

**BB1**

## The Blue Badge Scheme of Parking Concessions for Disabled and Blind People

### APPLICATION FORM

The Blue Badge Scheme is principally designed to allow people with permanent and severe walking difficulties to park close to places they wish to visit. Badges are provided to people who would otherwise be incapable of visiting shops, public buildings or other places.

The Scheme is governed by Regulations approved by Parliament.

Each badge is personal to the disabled person whose name it bears and is for their use only, either as a driver or a passenger in any vehicle.

If you need help in completing this form, please contact the Blue Badge Section of the Accessible Transport Unit on 020 8831 6096.

To apply for a Blue Badge, please complete this form, carefully following all the instructions.

The current charge for a badge which is valid for a maximum of three years is £2.00. Please do not send cash. We accept a cheque or postal order made payable to: London Borough of Richmond upon Thames.

You will need to provide proof of residency in the London Borough of Richmond upon Thames, as well as proof of identity.



FS51150



INVESTOR IN PEOPLE

## How to complete the form:

- Part A** Personal Details – must be completed by all applicants
- Part B** Automatic qualifying allowances – must be completed by all applicants
- Part C** (Yellow) – Assessed Eligibility Criteria for Children under two.  
To be completed for all applicants under two
- Part D** (Pink/Red) – Assessed Eligibility for people with serious walking impairment. To be completed if you have answered 'No' to all questions in Part B and if you are not applying under Part E (below)
- Part E** (Pink/Red – page 10) – Assessed Eligibility for people with severe disability in both arms.
- Part F** Use this section to provide any further information you feel is relevant to your application.
- Part G** Declaration – this section must be signed by all applicants or by a representative if the applicant is unable to sign themselves.
- Part H** Check list

## 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

Telephone: 020 8831 6096 / 020 8831 6191

Alternatively if you have difficulty understanding this publication, please visit Reception at one of the addresses below where we can arrange a telephone interpretation service.

Arabic

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

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 ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

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.

**Civic Centre, The Atrium, 44 York Street, Twickenham**

**Richmond Information Centre, Old Town Hall, Whittaker Avenue, Richmond**

# BB1 APPLICATION FORM

Please answer all questions relevant to your application as fully and as clearly as possible.

Do you currently have a Blue Badge issued by another local authority?

YES

NO

If 'YES' which local authority? \_\_\_\_\_

What date does the badge run out? \_\_\_\_\_

Please enclose a photocopy of the front and back of this Blue Badge

## PART A - Personal Details (all applicants)

New

Renewal

Badge Number (if known) \_\_\_\_\_

Expiry date of current badge \_\_\_\_\_

MR / MRS / MISS / MS / MASTER (please delete as appropriate) OTHER \_\_\_\_\_

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Home telephone number \_\_\_\_\_

Email \_\_\_\_\_ Mobile number \_\_\_\_\_

Are you a Driver / Passenger / Both? (please delete as appropriate)

### Information about other services you may be using

Please tick box

Do you have a Freedom Pass?

YES

NO

Do you use Dial a Ride?

YES

NO

Do you have a Taxicard or Vouchers?

YES

NO

Does your disability prevent you from using public transport?

YES

NO

Do you use council transport e.g. to attend a day centre?

YES

NO

Do you receive Home Care / Domiciliary Care?

YES

NO

## PART B – Automatic qualifying allowances / registrations etc.

If you are registered blind or are in receipt of any of the following allowances you will **not** need the medical form (BB2) to be completed by your GP. You will however need to produce proof of your allowance/registration i.e. a copy of your Certificate of Entitlement or an official Benefits Agency letter stating the benefit you receive and the period for which it is valid.

**1** Are you registered as blind? YES  NO

You must be registered blind, **not** partially sighted

If 'YES' please give the name of the local authority with which you are registered and enclose a copy of your BD8/CV1 registration document or ophthalmologist report.

Local Authority \_\_\_\_\_

**2** Do you receive the **higher rate mobility component** of the **Disability Living Allowance**? Please note that Severe Disablement Allowance, Attendance Allowance, Care Allowance and Incapacity Benefit do **not** qualify.

YES  NO

**2a** What is the length of the entitlement? FOR LIFE  INDEFINITE PERIOD

OR

Between Start Date  and End Date

Badges are issued for a maximum period of three years. Applicants whose award finishes within three years of the application date will only be issued with a Blue Badge for the period of the entitlement.

Please enclose a letter of entitlement dated within the past year. If you do not have a letter dated within the last year, please call 08457 123456 for a copy.

**3** Do you receive War Pensioners' Mobility Supplement? YES  NO

If 'YES', please enclose a copy of a document such as an official letter to confirm this.

**If you have answered 'YES' to any of the questions in Part B please send the necessary proof and go straight to Parts G and H. You do not need to complete Parts C,D,E or F or ask your GP to sign the BB2 (white) form.**

**If you do not send proof, your application will be delayed**

If you do not meet one of the automatic qualifiers above, we may need to contact your GP/Consultant for further information.

Do you give permission for such contact to be made to your:

GP? YES  NO  Consultant? YES  NO

GP's Name and address \_\_\_\_\_

\_\_\_\_\_

Consultant's Name and address \_\_\_\_\_

\_\_\_\_\_

## PART C – Assessed Eligibility – for children under two only

The following section only applies to children who are under the age of two and who fall within either or both of the two following descriptions:

- A child who has a condition that requires that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;
- A child who has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly to a place where they can be so treated.

Please note If you are applying for a child under the age of two who meets the eligibility criteria, the badge issued will expire on the day after the child's second birthday after which a further renewal application can be made under the standard eligibility criteria.

1. What are the medical names for your child's health / disability difficulties?

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2. How long has your child had these difficulties?

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3. Does your child need quick access to a car due to their medical condition?

YES

NO



## PART D – Assessed Eligibility – serious walking impairment

This section of the form is only for people who are not automatically eligible, but consider that they have:

- a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking at all times (complete Part D)
- a disability affecting both arms (complete Part E)

If you have answered 'NO' to all the questions in Part B, you must complete the relevant pink/red pages here. Your GP will also need to complete and sign the enclosed BB2 (white) medical form. You may send all other items to the Accessible Transport Unit separately.

Please note: if you have answered 'YES' to one of the questions in Part B and are enclosing a proof of the allowance, you do not need to complete this section. Go straight to Parts G and H.

### 1. Your Health / Disability

Please explain how your disability/medical condition affects your ability to walk.

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What are the medical names for your health/disability difficulties?

(If you do not know the medical name, please describe in your own words)

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How long have you had your health condition or disability?  YEARS  MONTHS

If under 12 months, please give details as to how long \_\_\_\_\_

How long is your health condition or disability likely to affect your mobility?

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Are you on any medication for your health condition? YES  NO

If 'YES' please list

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## 2. Getting around

### MOBILITY

Are you a wheelchair or scooter user?

YES

NO

If 'YES' where do you use it

Indoors

Outdoors

Both

How often?

Always

Sometimes

Never

### WALKING

This is to help us find out about your mobility when walking on flat ground without stopping, severe discomfort or help from another person.

Are you able to walk without equipment?

YES

NO

If you have answered 'NO'

what type of equipment do you use? \_\_\_\_\_

How often do you use it? \_\_\_\_\_

How far can you usually walk? \_\_\_\_\_

As a guide to assist you with distance, a double decker bus is about 33 feet / 10 metres long.  
A football pitch is about 115 yards / 108 metres long.

How long does this take you? \_\_\_\_\_ minutes

What stops you from walking further? \_\_\_\_\_

How often are you limited to this distance? e.g. once a week \_\_\_\_\_

### STANDING

How long can you usually stand, either aided or alone, which ever is the most usual for you, without needing to sit down and rest?

We are not asking for your best effort, simply for the average time after which you notice you feel the need to sit down and rest.

0 – 1 minute

1 – 3 minutes

3 – 5 minutes

5 – 10 minutes

10 – 20 minutes

More than 20 minutes

What prevents you from standing any longer?  Pain  Balance

Other, please specify \_\_\_\_\_

**Please tick all the boxes that apply to you.**

Unable to walk at all

Walking causes you severe discomfort

- At all times
- Occasionally

You get very tired after walking a short distance

- At all times
- Occasionally

You get out of breath after walking a short distance

- At all times
- Occasionally

You have problems with balance

- At all times
- Occasionally

You can only walk if someone supports your weight

- At all times
- Occasionally

What difficulties do you experience with your mobility due to your health? This is to help us to understand what you cannot do due to the effects of your medical condition.  
e.g. *I get out of breath quickly or putting any weight on my knee causes pain etc.*

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How often do you experience these difficulties?

- At all times
- Occasionally

If 'occasionally' how often? e.g. *When I first get up or For 1 hour*

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### 3. Daily Activities

Do you receive help from your family, friends, carers, social services or the health service with daily tasks such as washing, dressing, shopping or housework?

Please tell us what they do and how often. e.g. *he takes me out shopping once a week*

**Family and friends** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Private Carers** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Services** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Services** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you made any changes to your daily or weekly routine because of your medical condition or mobility difficulties?  YES  NO

If 'YES' please describe the changes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Adaptations

Has your home been altered in any way to help you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special equipment to help you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you moved home, or are you planning to move home due to your medical condition or mobility difficulties?  YES  NO

If 'YES' it would be helpful if you could tell us why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART E – Assessed eligibility – severe disability in both arms

This section of the form is for applicants with severe disability in both arms who regularly drive a vehicle and are unable to operate or have considerable difficulty in operating all or some types of parking meter.

1a. Do you drive regularly? YES  NO

1b. Do you have a severe disability in both arms? YES  NO

1c. Are you able to operate, or have considerable difficulty operating all or some kinds of parking meter? YES  NO

2. Please describe your medical condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How does this affect your ability to operate parking meters? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you drive a specially adapted vehicle? YES  NO

If 'YES' please state the kind of adaptation and enclose a copy of your insurance details verifying this.  
\_\_\_\_\_  
\_\_\_\_\_

## PART F

If you have completed Part D or Part E please give details of any exceptional circumstances that you feel would support your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART G. Declaration and signature box

**This is to be completed by all applicants. Before signing and dating this section, please tick each box to indicate that you have read, understood and agreed each statement. If you do not tick all boxes, we will not be able to process your application. The form will be returned to you which will delay your application.**

- |  | Please tick              |
|--|--------------------------|
| 1. I agree that, if you issue me with a disabled person's parking badge, I will not allow anyone else to display it in a motor vehicle in which I am not travelling.   | <input type="checkbox"/> |
| 2. I agree that, if I become aware that another person is using my badge or a copy of my badge in a vehicle in which I am not travelling I will report this to the Council immediately.  | <input type="checkbox"/> |
| 3. I agree that I will not alter any details on any badge issued to me (for example, extending a badge's expiry date). I understand that if I alter a badge it will cease to be valid and any vehicle displaying the badge will be subject to a penalty charge notice. | <input type="checkbox"/> |
| 4. I agree that, if I am applying to renew a parking badge, I will return my previous badge when collecting my new one.  | <input type="checkbox"/> |
| 5. I understand and accept that you may withdraw the badge you have issued to me and take further action if I have given any information on this form that I know is wrong or untrue.  | <input type="checkbox"/> |
| 6. The photograph(s) that I am sending with this application are a true and fair likeness of my current appearance.  | <input type="checkbox"/> |
| 7. 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. I have enclosed the necessary documentary evidence with this form. | <input type="checkbox"/> |
| 8. I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1988, and that you may share them with other local authorities and the police to detect and prevent fraud.                                     | <input type="checkbox"/> |
| 9. I will return the badge should I no longer be eligible for one and will inform you of any change in circumstances.  | <input type="checkbox"/> |
| 10. I have read and agree to the conditions of use of the scheme.  | <input type="checkbox"/> |

Signature of applicant\* \_\_\_\_\_ Date \_\_\_\_\_

\*If you are unable to sign the declaration yourself, it may be signed on your behalf

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**Please note the signature box must also be signed**

Please sign the signature box. This will form an essential part of your badge as proof of identity. The badge cannot be issued if this box is not signed. If you are signing on behalf of someone else, please put p.p before your signature. **Please ensure the signature fits entirely within the white area.**

**SIGNATURE BOX**

## PART H – Check list

### Before you return your application, have you included? -

- 1. One recent passport sized photograph**   
If you are unable to have a photograph taken in a booth, we can accept any suitable photograph cut down to size.
- 2. Photocopies of supporting documents**   
If you have answered 'YES' to any of the questions in Part B.
- 3. A cheque or postal order for £2 made payable to 'London Borough of Richmond upon Thames'**   
Please do not send cash. You can get a friend or relative to write a cheque on your behalf if you do not have a bank account and cannot get to a Post Office to buy a postal order.  
NB If you are sending more than one application – for example if you are a married couple and are each applying for a badge, could you please send a separate cheque or postal order for £2 for each badge requested.
- 4. Proof of residency in the Borough – dated within the last 3 months**   
For example, an official letter addressed to you and delivered through the post e.g. a gas, telephone, electricity or council tax bill or a bank or building society statement addressed to you and issued within the last 3 months.  
If you send the original, we will return it to you.
- 5. Confirmation of identity**   
Please supply a copy of **one** of the following as proof of your identity:  
Driving Licence (photocard)  
Passport  
Older Person's Freedom Pass  
Disabled Person's Freedom Pass  
Birth Certificate (please provide a marriage certificate or 'change of name' document if any of your names are now different)  
Medical Card  
  
If you cannot supply a copy of one of these documents, please contact the Accessible Transport Unit before sending in your application form.
- 6. Do you have a Blue Badge issued by another Local Authority?**   
If you currently have a Blue Badge issued by another Local Authority (i.e. other than Richmond), please provide a photocopy of the front and back of this Badge.
- 7. Have you signed the Application Form?**   
Make sure you have signed the declaration and the Applicant's Signature Box in Section G. Your Badge cannot be issued if this box is not signed.
- 8. Have you completed the Ethnic Monitoring Form on Page 13?**
- 9. BB2 Form (white medical form)**   
Part 1 is to be completed by the applicant before taking or sending the BB2 form to your doctor; otherwise we will be unable to match it up with your application form and will not be able to process your application. Please do not write anything on any other part of the form. This is only to be completed by your doctor.

# EQUALITIES MONITORING

## Please tick one box in this section

Please complete and return this form with your application.

This information will be kept confidential. It 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

#### A White

- British
  - Irish
  - Eastern European
  - Any other white background
- Please specify \_\_\_\_\_

#### B Mixed

- White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other mixed background
- Please specify \_\_\_\_\_

#### C Asian or Asian British

- Indian
  - Pakistani
  - Bangladeshi
  - Afghan
  - Any other Asian background
- Please specify \_\_\_\_\_

#### D Black or Black British

- Caribbean
  - African
  - Any other black background
- Please specify \_\_\_\_\_

#### E Any other ethnic background

- Chinese
  - Vietnamese
  - Middle Eastern
  - Gipsy/Traveller/Romany
  - Any other ethnic background
- Please specify \_\_\_\_\_

**Completed Application Forms should be returned to:**

**The Accessible Transport Unit  
Blue Badge Section  
4 Waldegrave Road  
Teddington  
TW11 8HT**

#### Important note

When returning Blue Badge Forms, please note that the postage is more than one first class stamp. To avoid any unnecessary delay, please weigh your envelope and use the correct postage.

# For Office use only

## Final Decision

Application approved by	Date

Decision agreed by	Date

Reason

Application not approved by	Date

Reason

## Application stages

## Initial
