REQUEST FOR A DISABLED PERSONS PARKING PLACE (DPPP) ON THE HIGHWAY -SELF ASSESSMENT QUESTIONNAIRE

NAME:		DATE OF BIRTH :	
ADD	RESS:		
TEL	EPHONE NUMBER:		
1.	If you are aged less than 65, do you receive t Allowance?	he higher rate of Mobility	YES / NO
	If Yes, please state notification number		
2.	Are you in receipt of a Blue car parking badge	e?	YES / NO
3.	Do you own a vehicle?		YES / NO
4.	Are you the main driver of the vehicle? If Yes, go to Question 7.		YES / NO
5.	If you are the passenger, is the vehicle availause at all times?	ble for your	YES / NO
6.	If you are a passenger, please indicate who drives the vehicle and what assist they provide.		
7.	Have you had an assessment from the driving Hospital?	g centre at Rookwood	YES / NO
8.	Has your vehicle been adapted?		YES / NO
9.	What medical condition do you suffer from?		
10.	Do you use any mobility equipment e.g. walki	ing stick, wheelchair etc.?	
11.	How far are you able to walk / propel yoursel	f in your wheelchair?	

12.	Do you have any of the following?			
	Hardstanding Driveway Garage		YES / NO YES / NO YES / NO	
13.	Do you have a	access to the rear of your property e.g. lane	YES/NO	
14.	Are there any traffic prohibitions outside or near your property? e.g.			
	Bus Stop Zebra / Pelica	/ Lines ly parking permit area / Limited waiting area	YES / NO YES / NO YES / NO YES / NO YES / NO	
15.		constant difficulty parking near your property? indicate why e.g. opposite school / shop / surgery etc.	YES / NO	
16.	What is the access to your property?			
	Level Ramp Steps if Yes to steps,	YES/NO YES/NO YES/NO , how many?		
17.	If there is anything else you wish to add in support of your application, please do so below.			
	a post to: Comm Ty Gra Caerph Ystrad CF82 7	nilly Road Mynach		

Thank you for taking the time to complete this questionnaire. Should we not hear from you in the next 6 weeks, we will assume that your mobility issues have been resolved.