

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

Fast Track 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):		<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"/>	
Surname:			
Surname at birth:			
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth (DD/MM/YYYY):	
Place of Birth:	Town:	<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"/>	
	Country:		
Email Address			
Applicant Home Address Details		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full Address			
Home Tel.	<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"/> <input type="text"/>	Mobile Tel.	<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"/> <input type="text"/>

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

- There is a fee of £10.00 for the issue of a Blue Badge – **submit payment with application.** You will only be issued with a Blue Badge once your payment has been received.

You can pay by Credit / Debit Card / Cheque or Online. Cash and postal orders are not accepted.
<https://www.rutland.gov.uk/pay-report-and-apply-online/online-payments/>

Section 1 – Declarations and signatures

Please read the following declarations thoroughly. Providing fraudulent information may result in prosecution and a fine.

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 disabled 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

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 style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" 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

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:

- Consent to check Council Tax Database/Electoral Register/School Records (if under 16)
- Council Tax or Utility Bill
- Benefit/Pension/HMRC/Tax Credit Letter
- Valid Driving Licence
- DS1500 Certificate of Terminal Illness or letter from GP, Macmillan, or specialist nurse.

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

Previous Address
if different in the
last three years

Vehicle Registration:

The vehicle could be owned by the applicant, or one that is owned and driven by their main carer e.g., their partner/spouse or parent/carer. Blue Badges can be used in any vehicle the badge holder is travelling in.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 3 – Medical Information

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 clinics.

Surgeries / Treatments / Clinics	Dates

Are you in receipt of Palliative Care?

Yes: No: Unsure :

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

- A copy of 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 (if appropriate)
- DS1500 Certificate of Terminal Illness or letter from GP, Macmillan, or specialist nurse.
- £10