

# BLUE BADGE PARKING SCHEME - APPLICATION FORM

Road Traffic (Disabled Persons) (Parking) (Jersey) Order 2002



1. Please complete the form in **BLOCK CAPITAL** letters and in ink.
2. Only people with the following will be eligible for a Blue Badge:
  - i) **have a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking; or**
  - ii) **are registered with EYECAN or have a certificate from that Society to the effect that you are blind.**

As a guide to what is meant by 'very considerable difficulty in walking', a qualifying person who was capable of walking unaided would need to rest after walking 100m. The intention is that only the very severely impaired will qualify under these conditions.

**Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings, or other places.**

3. People with temporary impairments, such as broken leg, will not qualify for badges.
4. Please send your application form to the Connétable of St Helier, PO Box 50, Town Hall, St Helier, Jersey JE4 8PA, enclosing:
  - i) the fee of **£15** (cheques payable to the Parish of St Helier)
  - ii) **two passport photographs**, each signed on the back by the applicant.
  - iii) **your current Blue Badge** if you have one.

## 1. NAME AND ADDRESS OF APPLICANT

Surname:		Title:	
Forenames (in full):		Date of birth:	
Address:			
Parish:		Postcode:	
Telephone:		Email:	
If this is an application to renew your Blue Badge please state: Expiry date of previous badge: Serial number of previous badge:			

## 2. IMPAIRMENT: COMPLETE EITHER A or B

A. I have a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking OR	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. I am registered with EYECAN, or I have a certificate from that Society to the effect that I am blind	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please complete Section 3, 4 and medical certificate overleaf	
Please complete Section 4 and supply evidence with your application	

## 3. COMPLETE THIS PART ONLY IF YOU CONSIDER THAT YOU HAVE A PERMANENT AND SUBSTANTIAL IMPAIRMENT WHICH CAUSES INABILITY TO WALK OR VERY CONSIDERABLE DIFFICULTY IN WALKING\*\*

1. What is your impairment?	
2. What is the maximum distance you can walk without stopping, severe discomfort, or help from another person?	Metres
3. Do you regularly use a walking aid? YES <input type="checkbox"/> please state the type of aid:	NO <input type="checkbox"/>

Specimen signature of applicant

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**4. DECLARATION BY THE APPLICANT**

I hereby declare, conscientiously believing it to be true, that I am an impaired person suffering from a permanent impairment that I have accurately described on this application form and I apply for a Blue Badge subject to the conditions specified in the Road Traffic (Disabled Persons) (Parking) (Jersey) Order 2002.

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

**\*\* if you have an impairment under Section 3 please hand the Medical Certificate Form to your doctor for completion.**

**BLUE BADGE PARKING SCHEME - MEDICAL CERTIFICATE FORM**

Doctor's name: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Surgery Telephone: \_\_\_\_\_ Surgery Email: \_\_\_\_\_

**DOCTOR'S CERTIFICATION *tick whichever is applicable***

I confirm and certify that the applicant named in Section 1 has, as declared on their application form a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking and is eligible for a Blue Badge in accordance with the Road Traffic (Disabled Persons) (Parking) (Jersey) Order 2002.

OR

I am unable to confirm or certify that the applicant named above has the condition declared on their application form and the applicant is therefore not eligible for a Blue Badge in accordance with the Road Traffic (Disabled Persons) (Parking) (Jersey) Order 2002.

Remarks:.....

Doctor's Signature: \_\_\_\_\_ Official stamp of Doctor: \_\_\_\_\_

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

**OFFICE USE ONLY**

Date received: \_\_\_\_\_ Approved: Yes/No \_\_\_\_\_ Comments (if any): \_\_\_\_\_

Old Badge if required Yes/No \_\_\_\_\_ Date approved: \_\_\_\_\_

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

Money and photos returned date (if application refused): \_\_\_\_\_

The parish is a 'controller' under the Data Protection (Jersey) Law 2018 and we process your information in order to issue you with a valid blue badge in accordance with our statutory obligations. We may not be able to provide you with a blue badge if we do not have enough information. Below, we explain what we collect; how we will use your information; and what your rights are.

**Data we collect:** We have collected your personal details (name; title; address; contact details; photo; signature; date of birth; nature of disability) and if you have a permanent and substantial disability, we collect a certificate from your Doctor. We do this in order to issue you with a blue badge in accordance with the Road Traffic (Disabled Persons) (Badges for Motor Vehicles) (Jersey) Order 1982.

**How we use your information:** We keep your information (personal data) accurate and up to date, although we rely on you to inform us of any changes in accordance with the Road Traffic (Jersey) Law 1956. We retain the personal data you provide on your application for a blue badge for no more than 4 years from the date of issue. We will not pass your personal data on to anyone outside the States of Jersey or the other Parishes other than because of a legal requirement, such as law enforcement agencies or driver licensing authorities in other jurisdictions and we will only do so, where possible, after we have ensured that sufficient steps have been taken by the recipient to protect your personal data. We do not intend to process your information overseas using web services that are hosted outside the European Economic Area. At no time will your information be passed to organisations for marketing or sales purposes or for any commercial use.

**Your rights:** You can ask us to stop processing your information; to correct or amend your information; for a copy of the information, we hold about you. You can also: request that the processing of your personal data is restricted (in certain circumstances).  
  
You can complain to us about the way your information is being used by contacting us at the Town Hall (T: 811811; E: [townhall@sthelier.je](mailto:townhall@sthelier.je)).  
  
Alternatively, you can complain to the Jersey Office of the Information Commissioner (T: 716530; E: [enquiries@jerseyoic.org](mailto:enquiries@jerseyoic.org)).