

Community Protection

Application for Disability Permit for Children with Hip Dysplasia

(for use only in Basingstoke and Deane Borough Council Pay and Display car parks)

Part 1: Details of person completing this application

Surname _____ First Name _____ Title (Mr/Mrs/Miss) _____

Address _____

_____ Postcode _____ Telephone Number _____

Your relationship to the child who requires the permit _____

Part 2: Confirmation of address

Please supply a copy of one of the following as proof of residency. Please note that the proof must be dated in the last quarter.

Utility bill Rent book Council tax bill

Part 3: Personal details of child requiring the Permit (the applicant)

Surname _____ First Name _____ Date of birth _____

Address if different from above _____

_____ Postcode _____

Part 4: Qualification for a Permit

Has the applicant been diagnosed with hip dysplasia? Yes/No (*please circle as appropriate*)

In support of this application, you will be required to obtain a letter from the applicant's doctor/consultant confirming diagnosis of hip dysplasia, giving the expected date of completion of treatment

Please complete the following details, giving consent to the Parking Team at Basingstoke and Deane Borough Council to contact the child's doctor/consultant, if further medical information is required.

Doctor's/consultant's name _____

Doctor's/consultant's contact telephone number _____

Name of practice/hospital _____

Address of practice/hospital _____

_____ Postcode _____

Part 5: Declaration by person completing this application (on behalf of the child)
(Please tick the boxes to show that you have read and understood)

I declare that, to the best of my knowledge, all the information I have provided is correct

I agree to Basingstoke and Deane Borough Council's Parking Team contacting the doctor or consultant I have named in Part 4, to obtain information to support the application

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by the council, and will not be disclosed to any other party, other than those responsible for the enforcement of parking restrictions.

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure only to a third party responsible for the operation and administration of the temporary parking permit scheme.

Signed

Name (please print)

Date