheelchair	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical assistance from another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2

Do you use steps and stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--

If **Yes** please advise if you use any of the following aids when using steps or stairs

Type of Aid/Adaptation	At Home	Outdoors	Independently	With difficulty	With Assistance
1 x Hand Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 x Hand Rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 x handrail & walking aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through Floor Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalator			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Lifts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3

Do you experience any pain when walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If **Yes** on a scale of 0 to 10 please circle the relevant number which confirms the level of pain you experience where 0 is no pain and 10 is severe intolerable pain.

At rest

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

When walking

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

When resting following walking

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Do you need to stop whilst walking because of your pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long does it take for your pain to reduce once you have stopped walking?	
<input type="checkbox"/> Less than 5 minutes	<input type="checkbox"/> Between 5 & 10 minutes
<input type="checkbox"/> More than 10 minutes, please specify	

Section 4

Do you experience breathing difficulties whilst walking?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need to stop and rest whilst walking?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do need to stop and rest how far can you walk before you need to stop and rest?			
If you need to stop and rest how long does it take for you to recover?			
<input type="checkbox"/> Between 5 & 10 minutes	<input type="checkbox"/> Between 11 & 20 minutes	<input type="checkbox"/> More than 20 minutes (please specify)	

Section 5 Moving around and planning or following a journey.

Please consider how you move around your community outside.

Are you aware of danger when outside of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you plan and follow a journey to local and familiar route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you plan and follow a journey to an unfamiliar route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are lost would you be able to find your way home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty coping with crowds? (If yes please provide details in the section below).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wander off when left alone when outside of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you always move or run away from your family when out and about?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to complete a journey? (If not, please detail the reasons why in the section below).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cooperate and walk with your family/carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you stop, if so, why and for how long? (If yes, please provide details in the section below).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 continued.

Do you experience severe anxiety and stress when undertaking familiar or unfamiliar destinations or journeys? If yes, please describe how anxiety affects you and what coping strategies you use in the description section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require someone with you to supervise you at all times outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to go out alone on some independent travel or journeys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you access public transport alone and use services independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you access your local shops alone without assistance or supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you access local community facilities alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How far can you travel without another person to support and/or supervise you? (Please provide details in the section below).	

In your own words please describe below how you move around your community outside, and in particular when it comes to planning and following a journey, and detail what help and support you need.

Please provide as much information as possible to help us to consider your application as fully as possible.

Section 6 Describe your disability and any cognitive/intellectual difficulties in more detail.

Consider your memory, behaviour and orientation skills (finding your way around) that would make it difficult to plan or follow a journey. First answer the following statements:

Do you have occasional or regular lapses of memory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have permanent memory loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience difficulty coming up with the right words?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty reading or understanding road signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty talking to strangers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you forget important issues and events about you and your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know the time, day and month it is or forget what these important facts are?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you continually forget where you live, become lost and disorientated when outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you organise and plan journeys without forgetting important details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wander and find it difficult to find your way home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need someone with you when you are outdoors? if yes give reasons why in the section below	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you undertake a regular journey near to your home alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience both permanent and severe anxiety and stress episodes outdoors which cause you to be at risk of injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you exhibit any severe behaviour outdoors that result in you being unable to control yourself outside of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7 Please advise what type of property you live in

<input type="checkbox"/> House	<input type="checkbox"/> Flat	<input type="checkbox"/> Maisonette	
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Mobile Home	Other Please advise:	
Which floor is your property on?			
Is there lift access?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which floor do you sleep on?		<input type="checkbox"/> Ground	<input type="checkbox"/> First <input type="checkbox"/> Other

Section 8 Access to your home

Are there any steps leading to your main door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Are there any handrails fitted along the steps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Is there ramped or level access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it provided for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9

In your own words please tell us about your disability and describe how you walk and get about, and how your health condition makes walking difficult for you (Please provide as much information as possible).

Travel and Transport

Tell us how you use transport. This should include any problems experienced when using transport.

If you need assistance, how much assistance do you require?

What transport do you use and how often do you use it?

Type of Transport	Yes	No	Occasionally	Daily	Weekly	Monthly	Need Assistance to use
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train/Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Car-Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Car-Passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now tell us how you use transport. (Please provide as much information as possible)

Activities of Daily Living

In your own words, describe how you undertake your personal care tasks.

Please advise how your condition impacts on your day-to-day living.

Section 1 Personal care. What facilities do you use to wash?

<input type="checkbox"/> Level access shower	<input type="checkbox"/> Stepped shower tray	<input type="checkbox"/> Over bath shower
<input type="checkbox"/> Bath	<input type="checkbox"/> Bath board	<input type="checkbox"/> Bath seat
<input type="checkbox"/> Powered bathlift	<input type="checkbox"/> Shower seat	<input type="checkbox"/> Grab rails
<input type="checkbox"/> Long handled equipment		

Section 2 Personal Care; what assistance do you need and how often?

Do you require assistance to wash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes how often please detail	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes

Now tell us how you undertake daily personal care activities (Please provide as much information as possible)

Domestic tasks

Describe below the help and support that you require with domestic tasks, this may be assistance from a person or using equipment please detail below.

How do you manage to undertake the following tasks?

Type of task	Yes	No	Some-times	Independ-ently	With assistance	With equipment <i>(detail in the section what equipment you use)</i>
Are you able to prepare cold drinks and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to prepare hot drinks and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to prepare and cook hot meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to clean your own home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go shopping by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to do your own gardening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now in your own words please tell us how you manage domestic/household tasks
(Please provide as much information as possible)

Checklist

- All sections of form have been filled in.
- You have provided a copy of your prescription or a list of medications and dosage.
- I confirm I have enclosed the supporting documentation specifically evidencing diagnoses, i.e. Hospital/Consultant reports.

PLEASE NOTE THAT IF SUPPORTING INFORMATION, CONFIRMING YOUR MEDICAL CONDITIONS IS NOT PROVIDED WE WILL BE UNABLE TO PROGRESS YOUR APPLICATION AND THIS WILL RESULT IN YOUR APPLICATION BEING UNSUCCESSFUL.

Declaration

I confirm that the details I have provided are complete and correct.

I understand that if I am issued with a pass based on the information provided on this form, which are subsequently found to be false, my pass will be cancelled and I may have to pay any cost arising from the issue or use of the pass.

Name: _____

Your signature: _____

Date: _____