

Blue Badge Application Form

All relevant sections must be completed as fully as possible.



Section 1	To be completed by ALL applicants
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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 attached guidance notes.

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 provide your previous address 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 enclosed 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 by placing an **X** in the box next to the statement. You will need to provide original documentation where relevant:

<input type="checkbox"/>	I give consent to the Local Authority to check my personal details on the Local Authorities Council Tax database so that I do not need to submit proof of my address
<input type="checkbox"/>	I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Confirmation letter from one of the following – SPVA; DWP; Social Services; Housing Benefit or for children, from the school.
<input type="checkbox"/>	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 the below with you to your appointment at the One4All Centre, as proof of your identity. Please select what you are providing by placing an **X** in the box next to the relevant form of identification. If it is a photocopy, it must be certified by an appropriate professional person (see enclosed **Guidance Notes**):

<input type="checkbox"/>	Birth/Adoption Certificate
<input type="checkbox"/>	Marriage/Divorce Certificate
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Civil Partnership/Dissolution Certificate
<input type="checkbox"/>	Valid Driving License
<input type="checkbox"/>	Certificate of British Nationality
<input type="checkbox"/>	HM Forces Identity Card
<input type="checkbox"/>	Identity Card for Foreign Nationals
<input type="checkbox"/>	Existing Concessionary Bus Pass

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.

Please refer to the **Guidance Notes** enclosed with this form to ensure that your 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.

Submitting your application

Application forms and accompanying documentation can be handed in to your preferred One4aLL Service via appointment only. To book an appointment, please see the below details:

Online: www.rctcbc.gov.uk/appointment

Telephone: 01443 425005 (Monday – Friday, 8:30am – 5:00pm)

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.
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A	Applicant is blind (severely sight impaired) and has produced a signed Certificate of Vision Impairment	Complete Section 2A
B	Applicant receives and can evidence that the Higher Rate of the Mobility Component of Disability Living Allowance	Complete Section 2B
C	Applicant receives and can evidence Personal Independence Payment (PIP) that includes: <ul style="list-style-type: none"> • 8 points for 'Moving Around', or; • 12 points for 'Planning a Journey' 	Complete Section 2C
D	Applicant receives and can evidence the War Pensioner's Mobility Supplement	Complete Section 2D
E	Applicant receives and can evidence a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme	Complete Section 2E
F	Applicant is awarded tariff 6 - Permanent Mental Disorder of the Armed Forces and Reserve Forces (Compensation) Scheme	Complete Section 2F

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

Section 2A	People who are blind (severely sight impaired) NB – If you are registered as Partially Sighted, please complete Section 3.
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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:

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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

Section 2B	People who receive the Higher Rate of the Mobility Component of Disability Living Allowance
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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) due to end?

__ / __ / ____

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 annual up-rating letter.

Section 2C	People who receive Personal Independence Payment (PIP) that includes: <ul style="list-style-type: none"> • 8 points for Moving Around; or • 12 points for Planning a Journey
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Please check your Personal Independence Payment (PIP) award letter and place an **X** in the box below based on the points you have been awarded – this is stated within the award letter itself.

8 Points for Moving Around	
12 Points for Planning a Journey	

Have you been awarded this benefit indefinitely? Yes No

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

IMPORTANT INFORMATION: *You must bring all pages of your PIP award letter with you as this evidences the points you have been awarded. If that letter was issued more than 12 months ago you must also bring your annual update letter.*

If you do not have this evidence you must contact PIP and ask them to send it to you.

Your application cannot be processed without this evidence.

Section 2D	People who receive the War Pensioner’s Mobility Supplement
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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):
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Please enclose an original letter of entitlement for the War Pensioner’s Mobility Supplement – this can be photocopied by the One4All Centre staff.

Section 2E	People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme
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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.

Section 2F	People awarded tariff 6 – Permanent Mental Disorder of the Armed Forces and Reserve Forces (Compensation) Scheme
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Are you in receipt of Tarrif 6?

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.

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

Section 3	Applicants who are required to provide further information
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Applicants with walking difficulties	Complete Section 3A
Applicants with impairments in both arms	Complete Section 3B
Applicants under the age of 3 years old	Complete Section 3C
Applicants with cognitive impairments	Complete Section 3D
Applicants with a temporary but substantial impairment that impacts on mobility and is expected to last for at least 12 months	Complete Section 3E

Section 3A	Applicants with walking difficulties
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Please explain what permanent and substantial disability you have that means you are unable to walk or have considerable difficulty walking.

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

Is this condition/impairment permanent?

Yes No

Have you been prescribed Oxygen to support your mobility on a **daily** basis?

Yes No

Do you need to use an inhaler, nebuliser or GTN spray?

Yes No

If Yes, how often are you required to use them? Please place an **X** in the box next to the relevant answer:

Occasionally	<input type="checkbox"/>
For every Journey	<input type="checkbox"/>

Do you use any of the following to help you mobilise within your home? If so, please place an **X** in the box next to the relevant answer:

Powered Wheelchair	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>
Prosthetic Lower Limbs	<input type="checkbox"/>
Walking Frame (Zimmer Frame)	<input type="checkbox"/>
Rollator (Walking Frame with wheels)	<input type="checkbox"/>
Tri/Quad Walker with brakes	<input type="checkbox"/>
1 or 2 Elbow Crutch	<input type="checkbox"/>
1 or 2 Walking Stick	<input type="checkbox"/>
Furniture Support	<input type="checkbox"/>
Leg Brace	<input type="checkbox"/>

Was this equipment (Please place an **X** in the box next to the relevant answer):

Purchased privately by me	
Prescribed by a Healthcare Professional	
Provided by Social Services	
Other (please confirm in box below)	

If not privately purchased please provide details of the provider:

How far can the applicant walk? Please place an **X** in the box next to the relevant answer:

Cannot, or has severe difficulty walking up to 50 metres without any walking aids	
Can walk up to 50 metres with or without walking aids but experiences severe pain or difficulty, during or afterwards	
Can walk up to 50 metres with or without walking aids with no severe pain or difficulty, during or afterwards	

Do you use any of the following to help you mobilise outside your home? If so, please place an **X** in the box next to the relevant answer:

Powered Wheelchair	
Wheelchair	
Motorised Scooter	
Prosthetic Lower Limbs	
Walking Frame (Zimmer Frame)	
Rollator (Walking Frame with wheels)	
Tri/Quad Walker with brakes	
1 or 2 Elbow Crutch	
1 or 2 Walking Stick	
Furniture Support	
Leg Brace	

What impact do you experience during or following journeys outside of your home? Please place an **X** in the box next to the relevant answer:

Extensive recovery	
Extensive pain requiring medication	
Severe breathlessness	
Reduces to a very slow speed	
Increased unsteadiness or falls	
None	

Do you regularly take medication that is prescribed by Health Professionals, to assist your mobility? If yes, please state below what medication you are prescribed and how often you are required to take it (a copy of the prescription to evidence this will benefit your application)

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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

Do you require assistance getting in and out of a vehicle? Please place an **X** in the box next to the relevant answer:

No	
One person	
A person either side	

Have you undergone any other assessment by Social Services and currently receive services, or, do you receive any other services such as Attendance Allowance, Meal Delivery Services, Care Services or additional support services (including family)?

Yes No

If yes, please give further details:

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

Section 3B | Applicants with Impairments in Both Arms

These questions are intended for people who:

- **Drive a vehicle regularly**
- **Have an impairment in both arms**
- **And are unable to operate, or have considerable difficulty operating car parking equipment (ticket barriers/pay and display machines etc)**

Do you drive regularly?

Yes No

Do you have impairment in both arms?

Yes No

Please describe your medical condition/impairment below:

Are you unable to operate, or have considerable difficulty operating parking equipment (ticket barriers/pay and display machines etc)?

Yes No

If Yes, please what difficulties you experience:

Do you drive a specially adapted vehicle?

Yes No

If Yes, please describe how your vehicle has been adapted and enclose a photocopy of your insurance details to verify this adaption.

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Is your driving license subject to restrictions due to your impairment?

Yes No

If Yes, please enclose a photocopy of your drivers license and provide your license number below:

Drivers License Number	
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If you have fully completed Section 3B please go straight to Section 4.

Section 3C Applicants who are under the age of 3

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 treated

Are you applying on behalf of a child under the age of 3 who has a condition requiring transportation of bulky medical equipment at all times?

Yes No

If Yes, please describe what type of equipment is required:

Are you applying on behalf of a child the under the age of 3 who has a condition that requires that they must always be kept near a motor vehicle so that they can be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes No

If Yes, please describe the child's medical condition:

Can you estimate how often they will need treatment?

If you have answered YES 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 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:

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):

Have you been diagnosed with a cognitive impairment?

Yes No

Please place an **X** next to the relevant statement, if applicable to you. Please provide an original copy of your existing award letter if either option is applicable:

I receive the Highest Rate Care Component of Disability Living Allowance	
I receive Personal Independence Payment (PIP) with a score of 12 points for 'Planning a Journey'	

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.

Section 3E	Applicants with a temporary but substantial impairment that impacts on mobility and is expected to last for at least 12 months
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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	Tel No.	Last Seen

N.B: Please provide evidence of any relevant medical appointments and/or reports you have received from the above in respect of your temporary condition.

Any Additional Information

Use this page to include any additional information you want us to know about your disability that supports your application for a Blue Badge.

Section 4	Declarations and Signatures – to be completed by all applicants
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These questions are intended to be answered by **ALL** applicants for a Blue Badge

Section 4A	Mandatory declarations about the information you have provided and the application process
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- Please read the following declarations thoroughly.
- Place an **X** in all relevant boxes to indicate that you have read and understood each declaration.
- If you do not do this we may be 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 Data Protection legislation 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 GDPR and Data Protection Act 2018 as “special category 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 of agencies, to validate proof of entitlement or as otherwise required by law.

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 promptly inform my local authority of any changes that may affect my entitlement to a badge.	
I confirm that the photograph I have submitted with my application is a recent & true likeness.	
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	
I understand that I must not hold more than one valid Blue Badge at any time.	
I confirm that I do not currently hold a Blue Disabled Person’s Parking Badge that has been issued by a different local authority	
I understand that you will deal with all documents relating to this application in line with Data Protection legislation, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud.	
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.	

Section 4B	Your consent to use your information to improve the service you receive
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Please read and place an **X** next to the following optional declarations that you consent to. This 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"> • It can help determine my eligibility for a Blue Badge; • It may speed up the processing of my application; It may enable a decision to be made without the need for a mobility assessment.	
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.	

Section 4C	Your signature against the declarations in Sections 4A and 4B
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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:	