

Oxfordshire County Council operates a scheme whereby disabled residents may qualify for a disabled person's parking place near their home or place of work.

In order to apply for such a parking place, you will need to provide us with some information, so we can check that you are eligible. Please fill in this form. As you work through it, you may also be able to check your own eligibility. Please also check the Fact Sheet on Disabled Persons' Parking Places for the eligibility criteria.

If you are completing this questionnaire for someone else please note that the questions are aimed at the disabled person who requires the space (the applicant) and not yourself.

1. Name: .....
2. Your home address: ..... Address for correspondence: .....  
 (if different from home address): .....  
 .....  
 Postcode ..... Postcode .....
3. Contact telephone number:
4. Disabled Badge Number:

**Please enter the first six digits of your badge number.**

You **must** have a Disabled Badge to qualify for a Disabled Person's Parking Place since it is **illegal to use such a space without one**.

5. Address where space is needed: .....  
 (if different from that of applicant above) .....  
 .....  
 .....  
 Postcode .....
6. Do you (the holder of the disabled person's badge number given above) live at the address where the space is required? **Yes/No\***
- If "**yes**" please go on to question 8.
7. Is the space required outside your place of work? **Yes/No\***
- If "**yes**" please provide evidence that this is where you work (e.g. A letter from your employer on headed paper)

\* delete as appropriate

If “no” please give reasons why you need to regularly park near the premises outside which the space is requested:

.....  
.....

8. Is there a driveway, garage or any other off-street parking, within or adjacent to the property close to where the parking place is required? **Yes/No\***
9. Is there a garage or other off-street parking available elsewhere for the property near which the parking place is required? **Yes/No\***
10. Do you have a driving licence **and** use of a vehicle? **Yes/No\***

If “yes” please go on to question 13.

11. Does your medical condition or disability make it unsafe for you to be left alone (within your home/place of work) while the driver parks the vehicle elsewhere? **Yes/No\***

If “yes” please give details: .....

12. Is there a vehicle, and someone to drive it, for your use at your address? **Yes/No\***

If “no” you will **not** normally qualify for a Disabled Person’s Parking Place.

13. Please provide photocopies of driving licence and vehicle registration documents.

**If your answer to question 10 was “no” please go on to question 15.**

14. Does your medical condition or disability make it impossible for the garage or other off-street parking to be used? **Yes/No\***

If “no” you will not qualify for a Disabled Person’s Parking Place.

15. Do you receive the higher rate Disability Living Allowance (DLA) for mobility (help with getting around)? **Yes/No\***

If “yes” please supply evidence (e.g. a photocopy of an official letter confirming award of the allowance, a Vehicle Excise Duty Exemption certificate or a Post Office Order Book for payment of the allowance) and go on to question 19

16. Do you receive War Pensioners’ Mobility Supplement? **Yes/No\***

If “yes” please supply evidence (e.g. a photocopy of an official letter confirming award of the allowance) and go on to question 19

*\* delete as appropriate*



I declare that to the best of my knowledge all the information on this form is true and I agree to Oxfordshire County Council contacting my family Doctor or other Health Care Professional if necessary for the purpose of obtaining information in connection with this application.

PLEASE NOTE: providing false or misleading information will delay the processing of your application and may lead to your application being refused.

Signed:  Date:   
Name (block capitals):

Please return to:

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Oxford OX1 1NE



This form is available in larger print on request.

\* delete as appropriate