



**HM Government of Gibraltar
Supported Needs & Disability Office**

**Disabled Persons Badge Scheme
Application Form**

Part 1

(To be completed by the Applicant)

If you need help in completing this Form, or any part of it, please do not hesitate to contact the Supported Needs & Disability Office. If you are completing this Form for someone else please ensure that the information provided is about them and not yourself.

Please complete in **BLOCK CAPITALS** using a Black ballpoint pen. If this application is a renewal, please quote Serial No.

SECTION 1 To be completed by all applicants

Title:

Mr

Mrs

Miss

Ms

Other

Please tick the appropriate box

Surname:

Forenames:

Address:

Date of Birth:

Daytime Telephone No:

SECTION 2

To be completed if you consider that you have a permanent and substantial disability which means you are unable to walk or have considerable difficulty in walking

Question 1

What is the nature of your disability and how does it affect your mobility/ability to walk?

Question 2

How many years have you had this disability?

Question 3

Do you regularly use a wheelchair?

YES

NO

Question 4

Do you regularly use a walking aid?
(e.g., walking stick, zimmer frame, rollator etc?)

YES

NO

If YES please state type of aid

Question 5

What is the maximum distance you can walk without stopping, experiencing severe discomfort?

Question 6

Do you require assistance when walking?

Yes

No

Question 7

What is the maximum number of steps you can climb without assistance (i.e. help from another person/handrail/banister?)

Question 8a

Are you in employment?

Yes

No

Question 8b

If so, what do you do?

SECTION 2

Question 9

How do you do your shopping?

Question 10

How does your disability affect your Day to Day Activities?

Question 11

Why do you need a Blue Badge?

SECTION 3 To be completed if you have a severe disability in both upper limbs, regularly drive a motor vehicle but cannot turn the steering wheel of a motor vehicle by hand even if that wheel is fitted with a turning knob.

Question 1

What is the nature of your disability?

Question 2

Do you drive a specially adapted vehicle?

YES

NO

If YES please state the type of adaptation

SECTION 4 Details of your Medical Professional

Name:

Address:

Telephone No/
Email.

SECTION 5**Licence Details**

Question 1

Do you hold a valid driving license?

YES

NO

Question 2

If you have answered yes, please state categories:

Question 3

Do you drive?

YES

NO

SECTION 6**Declaration (to be completed by all applicants)**

I declare that to the best of my belief the information I have given is correct and agree to the Supported Needs and Disability Office liaising with GHA and accessing my GHA medical records for the purpose of obtaining information relating to this application.

I also consent to the Supported Needs and Disability Office disclosing the particulars contained in this form to the Licensing Authority.

I understand that I can revoke my consent, ask for my data to be erased, updated or restricted at any time by informing the Supported Needs and Disability Office in writing.

I understand that my data may not be erased or restricted despite my wishes, if the content of the data is deemed to be important to safeguard myself or others or another lawful justification is deemed appropriate by the Supported Needs and Disability Office. Should this occur, you will be notified of the lawful justification and will be provided details on how to complain against this decision to the Information Commissioner's Office.

Signed:

Dated:

Please Attach the Following

- Passport photograph with name clearly printed on the back**
- Medical Letter (dated within last six months) confirming diagnosis/needs**

Part 2

To be completed by the Applicant's Doctor

1 Name of Applicant _____

Address _____

Date of Birth _____

Male Female

2 When did you last see / examine the applicant? _____ / _____ / _____

3 Does the applicant have a disability that affects his/her walking

Yes No

If you have answered Yes please give details _____

If you have answered No please sign the form and return it. There is no need to answer further questions.

4 Is the disability: Permanent Temporary Intermittent

If Temporary please give expected recovery time.

5 Does the applicant regularly need to use:

a) a wheelchair? Yes No

b) a walking aid? Yes No

If Yes please state the type of walking aid

6 With your knowledge of the applicant's condition how far can he/she walk without stopping, severe discomfort or help from another person?

Less than 50 metres 50-100 metres 100-150 metres
150-200 metres More than 200 metres

Signed:

Practice Stamp

Name:

Date:

Tel:

FOR OFFICIAL USE ONLY

I recommend that:

A Blue Badge should be issued for a period of

Further assessment is required

The Blue Badge should not be issued

Reason for decline:

Signed:

Dated: