



## **Application Pack 1:**

### **Westminster Disabled Badge Scheme: First Time and Renewals**

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**Westminster City Council**

Westminster City Hall  
64 Victoria Street  
London SW1E 6QP

[westminster.gov.uk](http://westminster.gov.uk)



**City of Westminster**

# Application Pack 1:

## Westminster Disabled Badge Scheme: First Time and Renewals

Before you complete this application form, please read the Westminster's Disabled Person's Parking Badge Guidance Notes. This document will tell you what you need to know about Westminster's White Badge Scheme.

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

Please make sure that you have all the proof documents to send with your application or it may be delayed. There is a check list at the end of this application to remind you.

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 (24 hours)
- **Textphone:** 020 7641 8000 (8am-6pm Mon-Fri)
- **E-mail:** [parkingpermits@westminster.gov.uk](mailto:parkingpermits@westminster.gov.uk)
- **Website:** [www.westminster.gov.uk/parking](http://www.westminster.gov.uk/parking)
- **In person:** visit one of our One Stop Services listed below
  
- 317 Harrow Road, London W9 3RS  
Monday to Wednesday and Friday 8.00am to 5.00pm  
Tuesday 8.00am to 7.00pm
  
- 91-93 Church Street, London NW8 8EV  
Monday to Wednesday and Friday 8.00am to 5.00pm  
Thursday 8.00am to 7.00pm  
Saturday 9.00am to 3.00pm

**A copy of this document is available in large print.**

**To request a copy please contact us on 020 7823 4567 or visit our website: [www.westminster.gov.uk/parking](http://www.westminster.gov.uk/parking)**

## WHICH SECTIONS OF THE APPLICATION FORM SHOULD I COMPLETE?

There are reminders throughout this application form to help you remember to enclose the specified documents with your application. This application form is divided into the following 5 sections.

<b>Section 1.</b> About You	<ul style="list-style-type: none"> <li>• Your personal contact details</li> <li>• Your current White Badge details if you are re-applying for your badge</li> <li>• The details of your medical practitioner or consultant</li> <li>• Passport photographs</li> </ul>
<b>Section 2.</b> Eligibility	<ul style="list-style-type: none"> <li>• Proofs of residence if you live in Westminster, or</li> <li>• 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.</li> </ul>
<b>Section 3.</b> Disability Questionnaire	Details about your disability
<b>Section 4.</b> Vehicle and Diver Details	Vehicle details for up to 2 vehicles that you wish to register to your White Badge.
<b>Section 5.</b> Declaration	This section is a declaration that must be completed by the White badge applicant before sending the completed application to us.

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

Yes, I live in Westminster

<input type="checkbox"/> I am applying for the first time	Complete:	Section 1 A & C, Section 2 A, 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 A, Section 3 A or B & C, Section 4 and Section 5

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, 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, Section 3 A or B & C, Section 4 and Section 5

# Section 1. ABOUT YOU

## A. Personal Information

Title Mr  Mrs  Miss  Ms  Other (please specify)  \_\_\_\_\_

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

## B. Current Badge Details

**Only** complete this section if you are **re-applying** for your White Badge. Otherwise please proceed to Question C.

Serial Number of your current WHITE badge	Expiry Date
Serial Number of your current BLUE badge	Expiry Date

## C. Passport Photographs

Please ensure the photographs are recent and of passport size, clearly show the applicant's face and have been signed and dated on the back by the applicant or guardian.

Please enclose 3 Passport photographs if you are:

- A first time applicant
- A child aged between 2 – 15 years old
- Re-applying for your badges

I enclose 3 passport photos with this application

**Go to [section 2: Eligibility](#)**

# Section 2. ELIGIBILITY

## A. To be completed by Westminster Residents only

**A1. Please provide copies of any 2 of the proof documents listed below showing your name and Westminster address.**

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

Council Tax Demand	<input type="checkbox"/>
A valid Driving Licence (both parts) drivers only	<input type="checkbox"/>
A utility bill (electricity, gas, water)	<input type="checkbox"/>
A landline (tel) 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 valid Disabled Living Allowance certificate	<input type="checkbox"/>
V5C showing your name and Westminster address	<input type="checkbox"/>
Letter provided by motability finance to you at your Westminster address	<input type="checkbox"/>

### A2. Electoral Register

If you are a British, Commonwealth or EU citizen it is a requirement under the Representation of The People's Act 2000 that your name appears on the Westminster Electoral Register.

If you are under 18 and a parent/guardian is applying on your behalf and is a resident in Westminster, they must be on the electoral register unless they are exempt. (If the applicant is 17, they can apply to appear on the electoral register in a non voting capacity)

If you are NOT a British, Commonwealth or EU citizen and are unable to be on the Westminster Electoral Register, please tick this box.

**Please proceed to section 3: About your disability**

## B. Eligibility as a Non Westminster Resident

(To be completed by Non Westminster Residents only)

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

I am applying for this badge because

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

### B1. I work in the borough

Name of your employer		
Address of your employer		
Post Code		
Status of your employment	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
If temporary, give expiry date of your contract		
If the base of your employer is not in Westminster, where in Westminster do you work?		
The nature of your work		
Average number of hours you work each week in Westminster?		
Average number of days 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. The letter must be dated within the last 30 days.

I enclose a letter from my employer	<input type="checkbox"/>
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**Please proceed to Question C**

## **B2. 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?	
Average number of days 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. The letter must be dated within the last 30 days.

I enclose a letter from my place of study	<input type="checkbox"/>
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**Please proceed to Question C**

### B3. I am having medical treatment in the borough

Address where you receive treatment:	
Post Code	
Average number of hours you receive treatment each week in Westminster?	
Average number of days you receive treatment each week in Westminster?	

You must enclose a letter from your medical institution. The letter 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.

I enclose a letter from my medical institution	<input type="checkbox"/>
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### Please proceed to Question C

### C. To be completed by non-Westminster residents only

I am the driver of the vehicle	<input type="checkbox"/>	Go to <b>section 3: Disability Questionnaire</b>
I am the passenger in the vehicle(s)	<input type="checkbox"/>	Go to <b>Question C1</b>

**C1.** You must submit evidence that the vehicle needs to be parked using disabled parking concessions, as the passenger you require the assistance of a carer with you when in Westminster to work, study or receive treatment.

This letter should be on headed paper from your employer, place of study or medical institution. The letter must be dated within the last 30 days and signed off by someone not related to you and confirm the nature and duration that you are required to be in Westminster.

I enclose a letter as outlined above	<input type="checkbox"/>
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### Go to **section 3: Disability Questionnaire**

# Section 3. DISABILITY QUESTIONNAIRE

## A. Eligible without further assessment

<b>A1. Are you registered as severely visually impaired (blind) under the National Assistance Act 1948?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, with which local authority?		
I enclose my Certificate of Vision Impairment (CVI)		<input type="checkbox"/>

If you answered yes, **go to Section 4: Vehicle and Driver Details**

If you answered no, please **go to Question A2**

### A2. Do you receive Higher Rate Mobility Allowance?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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		<input type="checkbox"/>

If you answered yes, **go to section 4: Vehicle and Driver Details**

If you answered no, please **go to Question A3**

### A3. Do you receive the War Pensioner's Mobility Supplement?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, I enclose an official letter confirming that I get this award		<input type="checkbox"/>

If you answered yes, **go to section 4: Vehicle and Driver Details**

If you answered no, please **go to Section B**

## B. Eligible subject to assessment

If you answered 'No' to all questions in section A, you may qualify for a badge only if:

You cannot walk	<input type="checkbox"/>	Please complete <b>Question B1</b>
You can walk only with severe difficulty	<input type="checkbox"/>	Please complete <b>Question B1</b>
You hold a valid driving licence, have a severe disability in both your arms and you cannot turn the steering wheel of a vehicle by hand	<input type="checkbox"/>	Please complete <b>Question B2</b>
You are unable to use equipment to pay for parking	<input type="checkbox"/>	Please complete <b>Question B2</b>
The applicant is a child under the age of 2 with a disability	<input type="checkbox"/>	Please complete <b>Question B3</b>

### **B1. You cannot walk or can walk only with severe difficulty**

**Fill in this part if you have a severe difficulty that prevents you from walking or makes it very difficult for you to walk.**

**Please describe your health condition / disability:**

**Go to Question C**

## B2. Upper Limb Disability

Fill in this part only if you hold a valid driving licence and you have a severe disability in both your arms and you cannot turn the steering wheel of a vehicle by hand or are unable to use equipment to pay for parking.

Please describe your disability:

Do you drive a specially adapted vehicle?

Please tick the appropriate box:

Yes

No

Please tell us how the vehicle has been adapted for you:

[Go to Question C](#)

## B3. If the applicant is a child under the age of 2 years old

Does the child have a condition that requires that they always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty?  
Please tick the appropriate box:

Yes

No

If yes, what type of equipment?

Does the child have a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?  
Please tick the appropriate box:

Yes

No

Please describe the child's medical condition:

[Go to Question C](#)

## C. About your General Practitioner (GP) or Consultant

Title	Name
Address	
Post Code	
Telephone Number (if known)	

Do you agree to the council contacting the medical practitioner or consultant as per the information you have supplied?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If it is not possible for us to determine your eligibility based upon information you have provided in your application and you decline to give us permission to contact the medical professional you have identified, this may affect the outcome of your application. The decision regarding eligibility rests entirely with the council and is based on assessment. It will be necessary for you to attend an assessment with the council's Occupational Therapist.

### C1. Occupational Therapist Assessment

Are you willing to have a mobility assessment by our occupational therapist to determine the extent of your disability?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you require an interpreter to be present at the assessment?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please indicate what language Please note; we will use an independent interpreter. You will not be able to bring your own interpreter.

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**Go to Section 4. Vehicle and Driver details**

# Section 4. VEHICLE AND DRIVER DETAILS

You may register up to two vehicles on your White Badge.  
Please print your vehicle registration number clearly.

<b>Vehicle 1</b> Please tick the appropriate box		
I drive this vehicle <input type="checkbox"/>	I am a passenger in this vehicle <input type="checkbox"/>	
Are you the registered keeper of this vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicle Registration Number		
Make of vehicle	Model of Vehicle	
Colour of Vehicle		
Name of Registered Keeper		
Address of Registered Keeper		
	Post Code	
Name of Driver (if you are not the Driver)		
Address of Driver		
	Post Code	

# Section 4. VEHICLE AND DRIVER DETAILS

(continued)

<b>Vehicle 2</b>		
<b>Please tick the appropriate box</b>		
I drive this vehicle <input type="checkbox"/>	I am a passenger in this vehicle <input type="checkbox"/>	
Are you the registered keeper of this vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicle Registration Number		
Make of vehicle	Model of Vehicle	
Colour of Vehicle		
Name of Registered Keeper		
Address of Registered Keeper		
	Post Code	
Name of Driver (if you are not the Driver)		
Address of Driver		
	Post Code	

**Go to section 5: Declaration**

# Section 5. DECLARATION

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

## A. Westminster Residents Only

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 or I sell or stop using any of the vehicles my badge covers, I will return my badge immediately to Westminster City Council.	
2. I understand that you will still own the badge. 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 photographs 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 photographs.	
5. I have read the guidance notes and I agree to keep to the conditions of the scheme.	
6. I understand that you will use the information I have given and will only use it 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 (maximum penalty of £2500 or if you are convicted in the Crown Court, there is no limit to the amount of the fine, and you could 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 5. DECLARATION

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

## B. Non-Westminster Residents Only

<p>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 a controlled parking zone in the City of Westminster or I sell or stop using any of the vehicles my badge covers, I will return my badge immediately.</p>	
<p>2. I understand that you will still own the badge. I will return the badge if my circumstances change or my address or vehicles change or the details of the address or vehicles supplied have changed. I will return the badge within 48 hours if asked to do so by an authorised council officer.</p>	
<p>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 permission is refused it is likely that you will not give me a badge, or if I already have a badge you will withdraw it.</p>	
<p>4. The photographs 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 photographs.</p>	
<p>5. I have read the guidance notes and I agree to keep to the conditions of the scheme.</p>	
<p>6. I understand that you will use the information I have given, and will only use it for the purposes described in the council's Data Protection Statement accompanying my application.</p>	
<p>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 you are convicted in the Crown Court, there is no limit to the amount of the fine, and you could be sent to prison for two years).</p>	
<p>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.</p>	
Your signature _____	Date _____

# IMPORTANT – DATA PROTECTION ACT 1998

- 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  
Westminster City Council  
64 Victoria Street  
London, SW1E 6QP

## 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 0800 028 9888. 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 Photographs x 3	<input type="checkbox"/>	<b>Section 1 C</b>
Proof of residency (or)	<input type="checkbox"/>	<b>Section 2 A</b>
Letter from your employer (or)	<input type="checkbox"/>	<b>Section 2 B1</b>
Letter from your place of study (or)	<input type="checkbox"/>	<b>Section 2 B2</b>
Letter from medical institution	<input type="checkbox"/>	<b>Section 2 B3</b>
Letter from your employer/place or study/employer of the carer	<input type="checkbox"/>	<b>Section 2 C1</b>
Certificate of Visual Impairment (or)	<input type="checkbox"/>	<b>Section 3 A1</b>
Certificate of Entitlement to receive higher rate mobility allowance	<input type="checkbox"/>	<b>Section 3 A2</b>
Official Letter confirming that you receive war pension mobility supplement	<input type="checkbox"/>	<b>Section 3 A3</b>

**A copy of this document is available in large print.  
To request a copy please contact us on 020 7823 4567 or  
visit our website: [www.westminster.gov.uk/parking](http://www.westminster.gov.uk/parking)**

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

**Applying by Post**

Permits Administration Team

PO Box 5744

Dingwall

IV15 9WW

**Applying in Person at a One Stop Service**

You can hand in your completed application at any One Stop Service listed on page 2 of this application form, however they are unable to process your application.

Your application will be sent to the Permits Team to be processed.