



**APPLICATION FOR A DISABLED PERSON'S PARKING PLACE**

Please read the Policy Notes provided before completing this form. Only those applications that comply with the Qualifying Criteria as stated in the Policy Notes will be processed.

Please use block capitals and return the completed form to the Estate office, address overleaf.

**BACKGROUND INFORMATION** **SECTION 1**

**1 Full name and home address of applicant.**

<b>Name</b>	Title	Forenames	Surname
<b>Home Address</b>			
	Daytime telephone No		Postcode

	Yes ✓	N ✗		
<b>2</b> Do you have a disabled persons Blue/Green Badge?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3</b> If Yes to 2, please state the badge serial number and expiry date.				
<table border="1" style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Serial No</td> <td style="width: 50%; padding: 2px;">Expiry date</td> </tr> </table>	Serial No	Expiry date		
Serial No	Expiry date			
<b>4</b> Do you have a physical disability?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5</b> Does your disability affect your mobility?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6</b> Do you drive a car?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7</b> If no to Q6, is the driver of your vehicle your nominated carer?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8</b> If no to Q6, does the driver of the vehicle reside at the above address?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>9</b> Do you have alternative parking facilities? (Garage, driveway etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>10</b> Whether you drive or not, have any adaptations been made to the vehicle for the ease of your use?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>11</b> Do you use a wheelchair or a scooter?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>12</b> Do you use other equipment to help your mobility? (Stick, frame, crutches etc)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>13</b> Do you receive either the DLA higher rate of Mobility Component or higher rate of Attendance Allowance?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>14</b> If yes to Q13, is this award for an indefinite period (formally for life)?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>15</b> Do you give the HLEC permission to use the information provided in this application form for HLE business only - being the processing of this application, Estate news and the issuance of parking permits and/or parking bays. Please see Privacy Statement on <a href="http://www.hle.org.uk">www.hle.org.uk</a> .	<input type="checkbox"/>	<input type="checkbox"/>		

**DECLARATION****SECTION 2**

I hereby request that the Holly Lodge Estate Committee (HLEC) considers this application for the designation of a 'Disabled Persons' Parking Bay', and I declare that the information supplied by me in this form is correct to the best of my knowledge and belief.

Signature

Date

If the applicant is under seventeen years of age this form should be signed by their legal guardian

Signature of Guardian

Date

**MEDICAL DECLARATION****SECTION 3**

This part is to be completed by a Doctor, Occupational Therapist, District Nurse or Health Visitor

HLE may instruct a qualified Occupational Therapist to make a further assessment

**In my professional opinion it is impossible or extremely difficult for the applicant to walk more than 20 metres to their vehicle because of a permanent disability and therefore the provision of a disabled persons' parking bay is justified.**

Please state the nature of the disability. **(Please use block capitals)**

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Signature

Date

Qualification

Address and telephone number of the Practice/Health Centre (address stamps acceptable)

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**Please return the completed form and copies of any supporting documents required to:**

**Estate Manager  
Holly Lodge Estate Office  
Holly Lodge Gardens  
London N6 6AA  
[manager@hle.org.uk](mailto:manager@hle.org.uk)**

**Supporting documents:**

- A copy of both sides of your Blue Badge/Green Badge
- A copy of your Driving Licence
- A copy of your Vehicle Registration Document (V5) or if you own a mobility vehicle a copy of VE103R Registration Document.
- Applicants must have no access to off street parking facilities. Where off street parking exists, applicants will be required to provide proof that this facility is not available for their use. This proof may take the form of, e.g. a Tenancy Agreement or Property Deeds.
- A copy of applicant's Personal Independence Payment (PIP) or Higher Rate Attendance Allowance for applicants aged 65 or over.
- If the applicant does not drive, and has appointed a nominated carer to drive for them, the applicant must provide proof that the nominated carer lives at the same address, e.g. utility bill.