

## EUROPEAN BLUE PARKING BADGE FOR DISABLED PEOPLE ORGANISATIONAL FORM

**IMPORTANT** - Please read the Guidance Notes that are provided with this application form before you start to complete the form.

**Please complete all of the information requested.**

Name of Organisation: \_\_\_\_\_

Registered Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Do you already hold a Blue Badge? Yes  No

How many disabled persons does your institution cater for? \_\_\_\_\_

**Please indicate (by ticking the appropriate boxes) the type of people whom you will be transporting:**

People who are in receipt of the higher rate component of the Disability Living Allowance.

People who are in receipt of a War Pensioner's Mobility Supplement.

People who are Registered Blind.

People who have a motor vehicle funded for disabled people by the Department of Work and Pensions via the Motability Scheme.

People who have severe disabilities in both upper limbs, regularly drive a motor vehicle but can not turn the steering wheel by hand even if the vehicle is fitted with a turning knob.

People who have a permanent and substantial disability which means that they are unable to walk or have considerable difficulty walking.

Please state the registration number(s) of the vehicle(s) for which you are applying for a Blue Badge.

If more badges are required please provide the details on a separate sheet and attach to this application form

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**Please read the following statements carefully and then sign this declaration.**

I understand that the information that I have provided in this application form will be used for the purpose of assessing eligibility for a Blue Badge, and that this information and any supporting evidence may be held in paper or electronic files by Worcestershire County Council for the purpose of record maintenance and the provision of statistical information. I also understand that this information may be passed to other agencies or professionals in order to confirm my claim for a Blue Badge.

On behalf of the Organisation named on this application form, I the undersigned:

- a) Certify that to the best of my belief the information given on this Blue Badge application form is true
- b) Agree that any badge issued will only be used when transporting persons who would normally qualify for a badge in their own right
- c) Understand that any badge(s) issued will be withdrawn if it/they are misused
- d) Agree to return any badge that has expired to the Worcestershire Hub Customer Centre
- e) Agree to notify the Worcestershire Hub Customer Centre of any changes of the particulars given on this application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Designation of the signatory: \_\_\_\_\_

"Worcestershire County Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes."