

Director
Roy Thompson

Customer Care Line 020 8547 5929
Community Services (Disabled) Info 020 8547 6008



Application for a Disabled Person's Parking Bay in a residential area

Thank you for your recent enquiry regarding a Disabled Person's Parking Bay.

So that your request may be properly considered, please read the following information carefully, then complete the attached application form, detach it from the information page, and return it to us at the address given at the end of the application form.

General Information

The Council recognises that on-street parking for some disabled drivers can, in some residential areas, be problematical and access to the home can be difficult because of the pressure on available parking space.

All requests for an on-street disabled person's parking bay will be considered jointly by the Directorate of Environmental Services with regards to traffic management and road safety, and the Directorate of Community Services with regards to medical and mobility guidance. All applications are assessed by professional staff and any information will be treated in the strictest confidence.

The nature and extent of the disability of the driver, the local street environment and accessibility to your residence will therefore be taken into account when considering your application. For all applications it will be necessary for an Occupational Therapist from Community Services to make a full assessment of the mobility requirements of the applicant. This is normally carried out at the Crescent Resource Centre in New Malden.

The administration of this scheme is subject to traffic regulations and the Council's traffic management orders. The Council will not be able to provide a bay in circumstances that may prejudice safety, traffic flow, access for other road users or where the provision of a bay would unreasonably deny parking space to other residents.

Criteria

The Council will consider providing a Disabled Parking bay:-

If, you are under 65 years of age:-

- you have a severe and permanent mobility disability **and** you receive the Higher Rate Mobility Component of the Disability Living Allowance (evidence of receipt will be required); or

if, you are over 65 years of age:-

- you are unable to walk more than 20 metres;

and

- you are the holder of a Disabled Person's Blue Badge;
- you are the main driver of a vehicle which is kept at your address;
- you do not have access to an off-street parking area;
- you are living in a street where parking is such that you are hindered from parking outside your home;
- there are no other means of overcoming the problem and you can demonstrate that the lack of a bay has a considerable impact on your ability to live independently.

Additional information

Disabled parking bays are normally placed outside the applicants address, however the bays are not 'personalised' and any other vehicle displaying a Disabled Person's Blue Badge will be entitled to use the bay.

Please note that whilst every effort will be made to process applications quickly, successful applications require a traffic management order to be published prior to signs being erected and the bay marked on the road. In order to keep costs to a reasonable level, traffic management orders are processed in batches, normally twice a year which can unfortunately lead to a delay in the bay being installed. You should also be aware that the assessments carried out by Community Services are done on a monthly basis. Applications carry a priority category of 2 which means that assessments should be carried out within 16 weeks from when they receive your application. Community Services will contact you directly to arrange an appointment.

If you have any queries or would like advice on completing the application form please contact us on 020 8547 5929 or by email to:- environment@rbk.kingston.gov.uk

**Further information and copies of the application form can be downloaded at:-
http://www.kingston.gov.uk/browse/transport_and_streets/parking/parking_for_disabled_people.htm**

Application for a Disabled Person's Parking Bay In a residential area

In order that your request may be properly considered, please answer the following questions. The form should be completed by the applicant, or alternatively, a carer or relative. All information will be treated in the strictest confidence.

1. Applicant's full name and address

Mr/Mrs/Miss/Ms.....

Address.....

.....

.....

Post Code

Date of Birth..... Telephone number.....

Email address.....

2. Do you hold a Disabled Person's 'Blue Badge'? YES NO

Please tick appropriate box

If YES, when is it due for renewal?

Date.....

what is the serial number?

.....

who issued the badge to you?

.....

If NO, what is the maximum distance you can walk without stopping, experiencing severe discomfort or, needing help from another person?

.....yards/metres

Please tick appropriate boxes

3. Do you receive the higher rate mobility component of the Disability Living Allowance? YES NO

Please provide documentary proof e.g. an official letter confirming your award, a vehicle excise duty exemption certificate or a current Post Office order book showing that you receive the allowance (Photocopies only - DO NOT SEND ORIGINAL DOCUMENTS).

4. Do you receive a war pensioner's War Mobility Supplement? YES NO

5. Are you a wheelchair user? YES NO

If YES, is the wheelchair used all or part time?

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6. Is your vehicle specially adapted for you? YES NO

7. Is the vehicle normally kept at your address? YES NO

If NO, where is the vehicle kept.....

8. Do you have off-street parking facilities? YES NO

If YES, please describe them.....

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9. Who is the main driver of the vehicle?

10. Who else drives the vehicle?

11. Please tell us the times of day the disabled bay would be occupied.

During the week.....At weekends.....

12. How many journeys, on average, do you use your vehicle each day?

During the week.....At weekends.....

13. Are there any times or days when it is difficult to park near your home?

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14. Briefly describe the nature of your disability.

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The following declaration should be signed by or on behalf of the applicant.

I declare that, to the best of my knowledge, the details given above are correct.

Signed: On behalf of:

Print Name: Date:

Address:
(if different
from applicant's)

Once completed, please return this application form to:
Directorate of Environmental Services, Parking Services,
Guildhall 2, Kingston-upon-Thames, KT1 1EU