

Application for registration as a disabled person

The Chronically Sick and Disabled Persons Act 1970



To complete this form, please click into the fields. You can save at any time as you work on it. Please email it to access@oxfordshire.gov.uk or print it and post it to the Access Team, PO Box 780, Oxford OX1 9GX.

Name Title

Gender Date of birth

Address

Phone number(s)

Ethnic origin. Please select from dropdown list

Nature of
disability

GP's name and address,

GP's phone number

I am receiving the Mobility Component of Disability Living Allowance. (* Please supply evidence)	High <input type="radio"/>	Middle <input type="radio"/>	Low <input type="radio"/>
I am receiving the War Pensions Mobility Supplement. (* Please supply evidence)	High <input type="radio"/>	Middle <input type="radio"/>	Low <input type="radio"/>

* Please note, if you are emailing your application form, you will need to attach your evidence.

I am receiving other benefits (please give details)

Please sign the declaration below:

I confirm that I am a permanent resident of Oxfordshire and that the information I have provided in this form is accurate. I understand that the information will be recorded and retained by the county council while I remain on the register, and will be used only to support my application for registration. I confirm that I am happy for the council to contact my GP in order to discuss my application.

Signed

Date