**APPLICATION FOR A DISABLED RESIDENT PARKING BAY**

*Please complete this form and return with copies of all requested documentation to* –

Parking Design Team – Newham Council – 1000 Dockside Buildings – Dockside Road – E16 2QU or via Email - [Disabled.BayApplications@Newham.gov.uk](mailto:Disabled.BayApplications@Newham.gov.uk)

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| *Please tick one that applies* | | |
| Apply for New DRPB | Extend existing DRPB | Transfer DRPB |

SECTION 1 – *If applying on behalf of a child please provide the child’s details*

TITLE – Mr  Mrs  Miss  Ms  Master  Other

FORENAME: Click or tap here to enter text. SURNAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

POSTCODE: Click or tap here to enter text. DATE OF BIRTH: Click or tap here to enter text.

CONTACT NUMBER: Click or tap here to enter text.

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| SECTION 2 – ELIGBILITY  *Please read the Guidance notes sent with this application form*  **You must only select the boxes that applies to you or this could delay your application**   1. I **do not** have access to off street parking (I.e Garage or Driveway) 2. I receive Disability Living Allowance at the Higher/Enhanced Rate of Mobility Component 3. I receive personal Independence Payment at the Higher/Enhanced Rate of Mobility Component 4. I receive Attendance Allowance at the Higher Rate/Enhanced Rate   **Please note you must submit a copy of your award letter from Department of Working and Pensions confirming your entitlement.**  SECTION 2a - ELIGABILITY  *Only Complete section 2a if you are are in receipt of the* ***Lower/Standard Rate awarded by the DWP****. Or* ***not in*** *receipt of DWP Payments.*   1. I **am not** in receipt of Disability Living Allowance, Personal Independence Payments or Attendance Allowance. **I am over 65 years** and include a Hospital Consultant statement letter to support my application on medical grounds (Hospital Consultant Letters only – GP Letters are **not** accepted)   **you will need to submit a supporting hospital consultants statement letter directly supporting your application for a Disabled Resident Parking Bay on medical grounds.**   1. **I** **am not** in receipt of Disability Living Allowance, Personal Independence Payments or Attendance Allowance. **I am not over 65 years**   **\*\*If (f) is selected within the elegibilty section 2a – the application does not meet the Newham Parking Policy Criteria for a Disabled Resident Parking Bay\*\***  Disabled Blue Badge Number: Click or tap here to enter text.  Expiry Date: Click or tap here to enter text.  **Please note you must submit a copy of both sides of your Disabled Blue Badge with this form**  Make/Model of Vehicle: Click or tap here to enter text.  Registration: Click or tap here to enter text.  **Please note you must submit a copy of the log book / or Mobility agreement document that is registered to the disabled applicant’s address. If you change your vehicle you must advise us and provide the new vehicle log book or Mobility letter.** |

**Declaration**

**Please tick to confirm that you have read and understood the following - If not completed, will prevent your application from being assessed**

**I confirm that -**

1. **I will or acting on behalf of the named applicant for providing the correct information on the DRPB Application Form or this may delay the application**
2. **I have fully completed the form**
3. **I have provided all required documents requested on the application**
4. **Without all the required documents my application will remain on hold**
5. **That meeting the criteria does not necessarily mean that the application will be approved for a Disabled Resident Parking Bay outside or near the requested property named on the form**
6. **I understand that an approved application can take approximately 9 – 12 Months to formalise**
7. **It is my responsibility to report any change in circumstances concerning my application i.e change of vehicle, address & Level of rate awarded by the DWP (Department of Works and Pensions)**
8. **Newham Council is a Data Controller and personal data that you provide will be used by us for the provision of Disabled Resident Parking places. If we need consent to process Personal Data, we will inform you. To find out more on how we use, store and protect your data visit –**

<https://www.Newham.gov.uk/dataprotection> or email [information.Governance@Newham.gov.uk](mailto:information.Governance@Newham.gov.uk)

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**I confirm that I have read and understood the Declaration**

**Please complete your application by signing and dating. Send your completed application and documents to -** [**Disabled.BayApplications@Newham.gov.uk**](mailto:Disabled.BayApplications@Newham.gov.uk)

Applicants Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

If completing on behalf of the Applicant –

Full Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Relation to Applicant: Click or tap here to enter text.