

# Blue Badge Application Form for Individuals



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Please send completed application forms together with supporting documents to:  
**The Parking Manager, Blue Badge Team, West Berkshire Council, Council Offices,  
Market Street, Newbury, Berkshire RG14 5LD**

**Please allow 28 days for your application to be processed**

## Introductory Information for Blue Badge Applicants

Before completing this form to apply for an individual Blue Badge please read these introductory notes, which are designed to help you complete the correct sections of the form. When completing the form the guidance notes on page 21 will be helpful.

### All applicants must complete Section 1

#### 1. Automatic Qualification

If you have an automatic qualification to a Blue Badge complete the relevant portion in **Section 2** and complete **Section 6**;

#### 2. Subject to Further assessment

If you may qualify for a Blue Badge “subject to further assessment”, complete **Section 3** and then **Section 6**. If you apply under **Section 3** you may be invited to an Independent Mobility Assessment with the Council’s Occupational Therapist;

#### 3. Disability in Both Arms

If you have a disability in both arms complete **Section 4** and then **Section 6**;

#### 4. Children Under the Age of 3 Years

If you are applying for a child under the age of 3 years complete **Section 5** and then **Section 6**.

Please ensure that you provide all of the information required to support your application and send us the supporting documents and photographs. The documents submitted to confirm your identity must be authorized and your photographs must bear your name on the reverse. If you fail to do this your application may be delayed, or refused. **(See Section 6)**

If you require assistance completing this form please contact the Blue Badge Team on **01635 503276/7** during office hours of 8.30 am to 5.00 pm Monday to Thursday and 4.30 on Friday. Alternatively contact them by e-mail on **bluebadges@westberks.gov.uk**

**Please allow 28 days for your application to be processed.  
This may be longer if you are invited to attend an  
Independent Mobility Assessment**

# IMPORTANT CUSTOMER INFORMATION

## PAYING FOR THE BLUE BADGE

Dear Blue Badge Applicant

The Cash Office in the Council Offices at Market Street, Newbury is closed and we are no longer be able to accept payment by cash for your Blue Badge.

When you are notified that your Blue Badge application has been successful and you are asked to pay for your Blue Badge, please:

- (a) Send a cheque or postal order for £10.00 made out to “**West Berkshire Council**” to The Blue Badge Team, West Berkshire Council, Market Street, Newbury, Berkshire RG14 5LD. On the reverse of the cheque please write “BLUE BADGE”

OR

- (a) You may pay by debit or credit card by phoning **01635 503276/7** during weekday office hours of 8.30 am to 5.00 pm (4.30 pm on Fridays)
- (b) If cash is your only method of payment please contact the Blue Badge Team for advice on **01635 503276/7** during weekday office hours of 8.30 am to 5.00 pm (4.30 pm on Fridays)

### **Please do not send cash by post**

Payment will only be taken if your application is successful. If you submit a payment with your application and your application is refused, the payment will be returned.

The Blue Badge will only be issued after payment has been made.

The Council does not issue the Blue Badge. Your details will be provided to the contractor appointed by the Department for Transport for the manufacture and dispatch of your Blue Badge. The Blue Badge will take some 4 to 5 days to be manufactured and posted. The Blue Badge will be sent by post unless you select and pay for a quicker delivery option.



## Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in the appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance notes on **page 21**.

<b>Title</b>					
<b>First names</b> <i>(in full)</i>					
<b>Surname</b>					
<b>Surname at birth</b>					
<b>Gender</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<b>Date of Birth</b> <i>(DD/MM/YYYY)</i>
<b>Place of Birth</b>	Town			Country	
<b>National Insurance Number / Child Registration Number</b> <i>(see section 1 of the accompanying guidance notes)</i>					
<b>Driving Licence Number</b> <i>(If you hold a driving licence)</i>					
<b>Current address and contact details</b> <i>(Please give your address in full)</i>					
_____				Home Tel	_____
_____				Mobile Tel	_____
_____		Postcode	_____	Email	_____
<b>Previous address, if different in the last three years</b>					
					Postcode

### FOR OFFICE USE ONLY *(Please do not write anything here)*

Raise ID	CT/ER Check
Payment:	Proof of ID
Agreed/Not Agreed	Previous BB:

Comments

Badge No:

Date Issued:

Valid until:

<b>Do you currently hold a Blue Badge?</b>		Yes		No	
<b>If you already have a Blue Badge</b>	Which local authority issued you with the badge?				
	What is the serial number on the current badge?				
	What is the expiry date of the current badge?				

**Proof of your address, dated within the last 12 months**

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide original documentation:

	I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address. <b>or</b>
	I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months. <b>or</b>
	I do not pay Council Tax, am over the age of 18 and give consent to the local authority to check my address on the electoral register. <b>or</b>
	I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 18. I give my consent to the local authority to check school records to confirm their address.

**Proof of your identity**

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of one of the following as proof of your identity:  
*Tick to select (Refer to Guidance Notes (Section1)).*

<input type="checkbox"/>	Birth certificate/adoption certificate	<input type="checkbox"/>	Marriage/Divorce certificate	<input type="checkbox"/>	Valid Passport
<input type="checkbox"/>	Civil Partnership/Dissolution certificate	<input type="checkbox"/>	Valid driving licence		

**Photographs**

Please enclose two recent passport-style photographs of the applicant. The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and that you complete Section 6(b) of this form to confirm that the photograph is a true likeness.

**Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge** (*Up to three registration numbers should be nominated, but please remember that other vehicles can be used*)

<b>1</b>	
<b>2</b>	
<b>3</b>	

**Please tick the box that you feel best describes your ethnic origin.** If you prefer not to do this, please tick the box "Not Stated":

<b>White</b>		<b>Mixed</b>		<b>Asian/Asian British</b>	
<input type="checkbox"/>	White British	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Asian Pakistani
<input type="checkbox"/>	White Other	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Asian Bangladeshi
		<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>	Asian Other
<b>Black/Black British</b>			<b>Other Ethnic Group</b>		
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Chinese		
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Not Stated		

## Section 2 – Questions for ‘without further assessment’ applicants

This section must be completed by people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
- receive the Higher Rate Mobility Component of Disability Living Allowance;
- receive the War Pensioner’s Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.
- receive a ‘Moving Around’ descriptor for the mobility component of the Personal Independence Payment (PIP)
- in receipt of DS1500.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes on **page 22**.

### 2a) People who are severely sight impaired (blind)

Are you registered as <b>blind</b> (severely sight impaired)?	Yes		No	
<b>If YES</b> , do you give <b>consent to us to check the local authority’s register of blind people</b> to see whether your disability is already known to the council?	Yes		No	
<b>If NO</b> , then please enclose a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and confirm that you wish to be registered as blind.	Yes		No	

### 2b) People who receive the Higher Rate Mobility Component of Disability Living Allowance

Do you receive the Higher Rate Mobility Component of Disability Living Allowance?	Yes		No	
<b>If YES</b> , have you been awarded this benefit indefinitely?	Yes		No	
<b>If NO</b> , when is your award of this benefit due to end?	(DD/MM/YYYY):			
<p>If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance you must enclose an original letter of entitlement to this benefit that has been issued within the last twelve months or your original annual up-rating letter.</p> <p>Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.</p>				

### 2c) People who are in receipt of DS1500

Are you in receipt of a DS1500 <i>Please note: a copy of the DS1500 needs to be enclosed with your application</i>	Yes		No	
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## 2d) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

**do you achieve a score of 8 or above for the 'Moving Around' descriptor within the Mobility component of the Personal Independence Payment**

Yes

No

**If YES**, have you been awarded this benefit for an ongoing period?

Yes

No

**If NO**, when is your award of this benefit due to end?

DD/MM/YYYY:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

**If you achieve a score of 8 or above for the 'Moving Around' descriptor within the Mobility Component of the Personal Independence** you must enclose an original letter of entitlement to this benefit together with your yearly updating letter (if applicable) dated within the last twelve months confirming your entitlement is ongoing. **Please note that we may also check that you are in receipt of this award with the Department of Work and Pensions.**

## 2e) People who receive the War Pensioner's Mobility Supplement

Do you receive the War Pensioner's Mobility Supplement?

Yes

No

**If YES**, have you been awarded this benefit indefinitely?

Yes

No

**If NO**, when is your award of this benefit due to end?

(DD/MM/YYYY):

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose an original letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

## 2f) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes

No

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose the original of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

**I attach the appropriate documents to support my application**

If you are making a Blue Badge application on the information provided in **Sections 1 & 2**, please go to Section 6 to ensure you submit the supporting documents and then sign and date the form at **Section 6(E)**.

## Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties

The questions in **Section 3** are for people who do not automatically qualify for a Blue Badge, but who may qualify subject to further assessment. If you have a severe disability in both arms and you drive regularly and you are unable to operate, or have considerable difficulty in operating parking meters and other parking equipment go to **Section 4**.

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over three years of age and have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.

If you are unsure whether these questions apply to you, then please read section 3 of the guidance notes on **page 23**.

<b>Please describe</b>
Any medical conditions / disabilities which affects your walking.
If you know them please state the medical terms for the condition you have been diagnosed with

<b>Please describe</b>	
Any surgery, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability you have mentioned.	
Please state when you underwent any relevant surgery or treatment or attended specialist clinics.	
<b>Surgeries / courses of treatment / specialist clinics</b>	<b>Dates you received this treatment</b>

What medication do you currently take in relation to the conditions / disabilities you described above?		
Medication	Dosage	Frequency

<b>Are you currently taking any pain relief in relation to the medical conditions/disabilities you mentioned above?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please explain what you are taking and how frequently you need it:				

<b>Are you currently</b> <i>(Please tick whichever statements apply to you and provide further details in the space below)</i>	
<input type="checkbox"/>	Awaiting surgery in relation to the conditions / disabilities described above?
<input type="checkbox"/>	Recuperating from surgery in relation to the conditions / disabilities described above?
<input type="checkbox"/>	Awaiting treatment for any of the conditions / disabilities described above?
<input type="checkbox"/>	Managing your condition / disability since you have been advised it is not expected to improve any further?

**Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above.**

Name	Job title	Hospital / Health Centre	Tel. number

**Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate)**

Yes

No

If you ticked **YES**, please describe how much you expect your conditions / disabilities to improve...

**How do the conditions/ disabilities you described above affect your ability to walk?**

**Please tick whichever of the following statements describe your general walking ability:**  
(Please tick whichever options apply to you - you can tick more than one box)

Yes	No	
		I am able to walk well, including recreational walks
		I am able to walk around the supermarket to do my own shopping
		I am able to walk and can use public transport for some of my local trips
		I am able to walk, but struggle with longer distances or hills
		I am able to walk, but get breathless if I walk for more than a few minutes
		I am able to walk, but find it too painful to walk for more than a few minutes
		I am able to walk but use a wheelchair for longer trips outside the home
		I am able to walk around my home, but am unable to climb the stairs
		I am unable to walk at all
		Other (please describe in box on next page)

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<b>Are you able to walk outside without the use of a walking aid or physical support?</b> <i>(please describe the help you need in the space below)</i>	Yes		No	
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<p><b>Where, in your local area, can you comfortably walk to from your home?</b>  <i>(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)</i></p>
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<b>Please tick the box that best describes the way you walk:</b>	
	<b>Normal</b> - no specific problems with walking
	<b>Adequate</b> - for example, you walk with a slight limp
	<b>Poor</b> - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance
	<b>Extremely poor</b> - for example, you drag your leg, stagger, swing through two crutches or need physical support.

<p>If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:</p>
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<b>Do you use any of the following walking aids?</b> (Please tick whichever options apply to you - you can tick more than one box)			
<input type="checkbox"/>	1 elbow crutch	<input type="checkbox"/>	2 elbow crutches
<input type="checkbox"/>	1 walking stick	<input type="checkbox"/>	2 walking sticks
<input type="checkbox"/>	Walking frame (Zimmer frame)	<input type="checkbox"/>	Rollator
<input type="checkbox"/>	Wheelchair – please detail below if the wheelchair is used permanently or occasionally	<input type="checkbox"/>	Powered wheelchair - please detail below if the wheelchair is used permanently or occasionally
<input type="checkbox"/>	Other (please describe)		

<b>Were your walking aids:</b> (Please tick whichever options apply to you)	
<input type="checkbox"/>	Purchased privately by me
<input type="checkbox"/>	Prescribed by a healthcare professional
<input type="checkbox"/>	Provided by Social Services
<input type="checkbox"/>	Other (please describe below)

<b>How far would you estimate you are able to walk, with or without any walking aids, before you feel severe discomfort?</b> (Please state the distance in metres or yards using whichever measure is best for you.)	
metres	yards
<p>When answering this question please note that:</p> <ul style="list-style-type: none"> <li>● The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.</li> <li>● If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.</li> <li>● The average double-decker bus is about 11 metres, or 12 yards, long.</li> <li>● A tennis court is about 24 metres, or 26 yards, long.</li> <li>● A full size football pitch is about 100 metres, or 110 yards, long.</li> </ul>	

**Roughly how much time would you estimate it takes you to walk this distance?**  
 .....minutes

<b>Are you able to continue walking after a short rest?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**If you can continue, roughly how long (in minutes) are you able to walk for in total?**  
 .....minutes

*Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:*

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?
<input type="checkbox"/>	<input type="checkbox"/>	Do you get short of breath walking with other people of your own age on level ground?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have to stop for breath when walking at your own pace on level ground?
<input type="checkbox"/>	<input type="checkbox"/>	Do you get too breathless to leave your home, or after dressing?

<input type="checkbox"/>	<b>I attach the appropriate documents to support my application</b>
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## Section 4 – Questions for ‘subject to further assessment’ applicants with a disability in both arms

These questions are intended for people who have answered NO to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over three years of age and drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.

If you are unsure whether these questions apply to you, then please read section 4 of the guidance notes on **page 24**.

<b>Do you drive regularly?</b>	Yes		No	
<b>Do you have a severe disability in both arms?</b>	Yes		No	
Please describe your medical condition / disability:				
<b>Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?</b>	Yes		No	
<b>If yes</b> , please describe the difficulties you have with operating parking meters and pay and display machines.				
<b>Do you drive a specially adapted vehicle?</b>	Yes		No	
<b>If yes</b> , please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation.				

**I attach the appropriate documents to support my application**



## Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

If you are unsure whether these questions apply to your child, then please read section 5 of the guidance notes on **page 24**.

<p><b>Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?</b></p>	Yes		No	
<p>If <b>YES</b>, please state what type of equipment is required:</p>				
<p><b>Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?</b></p>	Yes		No	
<p>If <b>YES</b>, please describe the child’s medical condition</p>				
<p>If you have answered <b>YES</b> to either of the questions above please enclose a letter from a healthcare professional that has been involved in your child’s treatment (for example your GP or paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below:</p>				

	<p><b>I attach the appropriate documents to support my application</b></p>
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## Section 6 – Further information, declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

### 6a) Further information

**Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?**

This section is for “subject to further assessment” applicants i.e. those who have completed sections 3, 4, or 5 who believe they have further evidence to support their application.

### 6b) Mandatory declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read, understand and agree with each declaration.
- **Please note that not ticking one of these declarations may mean we are unable to issue you with a Blue Badge**
- **Please note that providing fraudulent information may result in prosecution and a fine**

**Declarations to be completed by all applicants.** *(Please tick the box)*

	I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.
	I understand that I must not hold more than one valid Blue Badge at any time
	I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.

**Declarations to be completed by all individual applicants.** *(Please tick the box)*

	I confirm that the photographs I have submitted with my application are a true likeness and conform to the standards set out in the Guidance Notes. <b>Please note that Blue Badge applicants with a life expectancy of less than 6 months do not need to supply photographs.</b>
	I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme: rights and responsibilities” leaflet which will be sent to me with the badge.

<b>Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3, 4 or 5). (Please tick the box)</b>	
	I agree to the local authority contacting an accredited healthcare professional, if necessary, for the purpose of obtaining further information in support of my application.
	I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
	I 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 who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.

**6c) Optional declarations about the information you have provided and the application process**

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you.	
	<p>I consent to the local authority checking any information already held by the local authority’s Social Care department on the basis that:</p> <ul style="list-style-type: none"> <li>• It can help determine my eligibility for a Blue Badge</li> <li>• It may speed up the processing of my application</li> </ul> <p>It may enable a decision to be made without the need for a mobility assessment.</p>
	I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.
	I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.

## 6d) Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed because they are relevant to you. We have provided a checklist below to help remind you of what you need to enclose.

*Please tick the appropriate boxes*

### Section 1 – Information about you

Proof of your address, dated within the last 12 months  
*(if you have not given consent for us to check Council Tax / Electoral Role / school records).*

A certified copy of proof of your identity

Two passport-style photographs of yourself with your name on the back.

### Section 2a – People who are severely sight impaired

A copy of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register)

### Section 2b – People who received the Higher Rate Mobility Component of Disability Living Allowance

An original letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual updating letter

### Section 2c – D51500 A copy of the D51500 needs to be enclosed

### Section 2d – People who meet a ‘Moving Around’ descriptor for the Mobility component of Personal Independence Payment (PIP)

An original letter of entitlement for the Mobility component of the Personal Independence Payment (PIP) issued by the Department of Work and Pensions within the last 12 months.

### Section 2e – People who receive the War Pensioner’s Mobility Supplement

An original letter of entitlement for the War Pensioner’s Mobility Supplement

### Section 2f – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

An original award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

### Section 5 – Children under the age of three

A letter from a healthcare professional that has been involved in the child’s treatment, giving details of condition and type of medical equipment needed.

6e) Your signature against the declarations in section 6b and 6c

Your signature	
Date of application	(DD/MM/YYYY)                    /                    /
Please print your name here	

THIS AUTHORITY IS UNDER A DUTY TO PROTECT THE PUBLIC FUNDS IT ADMINISTERS AND TO THIS END MAY USE THE INFORMATION YOU HAVE PROVIDED ON THIS FORM FOR THE PREVENTION AND DETECTION OF FRAUD. IT MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES RESPONSIBLE FOR AUDITING OR ADMINISTERING PUBLIC FUNDS FOR THESE PURPOSES.

# Blue Badge Application Form - Guidance Notes

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## Section 1 - Information about you

This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, then you will need to provide their Child Registration Number. This can be found on Child Benefit documentation.

There are questions for those who already have a Blue Badge which is due to expire shortly. The expiry date should be in the relatively near future, and two badges will not be valid for one applicant at the same time. The serial number can be found on the front of the badge.

## Proof of your identity and address

### Identity

A certified photocopy of one of the following must be submitted with your application: your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.

A certified copy is a photocopy of a document that has been verified as being true by a person who holds a certain position of responsibility. The following persons (if known to the applicant) are accepted as being able to verify your true likeness for the purposes of providing proof of identity:

- Doctors
- Teachers
- Holders of Religious Office
- Town, Parish or District Councillors
- Solicitors
- Police Officers

The individual certifying the documents should include the text: "This copy is a true likeness of the original" alongside their signature. They should also print their name and occupation alongside this information.

### Address

Proof of address will be in the form of an original Council Tax bill bearing your name and address. The original must be submitted with your application and will be returned at the end of the application process.

You will not need to submit your Council Tax bill if you have ticked the appropriate box in Section 1, which gives your consent for the local authority to check your address on their Council Tax records or electoral register.

If you are completing the application form on behalf of someone under the age of 16, you should give your consent for the local authority to check school records to confirm their address.

## Other information

Please provide the Vehicle Registration Numbers of the three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information helps local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.

## Section 2 – Questions for ‘without further assessment’ applicants

You will be automatically eligible for a badge if you are more than three years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2. You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of proof of entitlement is proof of payment of the allowance. Any documents sent in as proof of entitlement will be returned to the applicant as quickly as possible, once they are no longer needed by the issuing authority.

### Section 2a

Please complete this section if you are registered as severely sight impaired (blind). You are asked to state the name of the local authority or borough with which you are registered. In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered as severely sight impaired.

The formal notification required to register as severely sight impaired (blind) is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist, which states that you are severely sight impaired (blind). However, registration is voluntary.

### Section 2b

Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). You will have had an award notice letter from the Pension, Disability and Carers Service (PDCS). You will also have been sent an annual up-rating letter stating your entitlement. This up-rating letter can be used as proof of receipt of HRMCDLA if your award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your up-rating letter, then please contact the PDCS for a current award letter by:

- Telephone: 03457 123 456
- Text phone: 03457 22 44 33
- Email: [DCPU.Customer-Services@dwp.gsi.gov.uk](mailto:DCPU.Customer-Services@dwp.gsi.gov.uk)

This helpline is open from 7.30am to 6.30pm Monday to Friday, and further details can be found online at: [http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG\\_10011925](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG_10011925)

**Section 2c** - D51500 - Please supply a copy of your D51500

**Section 2d** - Please complete this section if you receive a Personal Independence Payment (PIP) and your decision letter states that you meet one of the following ‘Moving Around’ descriptors within the Mobility Component:

Your decision letter can be used as proof of receipt of the relevant PIP award. If you have lost your PIP decision letter, then please contact DWP for a PIP decision letter by: Telephone: **0345 850 3322**, Textphone: **0345 601 6677**.

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found on-line at: <https://www.gov.uk/pip>.

## Section 2e

Please complete this section if you receive a War Pensioner's Mobility Supplement (WPMS). You should have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. You must enclose the original of this letter as proof of entitlement.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

## Section 2f

Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You will have been issued with a letter from the Service Personnel and Veterans Agency confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose the original of this letter as proof of entitlement.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

## Section 3 – Questions for 'subject to further assessment' applicants with walking difficulties

Section 3 is to be completed if the questions in Section 2 do not apply to you and if you have a permanent and substantial disability which means you cannot walk or which means that you have very considerable difficulty walking. A permanent disability is one that is likely to last for the duration of your life. Medical conditions such as asthma, autism psychological / behavioural problems, Crohn's disease / incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk using any walking aids before you feel severe discomfort. It can be difficult to accurately work out the distance you can walk. There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres.
- A size 9 shoe is about a third of a metre.
- The average double-decker bus is about 11 metres long.
- A full-size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance.
- About your walking speed.
- The way that you walk, for example, shuffling or small steps etc.



Your local authority may ask you to have a mobility assessment with a medical professional, such as a physiotherapist or occupational therapist, in order to determine whether you meet the eligibility criteria. You may have had a mobility assessment in the last 12 months which covered your walking ability and you can give details of this in section 7a (any further information – see below for more detail).

## **Section 4 – Questions for ‘subject to further assessment’ applicants with disabilities in both arms**

**Section 4** should be completed by applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment. You will need to satisfy all three conditions above in order to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.

## **Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three**

**Section 5** should be completed on behalf of:

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parental equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheotomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and

## Section 6 – Further information, declarations and signatures

**Section 6a):** This section can be used to add any further relevant information that has not already been covered elsewhere in the application form. It is intended to be used by applicants who have completed Section 3.

**Section 6b):** Mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, since not ticking those that are relevant to your applicant may result in your local authority being unable to accept your Blue Badge application.

### Digital Photographs

- You must provide two colour photographs of passport size 1.37 inches wide and 1.77 inches high (35mm x 45mm). The photographs must have been taken no more than one month prior to the date of your application.
- If you supply a digital photograph it must be in JPG or GIF format

**Section 6c):** You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

**Section 6d):** All applicants must sign and date the form prior to submitting it. A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.