

# Blue Badge Application Form

All relevant sections must be completed as fully as possible.



STRONG HERITAGE | STRONG FUTURE  
RHONDDA CYNON TAF  
TREFTADAETH GADARN | DYFODOL SICR

## Section 1 - To be completed by all applicants

### 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 appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in the accompanying guidance note

Title: (Please Select)

Mr  Mrs  Miss  Ms

Other:

First name:

(In full maximum of 20 characters)

Middle Name:

(In full maximum of 20 characters)

Surname:

(In full maximum of 20 characters)

Surname at Birth

(In full maximum of 20 characters)

Gender: (Please Select)

Male:  Female:

Date of Birth: (DD/MM/YY)

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

Current Address

Post Code

Town of Birth:

Country of Birth:

Driving Licence Number:

(A driving license number is mandatory if you are applying because of impairment in both arms. See guidance notes)

National Insurance Number OR  
Child Registration Number

(see accompanying  
guidance notes)

Home Tel:

Mobile Tel:

E-mail:

If you have changed address in the last 3 years, please record the address from which you have moved here:

Post Code:

Do you currently hold a Blue Badge? Yes  No

If you have:

Which local authority issued you with the last badge?

What is the expiry date of the last badge?

What is the serial number on the last badge?

**For enforcement purposes please nominate the vehicle registration number(s) for the main car(s) in which you intend to use the Blue Badge.**

(Up to three registration numbers should be nominated, but please remember other vehicles can be used.)

When completing this form you may find the accompanying guidance notes are helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Separate forms are available from your local authority and will need to be completed when applications are made for Organisational Blue Badges or for badges in the cases of a person with a terminal illness and a mobility impairment.

**Proof of your address:**

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 where relevant:

- Either 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.
- Or I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.
- Or I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.
- Or Confirmation letter from one of the following – SPVA; DWP; Social Services; Housing Benefit or for children, from the school.
- Or The paper copy or photo-card section of your Driving Licence

## Proof of your identity:

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must take one of these with you to one of the One4All Centres as proof of your identity. If it is a photocopy, it must be certified by an appropriate professional person – see Guidance Notes.

Birth certificate/adoption  
certificate

Marriage/Divorce  
certificate

Passport

Civil Partnership/  
Dissolution certificate

Valid driving licence

Certificate of British  
Nationality

HM Forces ID card

Identity Card for  
Foreign Nationals

Existing Blue Badge

Identification documents that include a photograph are preferable but please check with your local authority.

## Photograph:

Please enclose a recent (taken within last 6 months) passport-style photograph of the applicant. 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.

You will need to see the **guidance notes** to ensure that the photograph meets requirements as it is critical to a successful application. Your application cannot be processed unless an appropriate photograph is supplied.

Staff from the any of the One4All Centre's are able to take the applicants photograph free of charge when submitting the application form with other relevant supporting documents.

The address for each of the One4All Centre's is included on Page 3 of the enclosed guidance notes

**Section 2**

**To be completed by applicants who 'automatically' qualify by being able to produce evidence any of the assessments/payments listed in (A) to (F) below**

<b>A</b>	<b>Applicant is blind (severely sight impaired) and has produced a signed Certificate of Vision Impairment</b>	<b>Complete Section 2A</b>
<b>B</b>	<b>Applicant receives and can evidence that the Higher Rate of the Mobility Component of Disability Living Allowance</b>	<b>Complete Section 2B</b>
<b>C</b>	<b>Applicant receives and can evidence the War Pensioner's Mobility Supplement</b>	<b>Complete Section 2C</b>
<b>D</b>	<b>Applicant receives and can evidence a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme</b>	<b>Complete Section 2D</b>
<b>E</b>	<b>Applicant is awarded tariff 6 - Permanent Mental Disorder of the Armed Forces and Reserve Forces (Compensation) Scheme</b>	<b>Complete Section 2E</b>
<b>F</b>	<b>Applicant receives and can evidence Personal Independence Payment (PIP) that includes Mobility activity 1 descriptor f or Mobility activity 2 descriptors c, d e or f</b>	<b>Complete Section 2F</b>

**Note : If none of the above apply please go to section 3**

<b>Section 2A</b>	<b>People who are blind (severely sight impaired)</b> <b>NB – This section is not relevant if you are registered as Partially Sighted. If so, please complete Section 3.</b>
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Are you registered as blind (severely sight impaired)?

Yes  No

If **YES**, please state which local authority you are registered with:

If **YES**, do you give consent to us to check the local authority’s register of blind people to see whether your impairment is already known to the council?

Yes  No

If **NO**, then please indicate whether you have enclosed your Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent (BD8), signed by a Consultant Ophthalmologist.

Yes  No

<b>Section 2B</b>	<b>People who receive the Higher Rate of the Mobility Component of Disability Living Allowance</b>
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Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?

Yes  No

If **YES**, have you been awarded this benefit indefinitely? Yes  No

If **NO**, when is your award of this benefit (DD/MM/YYYY) /  
to end? / due

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose your letter of entitlement to this benefit issued within the last twelve months or your original annual up-rating letter. Please note that we may check that you are in receipt of this award with the Department for Work and Pensions.

<b>Section 2C</b>	<b>People who receive the War Pensioner's Mobility Supplement</b>
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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):  
\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Please enclose an original letter of entitlement for the War Pensioner's Mobility Supplement – this can be photocopied by the One4All Centre staff.

<b>Section 2D</b>	<b>People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme</b>
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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 impairment 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 impairment which causes inability to walk or very considerable difficulty in walking. **You must enclose 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.

<b>Section 2E</b>	<b>People awarded tariff 6 – Permanent Mental Disorder of the Armed Forces and Reserve Forces (Compensation) Scheme</b>
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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 that you have a Permanent Mental Disorder. **You must enclose 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.

<b>Section 2F</b>	<b>People who receive Personal Independence Payment (PIP) as detailed:</b> <ul data-bbox="423 369 1254 459" style="list-style-type: none"><li>• Mobility Activity 1, descriptor f; or</li><li>• Mobility Activity 2, descriptors c, d e or f</li></ul>
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Do you receive the Personal Independence Payment as indicated above?

Yes  No

If **YES**, have you been awarded this benefit indefinitely? Yes  No

If **NO**, when is your award of this benefit (DD/MM/YYYY) /  
due to end?

If you are in receipt of the above award you must enclose your letter of entitlement to this benefit issued within the last twelve months or your original annual up-rating letter. Please note that we may check that you are in receipt of this award with the Department for Work and Pensions.

**If you have fully answered and evidenced any of the options in Section 2, please go straight to Section 4.**



<b>Section 3</b>	<b>Applicants who are required to provide further information:</b>
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<b>Applicants with walking difficulties</b>	<b>Complete Section 3a</b>
<b>Applicants with impairments in both arms</b>	<b>Complete Section 3b</b>
<b>Applicants under the age of 3 years old</b>	<b>Complete Section 3c</b>
<b>Applicants with cognitive impairments</b>	<b>Complete Section 3d</b>
<b>Applicants with a temporary but substantial impairment that impacts on mobility and is expected to last for at least 12 months</b>	<b>Complete Section 3e</b>

**Section 3A Applicants with Walking Difficulties**

**Please explain what permanent and substantial disability you have that means you are unable to walk or have considerable difficulty walking when answering**

What is your medical condition/impairment and please explain how it affects your mobility

Is this condition/impairment permanent?

Yes  No

What medication do you take in relation to your condition? (Please provide a copy of your Prescription with the Application Form.)

Please provide full details of your GP:

Name	
Address	
Telephone No.	

Apart from your GP, please list the details of any other Health or Social Care professional you have seen/been assessed by during the past 12 months in connection with your disability (this will include Consultants, Physiotherapists, Specified Clinic Nurses)

Name of Health Professional	Type of Health Professional	Address	Date of last appointment

Has your house been adapted to meet your mobility needs? (e.g. stair lifts, hand rails, widened doors for wheelchair access or walk-in shower)

Yes  No

Has your Council Tax been reduced as a result of adaptations to your home to meet your mobility needs?

Yes  No

Do you receive any other services to support you with your disability/impairment?

Yes  No

If yes, please tell us what they are and who provides them:

Do you require assistance getting in and out of a vehicle?

Yes  No

Has the vehicle you use been adapted to meet your needs?

Yes  No

If Yes, please explain what adaptations have been made:

Do you use oxygen?

Yes  No

If Yes, how often do you use oxygen? (please tick appropriate box)

Daily	<input type="checkbox"/>
Regularly (4 or more days a week)	<input type="checkbox"/>
Occasionally 1-3 days a week)	<input type="checkbox"/>

Do you use any of the following? If so, please tick to confirm the frequency of use:

	Daily	Regularly	Occasionally
Powered Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame (Zimmer Frame)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollator (Walking Frame with wheels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tri/Quad Walker with brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetic Lower Limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Elbow Crutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Elbow Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Walking Stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Walking Sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were your walking aids...

(Please tick whichever options apply to you)

- Purchased privately by me.
- Prescribed by a healthcare professional
- Provided by Social Services.
- Other (please describe below).

If not privately purchased please provide details of the provider so that the local authority can check.

**If you have fully completed Section 3a please go straight to Section 4.**

**Section 3B Applicants with Impairments in Both Arms**

**You are required to evidence that you have a severe disability in both upper limbs, regularly drive a car but have difficulty or cannot use parking meters and similar equipment**

Do you have impairment in both arms?

Yes  No

If Yes, are you the driver vehicle?

Yes  No

If Yes, do you have difficulty operating parking equipment such ticket barriers and pay and display machines?

Yes  No

If Yes please explain what difficulties you experience:

**If you have fully completed Section 3b please go straight to Section 4.**

**Section 3C Applicants who are Under the Age of 3**

**You are required to evidence that you have a child under the age of three who needs to be accompanied always by bulky medical equipment or needs to have access to a motor vehicle in case they need emergency medical treatment.**

Yes  No

If Yes, please describe the medical equipment that is transported (if medical evidence is supplied this will help to support your application):

Must the child be near to a motor vehicle on account of their condition so that they can, if necessary, be treated for that condition or taken quickly to a place where they can be treated? (if medical evidence is supplied this will help to support your application)

Yes  No

**If you have fully completed Section 3c please go straight to Section 4.**

**Section 3D | Applicants who suffer with Cognitive Impairment**

**Please explain the problems you have in planning and following a journey and indicate what level of support you require (providing a letter from a relevant health consultant will help to support your application):**

Do you receive the Highest Rate Care Component Disability Living Allowance?

Yes  No

*If Yes, please provide an original award letter*

Do you attend a Memory Clinic?

Yes  No

*If Yes, please provide evidence of attendance at the Memory Clinic.*

**If you have fully completed Section 3d please go straight to Section 4.**



<b>Section 3E</b>	<b>Applicants with a temporary but substantial impairment that impacts on mobility and is expected to last for at least 12 months</b>
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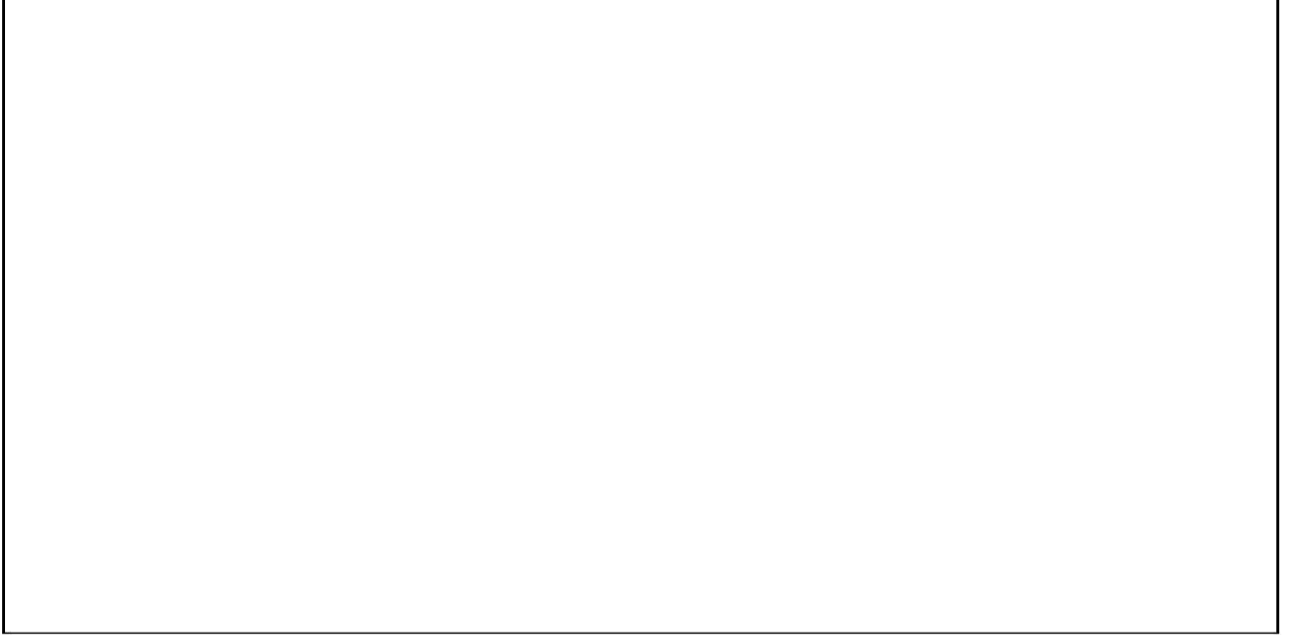
**Please choose one of the following statements that applied to the condition that you have been diagnosed with and how long it is likely to last.**

Please Tick	Condition/Impairment	Estimated Recovery Time
	I am recovering from a complex leg fracture, possibly managed with external factors	
	I am undergoing therapy in order to recover from a stroke or head injury that has impacted on my mobility	
	I am undergoing therapy in order to recover from spinal trauma with the loss of leg function	
	I am undergoing medical intervention, for example treatment for cancer, that impacts on my mobility	
	I have a severe functional leg impairments and I am awaiting or have undergone joint replacement (e.g. unilateral or bilateral hip, knee, etc	
	Other, please describe:	

**Please provide details of any health professionals you have seen who are treating your temporary condition. This may include: Surgeons, Occupational Therapists, Social Services Rehabilitation Team, Health Professionals that provides specialist service e.g. physiotherapist, Macmillan nurses or others involved in your care.**

Name	Job Title	Hospital/Health Centre	Telephone Number	Last Seen

**You are required to provide evidence of any relevant medical appointments and/or reports you have received from the above in respect of your temporary condition.**



<b>Section 4</b>	<b>Declarations and Signatures - to be completed by all applicants</b>
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These questions are intended to be answered by **ALL** applicants for a Blue Badge

**4a) 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 and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

**Declarations to be completed by ALL applicants, parent or carer**

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.	<input type="checkbox"/>
I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.	<input type="checkbox"/>
I confirm that the photograph I have submitted with my application is a recent & true likeness.	<input type="checkbox"/>
I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in “The Blue Badge Scheme - Rights and Responsibilities in Wales” leaflet which will be sent to me with the badge. Fraudulent applications or misuse of a badge may result in a fine of £1000 and/or forfeit of the badge	<input type="checkbox"/>
I understand that I must not hold more than one valid Blue Badge at any time.	<input type="checkbox"/>
I confirm that I do not currently hold a Blue Disabled Person’s Parking Badge that has been issued by a different local authority	<input type="checkbox"/>
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 with other local authorities, the police and parking enforcement officers to detect and prevent fraud.	<input type="checkbox"/>

**Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3a, 3b, 3c or 3d)**

I understand that the local authority may need to contact an accredited healthcare professional 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.	

**4b) Your consent to use your information to improve the service you receive**

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

I consent to the local authority checking any information already held by the local authority’s Social Services department or other departments on the basis that: <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> <li>• It may enable a decision to be made without the need for a mobility assessment.</li> </ul>	
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.	

**4c) Your signature against the declarations in Section 4a and 4b**

Your signature:

**If you are applying for a Blue Badge on behalf of another person, you must be aware that misuse of the Scheme may result in prosecution.**

Please print your name here:	
Relationship to Applicant	Please specify :- Official Guardian /Power of Attorney / Parental Responsibility / Other
Signature of Representative	
Date of Signature	

**If you have countersigned any of the required documents being supplied as proof of identity or residency, please complete the following section:-**

Please print your name here:	
Profession:	