



Blue Badge Application Form – NEW OR RENEWAL

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. When completing this form you may find the accompanying guidance notes helpful. If you require any assistance with this form please call the Rutland County Council Blue Badge Department on 01572 758330 or for more in-depth advice contact Citizens Advice on 01572 723494. Please note that accepting your application does not mean that a badge will be awarded as all information provided needs to be verified. We cannot issue badges whilst you wait.

Section 1 – Information about the applicant.

Title (Mr, Mrs, Miss, Ms, other):

First names (in full):

Surname:

Surname at birth:

Gender: Male Female

Date of Birth (DD/MM/YYYY): / /

Place of Birth: Town: _____
 (required) Country: _____

National Insurance Number / Child Registration Number:

Driving Licence Number: (If you hold a driving licence)

Current address and contact details:

House Name/Number:
 Street:
 Town:
 Postcode:

Home Tel:
 Mobile Tel:
 Email:

Previous address, if different in the last three years:

House Name/Number:
 Street:
 Town:
 Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: No:

If you have:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last 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 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 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:** a copy of a Council Tax or Utility bill bearing my name and address.
- Or:** a copy of a Benefit Award letter from Department of Work & Pensions; Service Personnel and Veterans Pensions; Housing or The Pension Service.
- Or:** a copy of a Valid Driving Licence.

Proof of your identity:

You must attach a copy of **one** of the following as proof of your identity. **Out of date Passports or Licenses are not accepted. (see page 18 for guidance)**

- Birth Certificate / Adoption Certificate Marriage / Divorce Certificate Valid Passport
- Civil Partnership / Dissolution Certificate Valid Driving Licence

Badge issue fee:

- There is a fee of £10.00 for the issue of a Blue Badge
- Payment will only be taken if your application for a Blue Badge is successful. Do not enclose payment with this form. We will contact you for payment if your application is successful.
- You will only be issued with a Blue Badge once your payment has been received.

Please note: Cash payments are no longer accepted at our Customer Service Desk. Payment can be made by Debit/Credit Card or Cheque.

Photographs:

Please enclose **one recent** passport-style photograph 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 Sections 6(a) and 6(d) 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).

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

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive **8 points or more** under the ‘**Moving Around**’ activity of the Mobility Component of PIP (Personal Independence Payment);
- receive the War Pensioner’s Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes enclosed with this application form.

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

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 disability is already known to the council?

Yes: No:

If NO, then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind:

Yes: No:

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

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 due to end?

(DD/MM/YYYY): //

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose a copy of this letter of entitlement to this benefit issued within the last twelve months or your annual uprating letter.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Does your 'Moving Around' descriptor for the Mobility Component meet/match any of the following statements?

You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)

You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. (10 points)

You can stand and then move more than 1 metre but no more than 20 metres. (12 points)

You cannot stand or move more than 1 metre. (12 points)

If you did not tick any statement above, please tick the 'NO' box.

No:

If you have ticked a statement above (8, 10 or 12 points); 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 have ticked one of the above statements (8, 10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose a copy of this letter of entitlement to this benefit issued within the last twelve months.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2d) 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 a copy of this 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.

2e) 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 a copy 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.

If you have answered "YES" to any of the questions in Section 2 please go straight to Section 6 – Declarations and signatures

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

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 two 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 the guidance notes enclosed with this application form.

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.
*****Please attach any relevant Medical Reports / Letters*****

Please describe:

- Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

What medication do you currently take in relation to the conditions / disabilities you described above?
*****Please attach a copy of current prescriptions*****

Medication

Dosage

Frequency

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: No:

If Yes, please explain what you are taking and how frequently you need it:

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below).

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?
- None of the above.

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	Telephone 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).

- 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 below).

Are you able to walk outside without help?

Yes: No: (please describe the help you need in the space below...)

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- Adequate - for example, you walk with a slight limp.
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
- Other.

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:

Do you use any of the following walking aids?

(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. | <input type="checkbox"/> Powered wheelchair. |
| <input type="checkbox"/> Other (please describe in the space below). | <input type="checkbox"/> Mobility Scooter |

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).

How far would you *estimate* you are able to walk, using any walking aids, before you feel severe discomfort?

(Please estimate the distance in metres or yards using whichever measure is best for you).

: metres : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

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

: minutes

Are you able to continue walking after a short rest?

Yes: No:

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:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes: No:

Do you get short of breath walking with other people of your own age on level ground?

Yes: No:

Do you have to stop for breath when walking at your own pace on level ground?

Yes: No:

Do you get too breathless to leave your home, or after dressing?

Yes: No:

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

IF YOU HAVE COPIES OF ANY MEDICAL EVIDENCE IN SUPPORT OF YOUR APPLICATION THESE MUST BE ENCLOSED WITH YOUR FORM. FAILURE TO DO SO MAY RESULT IN DELAY OR REFUSAL OF YOUR APPLICATION.

Please note: We no longer contact GPs or Consultants for information so it is important that you send us copies of letters you have with your application form.

Please do not provide copies of appointment letters as these do not contain medical information.

Section 4 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.

These questions are intended for people who **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 the guidance notes enclosed with this application form.

Do you drive regularly?

Yes: No:

Do you have a severe disability in both arms?

Yes: No:

Please describe your medical condition / disability:

Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes: No:

If yes, please describe the difficulties you have with operating parking meters and pay and display machines:

Do you drive a specially adapted vehicle?

Yes: No:

If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation:

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 the guidance notes enclosed with this application form.

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?

Yes: No:

If YES, please state what type of equipment is required:

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 on 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:

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 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:

Section 6 – Declarations and signatures

These questions should be answered by all applicants for a Blue Badge.

6a) 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.

In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), which comes into effect in May 2018, we have to provide you with information about the personal data you give to us. This information is set out below:

Rutland County Council is the data controller for the personal information you may provide. You can contact us by phone on 01572 722577, via email to dataprotection@rutland.gov.uk or by writing to us at Data Protection Catmose House Oakham Rutland LE15 6HP.

Your information will be used so that we can administer 'The Blue Badge (Disabled Persons' Parking) Scheme' which introduced on 1 December 1971 by means of Regulations made under Section 21 of the Chronically Sick and Disabled Persons Act 1970 (Badges for display on motor vehicles use by disable persons). This Act was amended by the Disabled Person's Parking Badges Act 2013.

Your personal data may be shared with other teams within the council in order to provide a service to you, to ensure our records are kept up to date or otherwise where we are required to do so under other legislation. We may share the data with third parties if we are required by law to do so, this may include the Police or Government Agencies. We will not sell your data or use it for marketing purposes without your consent.

We will keep your data for 3 years and 6 months from the date of application. This is in accordance with current legislation.

You have the following rights under the GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on our website (<https://www.rutland.gov.uk>)

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- *The right to be informed.*
- *The right of access.*
- *The right to rectification*
- *The right to erasure*
- *The right to restrict processing*
- *The right to data portability*
- *The right to object*
- *Rights related to automated decision making, including profiling'*

Rutland County Council would like to contact you to provide you with information on other Council Services. If you consent to us contacting you for this purpose please tick here.

If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office www.ico.org.uk

Declarations to be completed by all applicants

- 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.

Declarations to be completed by all individual applicants

- I confirm that the photograph I have submitted with my application is a 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 England” leaflet which will be sent to me with the badge.
- I understand that I must not hold more than one valid Blue Badge at any time.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3, 4 or 5)

- 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 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 the local authority may need to check internal records to assist as part of the application process.

6b) 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. We have provided a checklist below to help remind you of what you need to enclose.

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 Register / School Records).
- Proof of your identity.
- One passport-style photograph of yourself with your name on the back (if not emailed).

Section 2a – People who are severely sight impaired

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

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

- A copy of your letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or your annual uprating letter.

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

- A copy of your Personal Independence Payment decision letter issued within the last 12 months.

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

- A copy of entitlement for the War Pensioner’s Mobility Supplement.

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

- A copy of your 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 4 – Drivers with a disability in both arms

- A copy of your insurance details if you drive a specially adapted vehicle.

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 medical condition and type of medical equipment needed.

6c) Your signature against the declarations in section 6a

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print your name here:	
Please provide your full name and address if you are completing this application on behalf of someone else:	
Your relationship to the applicant:	
Your signature:	

Blue Badge Application Form - Guidance Notes

What sections of the application form should I complete?

All individual applicants should complete **Section 1** and **Section 6**.

Individual applicants will also need to complete:

- **Section 2** if you:
 - Receive Higher Rate of the Mobility Component of **Disability Living Allowance**.
 - Receive a score of 8 points or more under the "moving around" activity of the Mobility Component of **Personal Independence Payment**.
 - are registered **blind (severely sight impaired)**, or if you wish to be registered blind and have a Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist which states that you are severely sight impaired (blind).
 - Receive the **War Pensioner's Mobility Supplement**.
 - Receive the **Armed Forces and Reserve Forces** (Compensation) Scheme within tariff levels 1-8 (inclusive).

OR:

- **Section 3** if you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
- **Section 4** if you are a driver who has a severe disability in both arms and are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment.
- **Section 5** if the applicant is a child under the age of 3 who must be accompanied by bulky medical equipment or who needs to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

Section 1 - Information about you

This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in where relevant. 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 have already held a Blue Badge or who have a Blue Badge which is due to expire shortly. Applicants should note that only one badge will 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:

Proof of identity should be a copy of one of the following. Please note we cannot accept applications without this proof of identity. **Expired copies will not be accepted.**

- Birth / Adoption Certificate.
- Marriage / Divorce Certificate.
- Valid Passport.
- Civil Partnership / Dissolution Certificate.
- Valid Driving Licence.

Address:

Proof of address should be a copy of one of the following dated within the last 12 months:

- Council Tax or Utility Bill bearing your name & address.
- Valid Driving Licence.
- Benefit Award letter from Department of Work & Pensions; Service Personnel and Veterans Pensions; Housing or The Pension Service.
- if under 16, consent to be given in Section 1 for the local authority to check school records to confirm their address.

Blue Badge fee:

If your application is successful, you will be required to pay a fee of £10.00 before a Badge can be issued to you. Do not send the fee with the form. We will contact you if your application is successful. We will only issue successful applicants with a Blue Badge once payment of the required fee has been received.

Please note: Cash payments are no longer accepted at our Customer Service Desk. Payment can be made by Debit/Credit Card or Cheque.

Section 2 – Questions for ‘without further assessment’ applicants

You will be automatically eligible for a badge if you are more than two 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 local 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 (blind).

The current 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 uprating letter stating your entitlement. This uprating 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 uprating letter, then please contact the PDCS for a current award letter by:

- Telephone: 0800 121 4600
- Textphone: 0800 121 4523
- Email: 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

Section 2c

Please complete this section if you receive a score of 8 points or more under the “moving around” activity of the Mobility Component of Personal Independence Payment. You must enclose a copy of this letter as proof of entitlement. If you have lost this letter then please contact DWP for a replacement by telephone: 0800 121 4433 or textphone: 0800 121 4493.

Section 2d

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 a copy 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 2277.

Section 2e

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 a copy 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 2277.

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.

You are asked to describe the nature of your disability and give an estimate of the maximum distance that you can walk without assistance from another person or 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 less than 1 metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres (or 100 yards).
- The average double-decker bus is about 11 metres (or 12 yards) long.
- A full-size football pitch is about 100 metres (or 110 yards) 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 an 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 the final box of Section 3.

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;
- parenteral 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:

- tracheostomies;
- 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 treatment equipment.

Section 6 – Declarations and signatures

Section 6a

The relevant 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.

Section 6c

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.

If your badge application is successful, the leaflet “The Blue Badge scheme - rights and responsibilities in England” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. The leaflet can be viewed at [The Blue Badge scheme: rights and responsibilities in England - Publications - GOV.UK](#)

Appeals:

There is no statutory obligation to have an appeals procedure however the Council has adopted the following process:

An appeal must be received within 28 days of the date of the letter refusing the issue of the badge. The appeal will be acknowledged within 5 working days of receipt. The Team Manager will review the assessment and any other information provided at the time of assessment against the blue badge criteria. The Team Manager will either approve the issue of the badge or refuse the issue of the badge. In the absence of the Team Manager a Head of Service may review the case. A response outlining the reasons for refusal or issue of a badge will be provided to the person making the appeal within 5 working days of the team manager reviewing the case. If you do not agree with the result of the appeal you may contact the Local Government Ombudsman.

If a badge is not issued you may of course reapply for a reassessment in the future, if you feel your condition has changed.

BLUE BADGE APPLICATION PHOTOGRAPH GUIDANCE

The photograph you supply with your application must:

- show you with a neutral expression and your mouth closed (no grinning, frowning or raised eyebrows)
- show you on your own (babies should not have toys or a dummy and there shouldn't be other people in the photo)
- be in colour, not black and white
- be taken within the last month
- be 45 millimetres high x 35 millimetres wide - this is the standard size when you have a passport photo taken in a photo booth or studio (you should not trim a larger photograph to meet this condition)
- be clear and in sharp focus, with a clear difference between your face and the background be taken against a plain cream or plain light grey background
- not show you with red-eye
- be of you facing forward and looking straight at the camera
- not be torn, creased, or marked
- be printed on plain white photographic paper
- be free from shadows
- be taken with your eyes open and clearly visible (no sunglasses or tinted glasses and no hair across your eyes)
- be free from reflection or glare on your glasses, and the frames must not cover your eyes - the Identity and Passport Service (IPS) recommends that, if possible, you remove your glasses
- be professionally printed (photographs printed at home are not acceptable)
- show your full head, without any head covering, unless you wear one for religious beliefs or medical reasons
- be taken with nothing covering your face - you should make sure nothing covers the outline of your eyes, nose or mouth
- be a close-up of your head and shoulders with a recommended head height (the distance between the bottom of your chin and the crown of your head) between 29 and 34 mm
- not have any writing on the front or back, except on certified photos - trademarks or photographic printing on the back must not show through.