



Rutland County Council

Rutland County Council
Catmose Street
Oakham
Rutland
LE15 6HP

telephone: 01572 758 330
fax: 01572 758 307
email: bluebadges@rutland.gov.uk
web: www.rutland.gov.uk

Dear Applicant

Thank you for your request for a Blue Badge application form.

You can apply online using the national online form: www.gov.uk/apply-blue-badge

Alternatively, please complete the enclosed application form once you have read the accompanying guidance notes and privacy statement.

Please ensure that the application is fully complete, regardless of whether this is a new application or re-application to ensure we can progress your application. Please also include copies of any evidence you have to support the questions answered.

Please note, upon receipt of a fully completed application form and all relevant documentation, your application can take 8 weeks to process. Incomplete applications or applications with missing supporting documentation will be returned to you for completion, and this will delay your application.

Please allow at least 8 weeks for your application to be processed once a fully completed application form and all relevant documentation has been received. You can apply up to 3 months in advance. Applications for badges expiring in over 3 months will be returned.

Please do not return any current badges to us until they have expired.

Once processed, badges can take up to a further 10 days to reach applicants, as they are produced externally.

Should you have any questions regarding the content of this letter, please contact the team using the contact details at the top of this form.

Yours sincerely

Blue Badge Service

Guidance

The aim of The Blue Badge (Disabled Persons' Parking) Scheme is to help disabled people with severe mobility problems to access goods and services, by allowing them to park close to their destination. An individual's eligibility for a Blue Badge is considered in terms of being 'eligible without further assessment' or 'eligible subject to further assessment'.

Before completing your application please consider the guidance regarding eligibility and sign the declaration. Rutland County Council may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria. Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

The 'eligible without further assessment' criteria

People who will be issued with a badge without further assessment are those who are more than two years old and:

- Receives the Higher Rate of the Mobility Component of the Disability Living Allowance (HRMCDLA); or
- Receives 8 points or more under the "moving around" activity of the mobility component of Personal Independence Payment (PIP); or
- Is registered blind (severely sight impaired); NB Partially sighted applicants are required to complete section 4 in full, as they are not entitled to a badge automatically. Or
- Receives a War Pensioner's Mobility Supplement (WPMS); or
- Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking; or
- Receives 10 points under descriptor E of the "planning and following journeys" activity of the mobility component of Personal Independence Payment (PIP)

The 'eligible subject to further assessment' criteria

People who may be issued with a badge after further assessment by Rutland County Council are those who are more than two years old and fall within one or more of the following descriptions:

- Drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter; or
- Has an enduring and substantial disability that causes inability to walk or very considerable difficulty in walking.
- Experience very considerable difficulty whilst walking; which may include very considerable psychological distress
- Is at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person

In addition, a child under 3 may be eligible if they meet one of the following descriptions:

- A child (under the age of 3) who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;
- A child (under the age of 3) who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given.

You do not qualify if:

- Your condition does not impact your mobility or you have a temporary condition such as a broken leg.
- In all cases, entitlement depends on the applicant's difficulty when walking, and considerations such as difficulty in carrying parcels or luggage are not to be taken into account.
- Applicants are unlikely to qualify if the presence of someone supporting the applicant negates the risk and reduces or prevents the psychological distress caused.

Please return to:

Blue Badge Service,
Catmose Street, Oakham, Rutland, LE15 6HP
Telephone: 01572 758330
Email: bluebadges@rutland.gov.uk



Rutland
County Council

Apply online at www.gov.uk/apply-blue-badge

Individual Blue Badge Application Form – Applicant Information

This application needs to contain information about the applicant (the person the badge is for), This should not be the details of anyone assisting them with their application.

Title (Mr, Mrs, Miss, Ms, Other):		National Insurance Number	
First Names (in full):		□ □ □ □ □ □ □ □	
Surname:			
Surname at birth:			

Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth (DD/MM/YYYY):
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Place of Birth:	Town:		□ □ / □ □ / □ □ □ □
	Country:		

Email Address	
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Applicant Home Address Details	Postcode	□ □ □ □ □ □ □ □
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Full Address	
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Home Tel.	□ □ □ □ □ □ □ □ □ □	Mobile Tel.	□ □ □ □ □ □ □ □ □ □
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Photograph: Please enclose or email one recent photograph of the applicant, taken within the last six months against a plain light background and showing the person's full face so that they can be easily identified. 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. We check supplied photographs against any previous applications and cannot accept photographs submitted for previous badges.

Badge fee: £10 (See detailed guidance notes at the end of the application form)
You can pay by Credit / Debit Card or Cheque. Cash and postal orders are not accepted. 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.

Section 1 – Declarations and signatures – To be completed by all applicants

Please read the following declarations thoroughly. 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 came 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>)

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>)

- *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

1. **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 understand that Rutland County Council may re-assess my eligibility at any point should there be any concerns regarding ongoing eligibility.
2. **I confirm that** the photographs I have submitted with my application are a true likeness, taken within the last 6 months. 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.
3. **I understand** that I must not hold more than one valid Blue Badge at any time. I understand that the local authority may need to contact an accredited healthcare professional for the purpose of clarifying any information or documentation provided with this application form. 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.

Please provide your signature against the declarations in section 1 above. Applications will not be processed if this section is not completed.

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"/>
Please print your name here	

If you have signed on behalf of the applicant, please tell us the following:

Your name		Your relationship to the applicant	
Reason the applicant is unable to sign	Cognitive Impairment	<input type="checkbox"/>	
	Physical Impairment	<input type="checkbox"/>	
	Applicant is under 18	<input type="checkbox"/>	
	Other (please state in box)	<input type="checkbox"/>	

Section 2 – Additional Information – Questions for all applicants

Do you currently hold, or have you held a Blue Badge before?

Yes: No:

If Yes, please answer the following:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

Previous badge expiry date (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"/>
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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 a **photocopy** of the original documentation where relevant. Original Documents will **not** be returned to applicants.

Please provide one of the following, bearing your name and address, dated within the last 12 months:

- Council Tax Bill
- Bank/Building Society statement
- Gas/Electricity/Water/Telephone Bill
- Benefit Letter (with Address shown)
- Driving Licence (if not used for Identity proof)
- Payslip (with Address shown)
- Pension/HMRC/Tax Credit Letter

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 **photocopy** of **one** of the following as proof of your identity. Do not send original documents as original documents will **not** be returned to applicants.

- Birth certificate / adoption certificate
- Marriage / Divorce certificate
- Civil Partnership/Dissolution certificate
- Valid Passport
- Valid driving licence (if not used for Address proof)

Section 3 – Questions for Automatic Qualifying Applicants

(Eligible without further assessment)

These questions are intended for people who may qualify for a Blue Badge automatically because they are in receipt of an automatically qualifying benefit.

If you are unsure whether these questions apply to you, please read Section 2 of the guidance notes.

3a) 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, and your registration number:

3b) 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:

Have you been awarded this benefit indefinitely?

Yes: No:

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

/ /

You must provide a **photocopy** of either your original letter of entitlement (if issued in the last 12 months) or your annual up-rating letter. If you have lost this letter you can contact DWP on 0800 121 4433 to request a replacement. **This must show your current name and address.**

The entitlement summary is not sufficient evidence on its own, and you must include the first page of your award or annual up-rating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions. You will only be issued a badge until the expiry date of your current entitlement, as shown on the letter you provide as evidence, or for 3 years from the date of issue, whichever is the shortest period.

Attendance Allowance and Care Component of Disability Living Allowance are not valid for this entitlement.

3c) People who receive the War Pensioner's Mobility Supplement

Do you receive War Pensioners Mobility Supplement?

Yes: No:

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a **photocopy** of the 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: 0808 1914 218.

3d) 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 (AFRF 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 AFRF 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 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: 0808 1914 2 18

3e) People who receive Personal Independence Payment (PIP)

Does your “Moving Around” descriptor for the Mobility Component of Personal Independence Payment match any of the statements below?

Yes: No:

- 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)

Does your “planning a journey” descriptor for the Mobility Component of Personal Independence Payment match any of the statements below?

Yes: No:

- Descriptor E - you cannot undertake any journey because it would cause overwhelming psychological distress (10 Points)

If you have ticked one of the above statements, when is your award due to end?

/ /

If you have ticked one of the statements above, you must include a photocopy of your original letter of entitlement to this benefit. If this was not issued within the last 12 months, you must also include a copy of your annual uprating letter. **This must show your current name and address.** Please note that we may also check you are in receipt of this award with the Department of Work and Pensions. Only the named descriptors above will be eligible automatically for a Blue Badge

You will only be issued a badge until the expiry date of your current entitlement, as shown on the letter you provide as evidence, or for 3 years from the date of issue, whichever is the shortest period. **Evidence provided must include all pages evidencing your current name and address and your PIP score in the Mobility section.**

If you have answered “Yes” to any of the questions in Section 3 and can provide the relevant documentation as requested, please submit your application. If you did not answer “Yes” to any of the above, please continue to Section 4.

**Section 4 – Questions for Applicants who do not automatically qualify
(Eligible subject to further assessment applicants)**

These questions are intended for people who have answered NO to all of the questions in Section 3. Please also include copies of any evidence you have to support the questions answered.

If you are unsure whether these questions apply to you, please read the guidance notes included with this application form. Failure to fully complete this section if applicable may result in your application being returned to you.

Please describe any medical conditions / disabilities you have been diagnosed with.

If you know them, please state the medical terms for the condition you have been diagnosed with.

Please describe any surgery or courses of treatment you have had or are having and / or specialist clinics you have attended in relation to each medical condition / disability you have mentioned. Please also state when you completed any relevant surgery or treatment or attended specialist clinic

Surgeries / Treatments / Clinics	Dates

What medication do you take in relation to your conditions / disabilities?

Please provide a recent repeat prescription form from your Doctor if available.

Medication	Dosage	Frequency

Do you have a condition or disability which means you cannot walk or find walking very difficult?

Yes: No:

If you answered Yes above, please **continue** answering the questions in this section.

If you answered No above and are applying because you have a Non Visible condition, please go to **Section 5**.

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

Please tick all that apply, then answer the additional questions for each section below. To help you, these sections always start with a question in **Bold**.

- Excessive pain
- Excessive breathlessness
- Balance, Co-ordination or posture
- It's dangerous to my health and safety
- Something else

If you have ticked that you suffer from excessive pain please answer the following:

I take pain medication to cope with the pain Yes: No:

When I take my pain relief medication, I am able to cope with the pain Yes: No:

Even after taking pain relief medication I have to stop and take regular breaks Yes: No:

Even after taking pain relief medication the pain makes me physically sick Yes: No:

Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable Yes: No:

Please describe the pain and any methods you use to alleviate this pain

Please explain below what pain relief you are using and how frequently it is required:

Pain Reliever	Frequency of Use

If you have ticked that you suffer from excessive breathlessness please answer the following:

- | | | |
|---------------------------------------------------------------------|-------------------------------|------------------------------|
| I get breathless when walking up a slight hill | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I get breathless when trying to keep up with others on level ground | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I get breathless when walking on level ground at my own pace | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I get breathless when getting dressed or trying to leave my home | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Please describe when you get breathless if not answered above and any methods you use to alleviate this.

If you have ticked that you suffer from Balance, Coordination or posture issues, please answer the following:

- | | | |
|----------------------------------------------------------------------------|-------------------------------|------------------------------|
| I can walk around a supermarket, with the support of a trolley | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I can walk up /down a single flight of stairs in a house | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I can only walk around indoors | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I can walk around a small shopping centre | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| I have seen a healthcare professional for a fall within the last 12 months | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Please describe any other balance, coordination or posture difficulties you have and any methods you use to alleviate these

If you have ticked that it is Dangerous to my health and safety, please describe how your condition makes walking dangerous

Do you have a chest, lung or heart condition, or epilepsy?

Yes: No:

If you have ticked Something Else, please describe how your condition impacts you when walking

Please outline below what aids and support you use when mobilising.

Aid (E.g. a wheelchair, crutches or a member of your family)	When do you need this help?	If it is an aid, how was it provided? (E.g. hospital or brought privately)

How long can you walk without stopping?

(if you listed an aid above, then your answer should be when using that aid)

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

Describe somewhere where you can walk from and to. Please be specific and use place names or house numbers

How long does this journey take you?

If you would like to give us information about a Non-Visible condition, please continue to Section 5.

If you do not have a Non-Visible condition, please now submit your application

Section 5 – Questions for Applicants with Non-Visible (Hidden) conditions

These questions are intended for people who have a non-visible condition. Please also include copies of any evidence you have to support the questions answered.

If you are unsure whether these questions apply to you, please read the guidance notes included with this application form. Failure to fully complete this section if applicable may result in your application being returned to you.

How do the conditions / disabilities you have described affect you taking a journey?

Please tick all that apply, then answer the additional questions for each section below. To help you, these sections always start with a question in **Bold**.

- I am at risk near vehicles, in traffic or car parks
- I struggle to plan or follow a journey
- I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others
- I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control
- I can become extremely anxious or fearful of public/open spaces
- Something else

If you have ticked that you are a risk near vehicles, in traffic or car parks, when are you at risk?

- | | |
|---------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Every Journey |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Every Journey |

Please give examples of when you are at risk near vehicles, in traffic or car parks

If you have ticked that you struggle to plan or follow a journey, what journeys does this apply to?

- | | |
|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Unfamiliar Journeys | <input type="checkbox"/> All Journeys |
|----------------------------------------------|---------------------------------------|

If you have ticked that you find it difficult or impossible to control your actions and lack awareness of the impact you could have on others, how often does this happen?

- | | |
|---------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Almost Never | <input type="checkbox"/> Almost Every Journey |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Every Journey |

Please describe the kinds of incidents that have happened or are likely to happen on journeys

If you have ticked that you regularly have intense responses to overwhelming situations causing temporary loss of behavioural control, how often does this happen?

Almost Never

Almost Every Journey

Sometimes

Every Journey

Please give examples of the situations that cause temporary loss of behavioural control

If you have ticked that you become extremely anxious or fearful of public/open spaces, when do you become anxious or fearful?

Almost Never

Almost Every Journey

Sometimes

Every Journey

Please describe the levels of anxiety

If you have ticked Something Else, please describe what affects you taking a journey

How would a blue badge improve taking a journey between a vehicle and your destination for you?

What measures are currently taken to try to improve journeys for you between a vehicle and your destination? (please list the measures taken to try to improve journeys)

How effective are these measures?

Section 6 – Questions for Applicants aged under 3 years

These questions are intended for children under the age of three who may be eligible for a Blue Badge if they answer “Yes” to one of the following criteria. If you are unsure whether these questions apply to your child, please read the guidance notes.

For all applications of this type, 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.

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: <input type="checkbox"/> No: <input type="checkbox"/>
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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: <input type="checkbox"/> No: <input type="checkbox"/>
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If you have answered YES, please describe the child’s medical condition:

Section 7 – Questions for 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 but otherwise do not have a specific condition that impacts their mobility. If you are unsure whether these questions apply to you, please read the guidance notes enclosed.

Do you drive regularly?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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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: <input type="checkbox"/> No: <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

Do you have a severe disability in both arms?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
-----------------------------------------------	------------------------------------------------------------

Do you drive a specially adapted vehicle?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
-------------------------------------------	------------------------------------------------------------

Please describe your medical condition/disability and the difficulties you have with operating parking meters and pay and display vehicles

Blue Badge Application Form – Additional Guidance Notes

The badge is for your use and benefit only. It must only be displayed if you are travelling in the vehicle as a driver or passenger. You should not use the badge to allow non-disabled people to take advantage of the benefits while you sit in the car.

Misuse of the badge could lead to a £1,000 fine and confiscation of the badge.

Applications for Patients who have a Terminal Illness

If you are under the care of a Hospice, please contact them before making an application, as they will be able to advise you of the most appropriate application form to complete.

Applications for Organisations

Organisations should not complete this form and should instead apply online at www.gov.uk/apply-blue-badge

Payments

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. Payment for the Blue Badge may be by Credit/Debit Card or Cheque made payable to Rutland County Council.

Photograph

Applicant photographs should be similar to those required for passports, but do not need to be taken by a professional or in a photograph booth. These can be taken with a digital camera or smartphone and printed as a high-quality image. To meet our requirements, photographs must:

- Show you on your own
- Be taken within the last 6 months
- Be in colour, not black and white
- Be clear and in sharp focus, with a clear difference between your face and the background
- Be taken against a plain light background
- Be of you forward facing and looking straight at the camera
- Not be torn, creased or marked
- Be printed as a high-quality image
- Show your full head, without any head covering, unless you wear one for religious beliefs or medical reasons.
- Be a close-up of your head and shoulders.

Section 1 – Declarations and signatures

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.

Section 4 and Section 5 – Questions for applicants who may be eligible under the discretionary criteria.

Please also include copies of any evidence you have to support the questions answered.

Rutland County Council may ask you to have an independent assessment with a medical professional, such as a physiotherapist or occupational therapist, in order to determine whether you meet the eligibility criteria.

If you have any information from a medical professional that you feel may support your application, please include this with your application.

Any medical information that you obtain is at your own cost and may not be sufficient information to issue a badge. As such, you may still be required to attend an Independent Assessment, even if this information is provided.

Processing Times

Please note, upon receipt of a fully completed application form and all relevant documentation, your application can take 8 weeks to process.

Applicants who do not send all relevant documentation, or do not complete the required sections on the application form will have the application form returned to them for full completion. The application cannot be processed until all documentation is received. This will delay your application.

Information for All Applicants

If you require any assistance with this form please call the Rutland County Council Blue Badge Team 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.

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed.

Please also ensure that you have included sufficient postage on the envelope. If you are unsure of the correct postage, please speak to the Post Office.

We have provided a checklist below to help remind you of what you need to enclose

- Proof of your address, dated within the last 12 months.
- A copy of proof of your identity.
- A recent photograph of yourself with your name on the back taken in the last 6 months.
- All documentation relevant to your completed sections.

If you would like confirmation that we have received your application, please also enclose a Stamped Addressed Envelope with your application and we will confirm in writing the date the application has been received. Envelopes without a stamp for the correct postage will not be returned.