



Section D

Help to travel application form

Fill in **section D** if you have a hidden disability and you are asking for a Blue Badge.



A hidden disability means people cannot see your disability just by looking at you. This includes:

- autism
- brain injury
- epilepsy

You will need to show us your disability means:



- you cannot walk very far or it is hard for you to walk very far



- you might become very upset and frightened if you had to walk very far



- you would be in danger if you had to walk very far. For example you might become very upset and hurt yourself



Question 1: Can you communicate using words and speech when you travel?

☐

Yes

☐

No



No

If you ticked **No**, tell us why:



Question 2: Can you understand what people say when they use words and speech?

☐

Yes

☐

No



No

If you ticked **No**, tell us why:



Question 3: Can you travel safely on your own?

☐

Yes

☐

No



No

If you ticked **No**, tell us why and what support you need to travel:



Question 4: Do you get stressed and panic when you travel?

☐

Yes

☐

No



Yes

If you ticked **Yes**, tell us what happens and what support you need:

More about your condition and how it affects how you travel



Tell us how parking closer to where you want to be will help you:

- be safer when you travel
- feel less stressed and upset



Tell us how you travel to places at the moment:

People aged 17 or younger



Tell us why you are in more danger or get stressed more than other people your age.

A large, empty rectangular box with rounded corners and a blue border, intended for a response.



We need to see proof of your condition and how it affects you when you travel.



Send us a letter or report from a healthcare person that you see. This could be people like a doctor you see at the hospital, community nurse or occupational therapist.



The letter must say:

- what condition you have

and

- how your condition affects you when you travel



If the letter or report doesn't say these things then we will not give you a Blue Badge.

Section E: This section must be filled in.

☒ Tick the boxes if you agree with each of these things.

☐ All the information I have put in this form is correct. If anything changes I will tell Harrow Council straight away.

☐ I agree Harrow Council staff can contact my doctor or nurse to check that I see them.

☐ I live in Harrow all of the time.

☐ I understand Harrow Council will not share my information with anyone unless they need to see it.

Now fill in **section E** on the big form.