



On street disabled parking bay - application form

Blue Badge holders can apply to have a disabled parking bay outside their home. Please read the notes below before completing an application form.

- The provision of an on-street bay is not automatic.
- The applicant must be the holder of a valid blue badge.
- The applicant must have a permanent and substantial disability, which means being unable to walk, or have considerable difficulty in walking any distance.
- The applicant must not have a suitable off-street area available to park.
- **The vehicle must be registered at the applicant's address.**
- **Disabled bays can be used by any vehicle displaying a valid blue badge.**
- It may be necessary to approach your doctor.

The application form should be filled in by the badge holder (if the badge holder cannot do this someone else may do so on their behalf but the details must be given as though the badge holder is completing the form). Please complete the form in full and be honest with your answers, if it is not completed in full it may delay your application and providing false or misleading information is an offence. Please return your completed form to:

For applications in Rother or Wealden districts

East Sussex Highways
Ringmer Depot
The Broyle
Ringmer
East Sussex
BN8 5NP
E: customer@eastsussexhighways.com
Tel: 0345 60 80 193

For applications in Lewes District, Eastbourne or Hastings boroughs

Parking Services (disabled bay applications)
3rd Floor
St Mary's House
52 St Leonards Road
Eastbourne
BN21 3UU
E: parking.ESCC@eastsussex.gov.uk
Tel: 01323 466244

Section 1: Your details (details of the Blue Badge holder)

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other:
First name (s)					Surname	
Date of birth						
Address						
Postcode						
Email address						
Telephone No.						

Section 1 continued: Your details (details of the Blue Badge holder)

Type of property (eg flat, house)

Do you intend to move in the next 12 months?

Yes No

What is your preferred method of correspondence for this application?

Post Email **Section 2: Your vehicle** (details of the Blue Badge holder's vehicle)

Are you the driver?

Yes No

If no, state driver's name and their relationship to you

Registration number

Vehicle Make and Model

Is the vehicle kept at your address?

Yes No **Please provide a copy of the vehicle registration document (V5C) or Motability Operations Hire Agreement. Failure to do so will result in a delay**

Copy provided

Yes
No

Please note if the vehicle you use is not registered at your address, you will not qualify for a disabled parking bay

Does the vehicle have a rear wheelchair mount?

Yes No **Section 3: Your blue badge**

Name on blue badge

Issuing authority
eg East Sussex
County Council

Serial number

Expiry date

Section 4: Your benefits

Do you receive the mobility component of the disability living allowance or personal independence payment?

Yes No

If yes, which rate?

Higher / Enhanced*

Lower / Standard

***If you receive the higher/enhanced rate, please provide proof of your entitlement (Please see Section 10)**

Do you receive attendance allowance?

Yes No

Section 5: Your disability

What is your disability?

Is your disability permanent?

Yes No

Can you walk unaided?

Yes No

If yes, how far?

Doctor's name and address

Do you give permission for us to contact your doctor?

Yes No

Do you use a walking stick?

Yes No

Do you use a walking frame?

Yes No

Do you use a wheelchair?

All the time Sometimes No

If you are a passenger, can you be left alone while the driver parks the vehicle?

Yes No

If no, please explain why	
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Section 6: Your parking

Do you have a garage available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you have a driveway?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is there a parking area that you can use, nearby?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes to any of the above, please describe the location	
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If no to any of the above, is there space available for any of these within the boundaries of your property?	
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If there are any features such as yellow lines, limited waiting or a bus shelter outside your home that may affect your application, please give details	
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Section 7: Your application

Have you advised your neighbours of your application (a disabled bay takes up extra room)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, did they have any comments?		
Please give any other details that may affect your application		

Section 8: Declaration by Applicant

Your application will not be considered until you have agreed to and ticked **all** of the following statements

a) I certify that all the information I have given in this application is correct.	<input type="checkbox"/>
b) I have enclosed copies of all the required documents: <ul style="list-style-type: none">• Proof of vehicle registration e.g V5C or Motability Operations Hire Agreement• Proof of entitlement if applicable (Please see Section 10 for acceptable documents)	<input type="checkbox"/>
c) I acknowledge that any vehicle displaying a valid blue badge can use the bay.	<input type="checkbox"/>
d) I understand the provision of the bay will be regularly reviewed and I agree to provide copies of any documentation required by East Sussex County Council for this purpose.	<input type="checkbox"/>
e) I agree to notify East Sussex County Council immediately if any of my details stated in this application change and accept that the bay may be removed if I am no longer eligible.	<input type="checkbox"/>
f) I declare that the application has been completed in full. I accept that failing to provide a fully completed application and/or the requested documents will result in a delay in processing the application.	<input type="checkbox"/>

Please note that your application will automatically be sent through to the Adult Social Care Team if it is considered that a mobility assessment is necessary *after* the location has been assessed. You will be advised if this has been done.

Section 9: Signature

This section should be signed by the Blue Badge holder or the person filling out the form on behalf of the Blue Badge holder.

Date			
Signature			
Print name			
If you completed this form on behalf of the Blue Badge holder please provide details of your relationship to the holder and a contact number			
Relationship		Contact number (if different from numbers provided in Section 1)	
If you completed this form on behalf of the Blue Badge holder are you the preferred contact name for this application?			Yes <input type="checkbox"/> No <input type="checkbox"/>



Data Protection



East Sussex County Council will only process the information you have provided in this form for the purpose of administering the parking scheme.

Your details will be kept securely and although we may share your details with our contractors in order to provide the service, we will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud.

You can find full details about your rights and how we process your details on our website: eastsussex.gov.uk/privacy/parking-services or contact us for a copy (see contact details above).

Official use only						
Reference number						
Correspondence	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>		
Badge						
Mobility component						
Assessment required	Yes <input type="checkbox"/>		Garage	Yes <input type="checkbox"/>	Parking space	Yes <input type="checkbox"/>
	No <input type="checkbox"/>			No <input type="checkbox"/>		No <input type="checkbox"/>
Review date						

Section 10: Table of Acceptable Evidence

	
Proof of vehicle registration	
<ul style="list-style-type: none"> • V5C or • Motability Operations Hire Agreement (showing both the vehicle registration details and address the car is registered to) 	<ul style="list-style-type: none"> • Motability lease application • Motability welcome letter • Motability invoice letters • Motability Operations Pre Contract Information • RSA Motability Policy Schedule • Photocopies of blue badge
Proof of Entitlement	
<ul style="list-style-type: none"> • Disability Living Allowance (DLA) confirmation letter or • Personal Independence Payment confirmation letter or Statement of Entitlement 	
Please only send copies of the relevant documents. We cannot guarantee that original documents will be returned.	