

Accessible Transport Unit Application Form

Blue Badge applicants can apply online at www.direct.gov.uk

PART A - Personal Details

If you are completing this form on behalf of a child under 16 please provide their details and sign the form on their behalf. * Fields marked with an asterisk (*) must be completed.

Which scheme are you applying for? If you already have a Taxicard you do not need to renew it.

Blue Badge: NEW RENEWAL **London Taxicard:** NEW APPLICANT

Title* (Mr, Mrs, Ms, Miss, other): _____ **Gender*:** Male [] Female []

Surname*: _____

First Name(s)*: _____ **Date of Birth*:** _____

Home address* (PO box or c/o not acceptable): _____

_____ **Postcode*:** _____

Surname at Birth (if different)*: _____

Town of Birth*: _____ **Country of Birth*:** _____

National Insurance Number/Child Registration Number: _____

Telephone Numbers: Home: _____ **Mobile:** _____

Email: _____

GP / MEDICAL PROFESSIONALS DETAILS Please give details of a GP or Medical Professional who knows about your health condition/disability who we can contact for more information if needed.

Name of GP / Medical Professional: _____

Name and Address of Surgery: _____

_____ **Postcode** _____

Telephone Number: _____

NEXT OF KIN DETAILS This may be a family member, carer or other emergency contact.

Name: _____ **Relationship:** _____

Address: _____

_____ **Postcode** _____

BLUE BADGE APPLICANTS ONLY Please give the registration numbers of the 2 main vehicles you will be using the Blue Badge in. Remember that you can use the badge in other vehicles.

Vehicle 1: _____ **Vehicle 2:** _____

If renewing please provide the serial number, expiry date and issuing authority of your current badge.

Serial Number: _____ **Expiry Date:** _____

Issuing Authority: _____

PART B – Automatic Eligibility (Blue Badge and Taxicard)

Part B lists the automatic eligibility criteria. Please tick the relevant box for each question. If you answer **Yes** to one or more of these questions, you automatically qualify for the scheme(s).

B1) Do you receive Higher Rate Mobility of Disability Living Allowance? Yes [] No []

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

If you have not been awarded this benefit indefinitely, when it is due to end? _____ / _____ / _____

If you receive higher rate mobility of disability living allowance please provide an original letter of entitlement dated within the last 12 months. If your award is for a limited period, your eligibility for the scheme will only last as long as that period. If you do not have a letter of entitlement dated within the last 12 months you can order one from the Department for Work and Pensions on 08457 123456.

B2) Do you receive the War Pensioner's Mobility Supplement? Yes [] No []

If **Yes**, please provide an original letter of entitlement to this benefit. A replacement can be ordered from the Service Personnel and Veterans Agency (SPVA) on 0800 169 2277.

B3) Are you blind / severely sight impaired (not partially sighted)? Yes [] No []

If **Yes**, do you give us consent to check the London Borough of Richmond upon Thames register of blind people to verify this? Yes [] No []

If **No**, or you are not registered with the London Borough of Richmond, please provide a copy of your Certificate of Vision Impairment (CVI) or BD8 form signed by a Consultant Ophthalmologist.

B4) Blue Badge Applicants Only – Have you been awarded a lump sum benefit at tariffs 1-8 of the Armed Forces and Reserve Forces Compensation Scheme and are certified by the Service Personnel and Veterans Agency (SPVA) as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes [] No []

If **Yes**, please provide an original letter from the SPVA 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. A replacement can be ordered from the Service Personnel and Veterans Agency (SPVA) on 0800 169 2277.

➡ If you have answered **Yes** to any of the above questions please go to:

- **BLUE BADGE: Part D, and Part F (page 5 and 7)**
- **TAXICARD: Part D, Part E (yellow), and Part F (pages 5 to 7).**

➡ If you have answered **No** to all the above questions please go to:

- **BLUE BADGE: Part C, Part D, and Part F (pages 3, 5 and 7)**
- **TAXICARD: Part C, Part D, Part E and Part F (pages 3 to 7).**

If you are applying for a Blue Badge and Taxicard please complete all relevant parts

PART C – Assessed Eligibility (Blue Badge & Taxicard)

Part C is for people who do not automatically qualify. Complete Part C if you answered **No**, to all questions in Part B. This part is also for children under 3 with certain medical conditions, and Blue Badge applicants with severe disability in both arms. This information helps us assess your eligibility.

IMPORTANT NOTE: Applicants who do not automatically qualify for the schemes, can provide recent medical evidence of their health condition/disability to support their application. It is not essential, but providing this evidence may mean that you do not need to attend a mobility assessment. Please note that some GP's may charge you if you choose to request new information.

C1) What are the medical names for your health condition/ disability? If you do not know the medical names please describe in your own words.

C2) How often is your mobility limited as a result of your health condition/disability?

All the time [] Every day [] Occasionally []

C3) How long have you had your current health condition/ disability? ____ years ____ months

C4) How long is your health condition/ disability likely to affect you? ____ years ____ months

C5) Are you on medication for your health condition/ disability? Yes [] No []

If **Yes**, please list medication:

C6) Have you recently had surgery for your health condition/disability? e.g. joint replacements.

Yes [] No []

If **Yes**, please tell us what kind of surgery you had and when you had it?

Please Note: If you have recently had joint replacement surgery, you will need to wait for 6-8 weeks following surgery before applying in order that we can assess your long term mobility.

C7) Are you currently receiving or expecting to receive any treatment for your health condition/ disability? e.g. physiotherapy, surgery, radiotherapy, chemotherapy, home care etc.

Yes [] No []

If **Yes**, please tell us what kind of treatment, how often it is, and whether it is current or planned?

C8) Do you use a wheelchair? Yes [] No []

If **Yes**, when do you use it? Indoors [] Outdoors [] Both []

How often do you use it? Always [] Every day [] Sometimes []

If you are a wheelchair user, please send in medical evidence verifying this e.g. GP letter or medical report. Providing this may mean you will not have to attend a mobility assessment

C9) Do you use a walking aid? Yes [] No []

If **Yes**, what type(s) of walking aid do you use? _____

C10) How often do you use the walking aid? _____

C11) How far can you usually walk? This is with or without a walking aid, whichever is more usual for you. As a guide to assist you with distance a double decker bus is about 33 feet/ 10 meters long. A football pitch is about 115 yards / 108 meters long.

C12) How long does this take you? _____ minutes

C13) What stops you from walking further? _____

C14) How often are you limited to this distance? e.g. always, once a week, occasionally.

C15) How long can you usually stand, either with a walking aid or alone (whichever is more usual for you) before you need to sit down and rest? We are not asking for your best effort, simply the average time that you notice the need to sit down and rest.

0-1 minute [] 1-3 minutes [] 3-5 minutes []

5-10 minutes [] 10-20 minutes [] 20 minutes + []

C16) What prevents you from standing any longer? Pain [] Balance [] Other []

If Other please specify: _____

CHILDREN UNDER 3 YEARS Please complete the below questions (in addition to questions C1 – C16) if you are applying for a child under 3 years of age. See eligibility criteria for more details.

C17) Does the child need quick access to a car due to their medical condition? This may be because treatment for their condition can be given in the vehicle, or the child can be taken quickly in the vehicle to a place where treatment can be given. Yes [] No []

C18) Does the child require the use of bulky medical equipment? Yes [] No []

If **Yes**, what type(s) of equipment? e.g. ventilators, suction machines _____

If you have answered 'Yes' to C17 and/or C18, please provide recent medical evidence, such as a medical report or letter from the child's GP or paediatrician giving details of the child's medical condition and the type of medical equipment they need. You may choose to enclose several pieces of evidence to help us establish the child's eligibility more quickly.

SEVERE DISABILITY IN BOTH ARMS (Blue Badge applicants only) Please complete the below questions (in addition to questions C1 – C16). See eligibility criteria for more information.

C19) Do you have a severe disability in both arms? Yes [] No []

If **Yes**, please provide medical evidence, such as a medical report, or letter from a GP or consultant giving details of your disability. You may choose to provide several pieces of medical evidence to help us establish your eligibility more quickly.

CONTINUED OVERLEAF...

C20) Do you drive regularly? Yes [] No []

C21) Do you drive a specially adapted vehicle? Yes [] No []

If **Yes**, please provide a copy of your driving licence containing the codes to verify this.

C22) Are you unable to operate, or do you have great difficulty operating some or all types of parking meter? Yes [] No []

If **Yes**, what difficulties do you have? _____

PART D - Equality Monitoring

This information will be kept confidential, and will only be used to improve Council services and enable the Council to measure whether all sections of the community are accessing services.

Ethnic Background – please tick one box in this section

A) White [] British [] Mixed [] White & Black Caribbean
[] Irish [] White & Black African
[] Eastern European [] White & Asian
[] Any other White background [] Any other Mixed background
please specify _____ please specify _____

C) Asian or [] Indian D) Black or [] African
Asian British [] Bangladeshi Black British [] Caribbean
[] Pakistani [] Any other Black background
[] Afghan please specify _____
[] Any other Asian background
please specify _____

E) Other [] Chinese
[] Vietnamese
[] Middle Eastern
[] Gypsy/Traveller/Romany
[] Any other ethnic background
please specify _____

Religious Belief – If appropriate, please specify your religion/belief

[] Christian [] Muslim
[] Buddhist [] Sikh
[] Hindu [] Other – please specify _____
[] Jewish [] None

Disability - Do you have any disability ? Yes [] No []

If **Yes** please specify:

[] Physical impairment
[] Sensory impairment
[] Mental Health condition
[] Learning disability or difficulty
[] Long-standing illness/health condition e.g. cancer, HIV, diabetes, heart disease
[] Other - please specify _____

PART E – TAXICARD APPLICANTS ONLY

Part E must be completed by all Taxicard applicants. All Taxicard applicants must complete E1 – E4.

E1) TAXICARD APPLICANTS - Are you able to use public transport? Yes [] No []

If **Yes**, please tick which transport you use, tell us how often you use it, and whether you need someone to help you on and off.

	Tick	Number	Do you need someone to help you on and off? (tick)	
Bus	[]	How many times a week []	Yes []	No []
Low floor Bus	[]	How many times a week []	Yes []	No []
Underground	[]	How many times a week []	Yes []	No []
Train	[]	How many times a week []	Yes []	No []

E2) TAXICARD APPLICANTS - Do you need a taxi to take you from your home to your nearest bus stop, train or tube station? Yes [] No []

If **Yes**, can you tell us why, e.g. too far to bus stop etc: _____

E3) TAXICARD APPLICANTS - Are you able to get in and out of regular mini cabs? Yes [] No []

If **No**, please state why: _____

E4) TAXICARD APPLICANTS - Are you able to get in and out of black taxis? Yes [] No []

If **No**, please state why: _____

➡ TAXICARD APPLICANTS APPLYING UNDER SEVERELY DISRUPTIVE BEHAVIOUR ONLY

If you are applying for a Taxicard because of severely disruptive behaviour, please complete the below questions. If not, please go to Part D. See eligibility criteria for more information.

E5) Do you receive Higher Rate Care of Disability Living Allowance? Yes [] No []

If **Yes** please provide an original letter of entitlement dated within last 12 months. If you do not have a letter of entitlement dated within the last 12 months you can order one via 08457 123456.

E6) Does your disability mean that you exhibit severely disruptive behaviour? Yes [] No []

If **Yes** please provide medical evidence of your disability and how it affects your behaviour. This can be from a GP, consultant or other medical professional and must be dated within the last 12 months. You may choose to provide several pieces of medical evidence, such as letter(s) from GPs or consultants and/or neurological reports, to help establish your eligibility more quickly.

E7) Does the nature of your behaviour mean that another person must be present with you and watching over you in order to prevent injury to yourself and/or others and/or damage to property? Yes [] No []

E8) Are you registered with a London Borough of Richmond Adult Social Care Team? Yes [] No []

If **Yes** please provide your Social Worker or Care Managers contact details below.

Name _____ Telephone _____

PART F - Declaration and Signatures

- 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 the concession.
- Providing fraudulent information may result in prosecution and a fine.

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

- I understand that I must not hold more than one Blue Badge and/or one London Taxicard*.
- I confirm that the photographs I have submitted with my application are a true likeness*.
- I confirm that 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 the local authority of any changes that may affect my entitlement to the travel concession(s) issued to me and will return the travel concession(s) should I no longer be eligible. This includes change of address*.
- I understand that, if my application is successful, I must not allow any other person to use the travel concession(s) issued to me for their benefit and that I must only use the travel concession(s) in accordance with the rules of the scheme. If I become aware that another person is using the travel concession(s) I will report this to the Council immediately*.
- I understand that the local authority may need to contact my GP; Consultant; Social Worker; Care Manager; the DVLA and/or other relevant 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 the travel concession(s) for which I am applying**.
- I consent to the local authority checking any information already held by the local authority's Social Services department on the basis that:
 - It can help determine my eligibility for the travel concession(s)
 - It may speed up the processing of my application;
 - It may enable a decision to be made without the need for a mobility assessment.

** must be ticked by all applicants. ** must be ticked if applying under the assessed criteria.*

Applicant Signature:

Date:

If you are unable to sign the declaration yourself it may be signed on your behalf. If you are under 16 years of age, your parent or legal guardian must sign this form. If signing on behalf of the applicant please enter your details below and provide the reason you are signing. If signing on behalf of a person over 16 years, it is expected that you would have power of attorney for them.

Name	Relationship
Telephone Number	
Reason applicant is not signing:	

PART G - Checklist

G1) One passport photograph for each scheme applied for – with name on the reverse tick

- Photographs need to be to passport standard as they will be scanned.
- Photographs not to this standard will be returned and new ones requested.
- It must be recent, in colour against a plain background, be a full face shot free of reflection from glasses. No one else can be in the photograph. Your name must be on the reverse.

G2) The relevant proof of entitlement or evidence to support your application, e.g: tick

- Disability Living Allowance letter of entitlement (dated within last 12 months).
- Service Personnel and Veterans Agency letter of entitlement.
- Certificate of Visual Impairment or BD8
- Relevant medical evidence – e.g. medical reports or letters from GP's or consultants.

IMPORTANT NOTE: Applicants who do not automatically qualify for the schemes, can provide recent medical evidence of their health condition/disability to support their application. It is not essential, but providing this evidence may mean that you do not need to attend a mobility assessment. Please note that some GP's may charge you if you choose to request new information.

G3) Proof of residence in the London Borough of Richmond upon Thames. tick

We need to check you are a resident in this local authority before we can process your application. Please provide one of the following, dated within the last 3 months.

- A residential utility bill (gas, electric, telephone, water) - mobile phone bills are not suitable
- TV Licence / exemption
- Rent book or tenancy agreement
- Benefits / Pension letter or book (i.e. DLA or SPVA letter if dated in last 3 months)
- Council tax bill / statement.
- Home contents insurance document confirming current policy

G4) Proof of Identity tick

We need to check your identity to reduce the potential for fraudulent applications.

Please supply a copy of one of the following as proof of identity

- Valid driving licence (photocard)
- Passport / Certificate of British Nationality
- Older or Disabled Persons Freedom Pass
- Birth/Adoption Certificate (with marriage or change of name certificate if name is now different)
- Marriage / Civil Partnership / Divorce / Dissolution Certificate
- HM Forces ID card

G5) Blue Badge Applicants Only - Badge Issue Fee of £2 tick

Blue Badge applicants must send in a £2 cheque or Postal Order, made payable to 'LBRUT'.

Cash is not accepted. A friend or relative can write a cheque on your behalf. Payment will only be taken if your application for a Blue Badge is successful. A separate cheque or Postal Order is needed for each application. Please note that from 1st April 2012 this issue fee will increase to £10.

G6) A complete application form tick

- Declaration – Part F must be read, signed and dated.
- Questions should be answered as fully as possible to help speed up your application.
- You may choose to complete the Equality Monitoring section Part E (optional)

Please return form to: The Accessible Transport Unit
4 Waldegrave Road
Teddington
TW11 8HT

Blue Badge Phone:
020 8831 6096
Taxicard Phone:
020 8831 6312

Communication Information

If you would like a copy of this application pack in Braille, large print, audio tape or a community language then please contact:

The Accessible Transport Unit,
4 Waldegrave Road,
Teddington,
TW11 8HT

Tel: 020 8831 6096 / 0208 831 6191

If you have difficulty understanding this publication, please visit Reception at the address below where we can arrange a telephone interpreting service.

- Albanian Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.
- Arabic إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية
- Bengali এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।
- Farsi اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.
- Gujarati જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.
- Panjabi ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪਿਊਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

**The Accessible Transport Unit,
4 Waldegrave Road,
Teddington,
TW11 8HT**

