

Disabled Persons Badge Scheme

Application Form

DEPARTMENT FOR REGIONAL DEVELOPMENT

Roads Service - Western Division

Disabled Persons Badge Section

Castle Barracks, Wellington Place,

Enniskillen, Co. Fermanagh, BT74 7HN.

Telephone: (028) 6634 3700

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OFFICIAL USE ONLY

Fee Rec'd Yes/No Initials_____

Cash/Cheque/Postal Order_____

Serial No. _____



An Agency within the Department for

**Regional
Development**

www.drdni.gov.uk

If you need help in completing this Form, or any part of it, please do not hesitate to contact the Issuing Office. If you are completing this Form for someone else please ensure that the information provided is about HIM / HER - not yourself.

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

/ / /

SECTION A To be completed by all applicants

Title:

Mr

Mrs

Miss

Ms

Other (please specify)

Please tick the appropriate box

Surname:

Forename (s):

Address:

Postcode

Date of Birth:

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National Insurance No.:

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Daytime Telephone No.:

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| 028 | |
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SECTION B CAN YOU ANSWER YES TO ANY **ONE** OF THE FOLLOWING QUESTIONS AND PROVIDE THE NECESSARY EVIDENCE?

Question 1

Do you receive the **HIGHER RATE** of the **MOBILITY COMPONENT** of the Disability Living Allowance?

YES

NO

NB: *Attendance Allowance or Incapacity Benefit do not qualify under this Section.*

*You will need to provide evidence of receiving this Allowance e.g. a letter confirming the award of the higher rate of the mobility component **OR** a current Certificate for Exemption from Road Tax [Form DLA404 (NI)] **OR** a current Motability Finance Hire Agreement.*

Question 2

Do you receive a War Pension Mobility Supplement?

YES

NO

You will need to provide evidence of receiving this Allowance e.g. a letter confirming the award.

Question 3

Are you registered as Blind by a Health & Social Services Trust?

YES

NO

NB: *“Partially Sighted” registration does not qualify under this Section.*

You will need to provide evidence of this e.g. a letter of confirmation or Certificate of Registration issued by a Health & Social Services Trust.

If you have answered YES to any question in this Section please go to Section F.

- If you have answered NO to all Questions in Section B above you will only qualify for a Disabled Persons Badge if you have a permanent and substantial disability which means that you are unable to walk or have very considerable difficulty in walking OR 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.
- It is essential that each application under Section C or Section D is considered carefully. You may be asked to provide medical evidence of your disability.
- People with temporary disabilities, such as a broken leg, will not qualify for Disabled Persons Badge.

SECTION C To be completed only if you have answered **NO** to all questions in Section B and 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? (eg. walking stick, zimmer, 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 needing help from another person?

Question 6 What is the maximum number of steps you can climb without assistance (i.e. help from another person/handrail/bannister)?

If you have completed Section C please go to Section E

SECTION D To be completed only if you have answered **NO** to all questions in Section B and 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 car? YES NO

If **YES** please state type of adaptation

SECTION E To be completed only by applicants who have completed Sections C or D.

Name, address and telephone number of your GP

Postcode

Telephone No.

SECTION F Declaration (to be completed by all applicants).

I declare that to the best of my belief all the information I have provided is correct and I agree to the Department contacting my GP, if necessary, for the purpose of obtaining information to support my application.

Signed:

Dated:

APPLICANT / ON BEHALF OF APPLICANT

If signing on behalf of the applicant please print your name and relationship to applicant.

Check List

Please tick:

Completed **Section A**

Completed **Section B** (and submitted the necessary evidence to support it) or **Section C / Section D** and **Section E**

Completed **Section F**

Enclosed 2 recent passport type photographs - signed on back

Enclosed a £2 Cheque/Postal Order for the issue of the Badge. Cheques/Postal Orders should be made payable to the Department for Regional Development. **Cash should not be sent through the post.**

For Office Use Only

I recommend that:

The application should be returned

Fee

Photographs

Details

The application should be referred to a doctor

The application should be rejected

A Disabled Persons Badge should be issued

Signed:

Dated: