



**Buckinghamshire County Council**  
**Social Care**  
 County Hall, Aylesbury, Bucks HP20 1YU  
 Telephone: 01296 382902 Fax: 01296 383182  
 www.buckscc.gov.uk/disabled\_persons\_car\_badges

**Form No:**  
**DPCB/001**

**The Blue Badge Scheme of parking concessions for disabled and blind persons**

The Blue Badge Scheme is governed by regulations approved by Parliament. The scheme is principally designed to allow people with severe walking difficulties to park close to places they wish to visit.

**It is essential that parking cards be issued only to people who would otherwise be incapable of visiting shops, buildings or other places.**

Full name of applicant

Mr / Mrs / Miss / Ms

Address

Date of birth

Postcode:

Nature of disability – medical diagnosis

For a decision to be reached by the issuing authority as to whether the applicant meets the criteria for the provision of a badge, he/she is responsible for obtaining information from his/her family doctor to support the application for parking concessions.

The applicant has been requested to sign giving consent for their doctor to provide this information. The ultimate decision to issue or refuse a badge rests entirely with the issuing authority.

**To be completed by a medical practitioner. The applicant should not incur a fee (doctors should claim for costs on a separate form).**

1. Does the applicant have a disability that affects their walking ability? Yes  No

If yes:

2. Is the disability:

Permanent?  Temporary?  Intermittent?

3. Does the applicant regularly need to use:

A wheelchair                      yes                       no                       not known

A walking aid                      yes                       no                       not known

If yes, please state the type of walking aid

4. From your knowledge of the applicant's condition, how far can the applicant walk without stopping, experiencing severe discomfort or help from another person?

Less than 50 metres                       50-100 metres                       More than 100 metres

**I confirm that the details on this form are correct and that the applicant's GP has completed the form.**

Practice Stamp:

Signed:.....

Date:.....

Name:.....

Telephone:.....