



Application Pack 1B

Westminster Disabled Badge Scheme:
First time and re-applying applicants
(Eligible without further assessment)

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THIS APPLICATION FORM IS FOR APPLICANTS WHO HAVE RELEVANT AUTOMATIC QUALIFICATION DOCUMENTS TO QUALIFY WITHOUT FURTHER ASSESSMENT

What is Automatic Qualification?

For automatic qualification you are required to meet one of the following criteria and supply supporting evidence:

- DS1500 (or equivalent letter from your consultant or Hospital confirming you have a terminal illness).
- You receive Higher Rate Disability Living Allowance (**Mobility Component only**).
- You receive 8 or more points for the “**moving around**” activity of the **Mobility Component** of a Personal Independent Payment Allowance (PIP) award.
- You 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.
- You are registered as severely visually sight impaired (blind) under the National Assistance Act 1948.
- You are registered with, ‘Westminster City Council Adult Services Sensory Needs Team’. (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).
- You receive the War Pensioner’s Mobility Supplement (WPMS).
- 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).
- Despite severe disability you have elected to not apply for DLA / PIP. (Sufficient evidence and explanation is required).

If you don’t qualify under any of the above criteria, you may still be eligible for a badge but will be required to fill out application pack 1A. This application form can be found at: <https://www.westminster.gov.uk/apply-renew-disabled-parking-badges>

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/apply-renew-disabled-parking-badges#apply-for-a-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.

- **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:

<p>Section 1. About You</p>	<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.
<p>Section 2. Eligibility</p>	<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.
<p>Section 3. Eligibility without further assessment</p>	<ul style="list-style-type: none"> • Confirmation on benefits awarded that allow for badges to be issued without further assessment by an Occupational Therapist
<p>Section 4. Vehicle and Driver Details</p>	<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.
<p>Section 5. Declaration</p>	<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.

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 proceed 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 7).

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

Westminster residents: Please go to page 12.

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

Please proceed to **Section 3. Eligibility Without Further Assessment (page 12)**.

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

Please proceed to **Section 3. Eligibility Without Further Assessment (page 12)**.

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

Address where you receive treatment:	
Post Code:	
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

Please proceed to **Section 3. Eligibility Without Further Assessment (page 12)**.

Section 3. ELIGIBILITY WITHOUT FURTHER ASSESSMENT

Section 3A.

Please tick the relevant Automatic Qualification that applies to you from the table below. If you receive a permanent award we may ask for confirmation of this.

Do you receive a DS1500 (or equivalent letter from your consultant or Hospital confirming you have a terminal illness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Higher Rate Disability Living Allowance (Mobility Component only).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive 8 or more points for the moving around activity of 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 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 Independence Payment Allowance (PIP) award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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’? (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.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive the War Pensioner’s Mobility Supplement (WPMS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

Explanation for explaining that despite severe disability you have elected to not apply for DLA/PIP.

[Empty box for explanation]

Please go to Section 3B (page 14).

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

Title:		Surname:	
Address:			
		Post code:	
Telephone:			
Do you agree to the council contacting the medical practitioner or consultant as per the information you have supplied?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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, or agree to have an assessment with the Occupational Therapy Service, this may affect the outcome of your application. The decision regarding eligibility rests entirely with the Council.

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.

Go to **Section 4: Vehicle and Driver details (page 15)**.

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 16)**.

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 is a true and fair likeness of me. If my appearance changes significantly, I will send you my badge with a 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 the 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 is a true and fair likeness of me. If my appearance changes significantly, I will send you my badge with a 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 (<https://www.westminster.gov.uk/parking-services>).
- 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	<input type="checkbox"/>
Two proofs of Residency (Westminster Residents Only)	<input type="checkbox"/>
Letter from your employer (Non Westminster Residents)	<input type="checkbox"/>
Letter from your place of study (Non Westminster Residents)	<input type="checkbox"/>
Letter from medical institution (Non Westminster Residents)	<input type="checkbox"/>
Certificate of Visual Impairment	<input type="checkbox"/>
Personal Independent Payment Allowance (PIP) award (Must show the amount of points awarded for Mobility Component)	<input type="checkbox"/>
Disability Living Allowance (Certificate of Entitlement to receive higher rate mobility allowance).	<input type="checkbox"/>
Evidence confirming you receive a lump sum benefit at tariffs 1–8 of the Armed Forces and Reserved Forces Compensation Scheme.	<input type="checkbox"/>
Official Letter confirming that you receive war pension mobility supplement	<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**