



**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

Please note: Answers to Question 5 & 6 must be given in number form

Question 5

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

Question 6

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

People with temporary disabilities, such as a broken leg, will not qualify for Disabled Persons 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 GP

Name:

Address:

Telephone No/
Email .

SECTION 5 Licence Details

Question 1 Do you hold a valid driving YES NO

Question 2 If you have answered yes to the above please state

Question 3 Do you drive/ride a motor- vehicle 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 contacting my GP, if necessary, for the purpose of obtaining information to support my application.

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

Signed

Dated:

Applications should be accompanied by 2 passport type photographs of the applicant.

Both photographs should be signed by the applicant and have the applicant's name **clearly printed on** the back.

I attach 2 **photographs**

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 _____

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

The Blue Bage should not be issued.

Signed:

Dated: