

THE BLUE BADGE SCHEME

Parking Concessions for Severely Disabled People



Data Protection Act 1998

The personal information on this form is to be kept safe, and is protected by Law. This means that:

- We only use it for the purpose given on the form.
- We only share it with people who need to know it.
- We only keep it for as long as we have to.
- You have the right to see the information we hold about you

Section A

Application for an Organisation

New Application Renew Expiring Badge

Contact Name	<input style="width: 100%;" type="text"/>		
Name of Organisation	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<small>City</small>	<small>Post Code</small>	
	<small>Daytime phone no</small>	<small>Email</small>	

Does your organisation provide care for disabled people?

Yes No

How do they meet the criteria to which a disabled persons badge may be issued in accordance with section 21(4) of the Chronically Sick and Disabled Persons Act 1970 (i.e. type of disability)?

How many qualifying disabled people does your organisation care for?

As part of that care, does your organisation provide them with transportation?

Yes No

If yes, give details of the vehicles used.

Registration	How often is it used i.e. daily, weekly?	Purpose i.e. excursions, hospital visits etc.	Does the vehicle have any adaptations?	Is it Licenced under DPV Taxation?

If you have stated that the organisations vehicles are registered under DPV then please provide us with copies of the confirmation of vehicle taxation provided to you by the DVLA.

Are these vehicles only used to transport disabled people?

Yes No

How many vehicles do you use at any one time?

Section B

Declaration

1. I declare that, to the best of my knowledge, all the information I have provided on behalf of the organisation is correct.
2. I enclose a declaration on the organisation's letter headed paper stating that:
 - a. We are an organisation which cares for disabled people, and
 - b. We will be using the vehicle only for the purpose of transporting those people.
3. I understand that I must let Sheffield City Council know of any changes that could affect the organisations entitlement to a Blue Badge as soon as possible.
4. I confirm that the badge will only be used by the organisation to transport disabled people who would themselves qualify for a Blue Badge; as per the regulation of the scheme.
5. I agree to Sheffield City Council contacting accredited health professionals if necessary for the purpose of obtaining information to support the organisations application and I agree/am authorised to consent to Sheffield City Council sharing the information provided with this application with health professionals.
6. I agree to Sheffield City Council sharing information on this form with other local authorities responsible for Blue Badge schemes and with parking enforcement agencies for the purpose of preventing and detecting crime
7. If required, I agree to the organisation being visited by a Sheffield City Council Officer to assess the eligibility of the application.

The fee for each Blue Badge is £10

Please PRINT your name below:

Please sign in the box

Date: