



**CONFIDENTIAL**

**APPLICATION FOR DISABLED PERSONS PARKING BAY**

Please read the attached notes and conditions before completing this form.

Complete parts I to III before emailing this form to [engineers@swale.gov.uk](mailto:engineers@swale.gov.uk) or send a paper copy to Technical Services, Swale Borough Council, Swale House, East Street, Sittingbourne, Kent ME10 3HT

**Complete using BLOCK CAPITALS**

**PART ONE – PARTICULARS OF APPLICANT  
TO BE COMPLETED BY ALL APPLICANTS**

Title		
Surname		
Forenames in full		
Date of Birth		
Address		
Post Code		
Contact Telephone No.		
Email address		
Blue Badge Number	<b>Please enclose photocopy of the valid Blue Badge</b>	
Blue Badge Expiry Date		
Blue Badge Issuing Authority (e.g. Kent County Council)		
Is the Blue Badge issued to the applicant?	<b>YES</b>	<b>NO</b>

<p>If no, who is the badge registered to and what is their relationship to you?</p>											
<p>Please indicate that the applicant is in receipt of or entitle to one of the following-</p>	<table border="1"> <tr> <td data-bbox="639 342 1254 416">Higher Rate Mobility component of Disability Living Allowance</td> <td data-bbox="1254 342 1406 416"></td> </tr> <tr> <td data-bbox="639 416 1254 490">Attendance Allowance</td> <td data-bbox="1254 416 1406 490"></td> </tr> <tr> <td data-bbox="639 490 1254 589">Personal Independence Payment (PIP) Proof of (PIP including 8 points or more for 'moving around' component)</td> <td data-bbox="1254 490 1406 589"></td> </tr> <tr> <td data-bbox="639 589 1254 663">War Pensioner's Mobility Supplement</td> <td data-bbox="1254 589 1406 663"></td> </tr> <tr> <td data-bbox="639 663 1254 739">Other entitlement may be allowable (please state below)</td> <td data-bbox="1254 663 1406 739"></td> </tr> </table> <p><b>Please enclose recent proof showing benefit received, name and address.</b></p>	Higher Rate Mobility component of Disability Living Allowance		Attendance Allowance		Personal Independence Payment (PIP) Proof of (PIP including 8 points or more for 'moving around' component)		War Pensioner's Mobility Supplement		Other entitlement may be allowable (please state below)	
Higher Rate Mobility component of Disability Living Allowance											
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War Pensioner's Mobility Supplement											
Other entitlement may be allowable (please state below)											
<p>Additional information on benefits or entitlement</p>	<p><b>If none, please leave blank</b></p>										

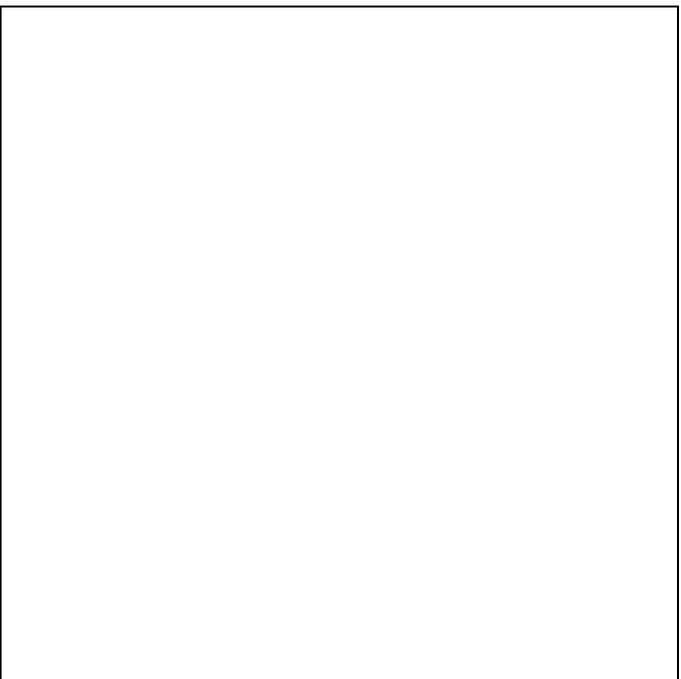
**PART TWO – PARTICULARS OF VEHICLE  
TO BE COMPLETED BY ALL APPLICANTS**

<p>Is the applicant the registered keeper?</p>	<p>YES</p>	<p>NO</p>						
<p><b>Please include a copy of the vehicle registration document or Motability Hire Agreement</b></p>								
<p>Is the applicant the main driver of the vehicle?</p>	<p>YES</p>	<p>NO</p>						
<p><b>Please include a copy of your driving licence and current certificate of motor insurance for your vehicle.</b></p>								
<p>If the applicant is not the main driver, please provide details of the main driver of the vehicle</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Relationship to applicant</td> <td></td> </tr> </table> <p><b>Please enclose proof of residence, including a copy of their Council Tax statement and or utility bill (not a mobile bill), a copy of their Driving Licence and of the Vehicle Registration Document</b></p>		Name		Address		Relationship to applicant	
Name								
Address								
Relationship to applicant								
<p>Does the applicant have facilities for off-street parking? <b>Do you own, rent or have use of a garage, hard standing (shared or individual) etc?</b></p>	<p>YES</p>	<p>NO</p>						
<p>Does the applicant experience frequent problems parking within walking distance of your property?</p>	<p>YES</p>	<p>NO</p>						
<p>Where is the vehicle usually kept? Please tick</p>	<p>GARAGE</p>							
	<p>DRIVEWAY</p>							
	<p>ON ROAD</p>							
	<p>PRIVATE PARKING</p>							
	<p>OTHER</p>							

**PART THREE- OPTIONAL ADDITIONAL COMMENTS**

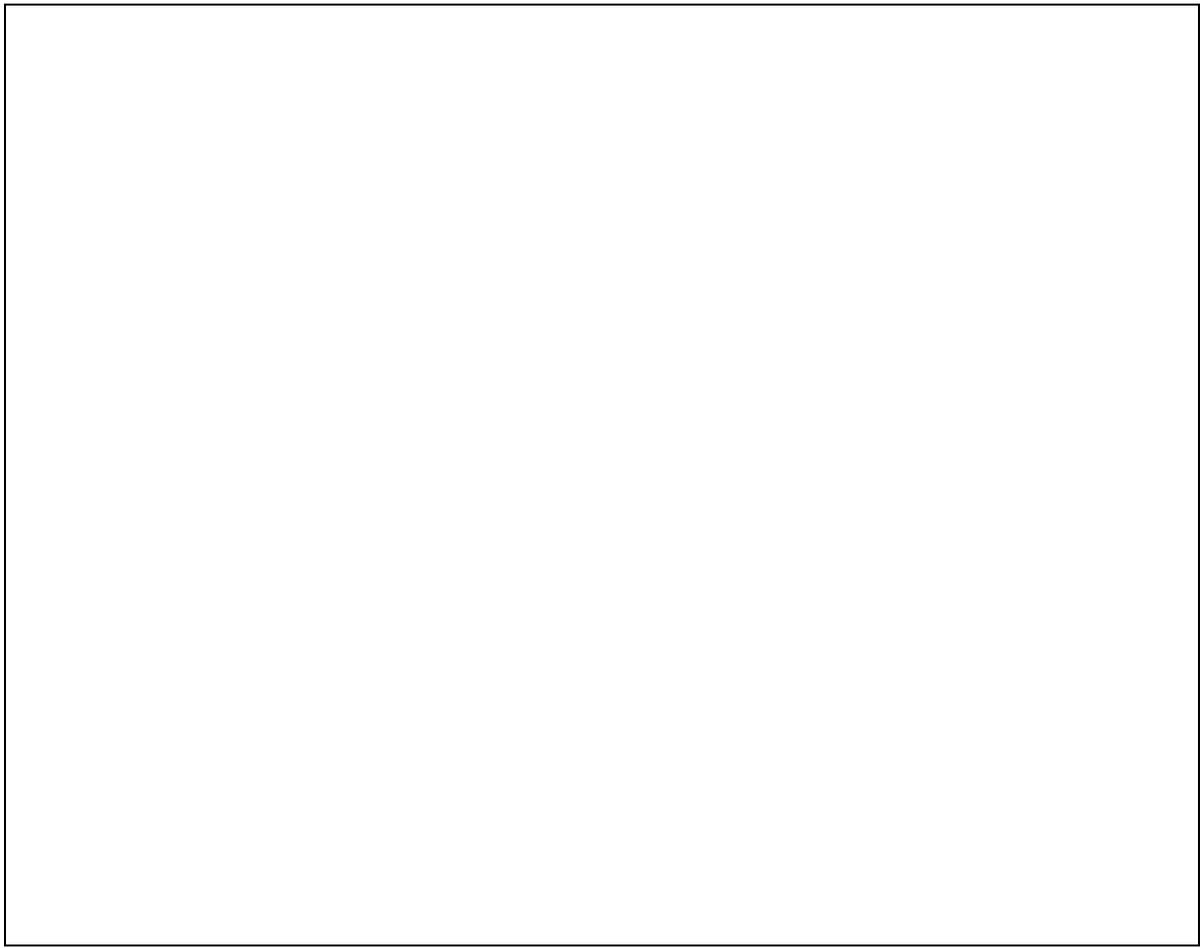
Is there a specific site where you believe a bay could be placed?

**(We cannot promise to locate a bay in any specific location, but this information may be useful. Provide a map, or drawing if this will be helpful)**



Additional comments

**(Please give any other information you wish to assist your application and help us to understand the situation and your needs.)**



**PART FOUR- TO BE COMPLETED BY ALL APPLICANTS**

We will not be able to proceed with your application unless you have agreed to and ticked ALL the following statements. Please sign and date your application.

<b>Item</b>	<b>Please tick <input type="checkbox"/></b>
I declare that all the information I have given in this application is correct	
I have enclosed a copy of a valid Blue Badge (both sides, including badge number & photograph)	
I have enclosed a copy of Vehicle Registration Document (V5) or Motability Hire Agreement	
I have enclosed a copy of valid Certificate of Motor Insurance	
I have enclosed a copy of valid UK driving licence	
I have enclosed a copy of proof of qualifying benefits	
<b>I acknowledge that any Blue Badge holder can use the bay, without restriction.</b>	
I agree, where possible, to have a sign restricting the use of the bay to 'Disabled badge holders only', fixed to my boundary wall or fence.	
I understand that the bay will be reviewed regularly and will be removed if I no longer meet the required criteria.	
If my circumstances alter, I will notify you as soon as reasonably possible	
I agree to my information being used and shared, as explained in the Privacy notice below	

**Privacy Notice**

The information you provide will be processed by Swale Borough Council to administer the Disabled Persons Parking Bay Scheme. Your address details may be disclosed as part of the local consultation process to partners acting on the Council's behalf in the administration of the scheme. All personal data is held securely by the council and its partners and will be disposed of securely when it is no longer required. By signing this document, you hereby agree to your personal data being used as described herein.

<b>Signature</b>		<b>Date</b>	
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This application should now be scanned and sent to [engineers@swale.gov.uk](mailto:engineers@swale.gov.uk) or send a paper copy to Technical Services, Swale Borough Council, Swale House, East Street, Sittingbourne, Kent ME10 3HT