

Blue Badge Application Form

SECTION 1 – 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

I am applying for: NEW Blue Badge RENEW Blue Badge

If RENEWING a Blue Badge, please enter: Badge Number _____

Issuing Authority _____

Expiry date of badge _____

All Applicants:

Title* _____ Female [] Male []

Surname* _____

First Name(s)* _____

Surname at Birth (if different)* _____

Home address* _____
Postcode* _____

Date of Birth* _____

Town of Birth* _____ Country of Birth* _____

National Insurance Number/Child Registration Number _____

Home Telephone Number _____ Mobile _____

Email _____

Preferred Contact Method Email [] Telephone [] Letter []

Please give registration numbers of the 2 main vehicles it will be used in

Vehicle1 _____ Vehicle 2 _____

Please give details of your GP who knows about your health condition/ disability. The council undertakes assessments by mobility assessors and does not contact GP's.

Name of GP: _____

Name and Address of Surgery: _____

Postcode: _____

SECTION 2 – Automatic Eligibility

Applications made under this section can take up to 4 weeks to process.

2a) Blind (severely sight impaired)

Are you registered as blind (severely sight impaired)? Yes [] No []

If Yes, we can verify this with the Boroughs register of blind people.

If you are not registered with the Borough, please provide a copy of your Certificate of Vision Impairment (CVI) or BD8 form signed by a Consultant Ophthalmologist.

2b) Disability Living Allowance - Higher Rate Mobility

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

If Yes, is the award ongoing? Yes [] No []

If it is not ongoing, when does it end? ____/____/____

Please provide a 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. You can order a letter from the Department for Work and Pensions on 0800 121 4600.

2c) Personal Independence Payments (PIP) 'Moving Around' score of 8 or more

Under the '**Moving Around**' section of Personal Independence Payments, do you score **8 points or more**? Yes [] No []

If Yes, is the award ongoing? Yes [] No []

If it is not ongoing, what is the award end date? ____/____/____

If you score 8 points or more under Moving Around, please provide a copy of your award letter, including both the front page and the page indicating your score under 'Moving Around'. The letter must be **dated within the last 12 months**. You can order a letter from the Department for Work and Pensions on 0800 121 4433.

2d) Personal Independence Payments (PIP) Planning & Following a Journey

You cannot undertake any journey because it would cause overwhelming psychological distress (Descriptor "E" – 10 points) Yes [] No []

If Yes, is the award ongoing? Yes [] No []

If it is not ongoing, what is the award end date? ____/____/____

Please note that only descriptor "E" under Planning and Following a Journey is automatic qualification for the Blue Badge under this criterion. If you have been awarded this descriptor please provide a copy of your award letter, including both the front page and the page indicating your score under Planning and Following a Journey'. The letter must be **dated within the last 12 months**. You can order a letter from the Department for Work and Pensions on 0800 121 4433.

2e) War Pensioners Mobility Supplement

Do you receive the War Pensioners Mobility Supplement? Yes [] No []

If Yes, please provide a letter of entitlement to this benefit. You can call the SPVA on 0800 169 2277

2f) Armed Forces and Reserve Forces (Compensation) Scheme

Have you received a lump sum benefit at tariffs 1-8 of the Armed Forces and Reserve Forces Compensation Scheme and been 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 a letter from the SPVA detailing the level of your award and confirming you have a permanent and substantial walking disability. You can call the SPVA on 0800 169 2277.

If you have answered “Yes” to any question in Section 2 please proceed to Section 5, Equality Monitoring and Section 6, Declarations and Signatures. Finally, you should then go to Section 7 – Proofs and Checklist and ensure that you supply all the documents to accompany your application.

If you have answered “NO” to all the questions in Section 2 and you have an enduring and substantial disability which causes you, during a journey to be unable to walk you should now complete Section 3 – Assessed Eligibility – Walking Difficulties. You should then proceed to Section 5, Equality Monitoring and Section 6, Declarations and Signatures. Finally, you should then go to Section 7 – Proofs and Checklist and ensure that you supply all the documents to accompany your application.

If you have answered “NO” to all the questions in Section 2 and you experience very considerable difficulty whilst walking, which may include very considerable psychological distress or be at risk of very serious harm when walking; or pose, when walking, a risk of serious harm to any other person you should now complete Section 4 – Invisible (Hidden) Disabilities. You should then proceed to Section 5, Equality Monitoring and Section 6, Declarations and Signatures. Finally, you should then go to Section 7 – Proofs and Checklist and ensure that you supply all the documents to accompany your application.

SECTION 3 – Assessed Eligibility – Walking Difficulties

Applications made under this section can take up to 6-8 weeks to process.

Section 3 is for people who do not automatically qualify. Complete Section 3 if you answered No, to all questions in Section 2 and you have an enduring and substantial disability which causes you, during a journey to be unable to walk. This section is also for children under 3 with certain medical conditions and applicants with severe disability in both arms.

IMPORTANT: Applicants who do not automatically qualify can provide recent medical evidence of their health condition/disability You do not need to ask your GP for any new information as applicants are offered a mobility assessment if eligibility is unclear

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

If you do not know the medical names, please describe in your own words.

How often is your mobility limited due to your health condition/disability?

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

How long have you had the above condition/disability? _____

How long is your condition/disability likely to affect you? _____

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

If Yes, please list medication: _____

Have you had surgery for your health condition/disability? Yes [] No []

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

Note: If you have recently had joint replacement surgery you will need to wait 6-8 weeks after surgery before applying so that we can assess your long-term mobility.

Are you currently receiving or expecting to receive any treatment for your health condition/disability? e.g. surgery, physiotherapy, cancer therapy Yes [] No []

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

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

If you use a wheelchair it would be helpful to provide medical evidence verifying this. Such evidence may mean that you do not need to attend a mobility assessment.

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

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

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

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

How often do you use the walking aid? _____

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

How long does this take you? _____ minutes

What stops you from walking further? _____

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?

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

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

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

If Other, please specify

QUESTIONS FOR CHILDREN UNDER 3 YEARS ONLY

Complete the below questions if applying for a child under 3 years old.

Does the child need quick access to a car due to their medical condition? Yes [] No []

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.

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 either of the above, please provide recent medical evidence from a GP or paediatrician detailing the child's medical condition and the type of medical equipment needed. You may want to enclose several pieces of evidence to help us establish the child's eligibility more quickly.

QUESTIONS FOR PEOPLE WITH SEVERE DISABILITY IN BOTH ARMS ONLY

Complete the below questions if you have severe disability in both arms.

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 more than one piece of medical evidence

Do you drive regularly? Yes [] No []

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.

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? _____

Additional Information: Use may use this space to provide any further information.

SECTION 4 – Invisible (Hidden) Disabilities

Applications made under this section can take up to 6-8 weeks to process.

Section 4 is for people who do not automatically qualify under 2d. Please complete this section if you experience very considerable difficulty whilst walking, which may include very considerable psychological distress or be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

IMPORTANT: For your application to be considered, you will need to provide comprehensive Supporting Evidence, such as;

- A letter of diagnosis, as up-to-date as possible
- Evidence of the progression of the condition over time
- Confirmation of ongoing treatments/clinic attendances, or referral for such
- Evidence of prescribed medication relevant to your condition
- Evidence of specialist consultations, or referral for such
- Your Patient Summary or Summary Care Records
- Education Health and Care Plans (EHCP)
- Care Plans from social care teams
- Social housing letters/assessment reports from a local authority
- Letters from other professionals involved in your care
- Personal Independence Payment (PIP) decision letters
- Evidence of other benefits received
- Contact details of professionals who can support your application

What affects you taking a journey between a vehicle and your destination?
(tick all that apply)

I am a risk near vehicles, in traffic or car parks

almost never sometimes almost every journey every journey

Please give an example of when you have been a risk near vehicle, in traffic or car parks:

SECTION 5 – Equality Monitoring

This information will be kept confidential and is only used to improve Council services. It enables us to measure whether all sections of the community are accessing services

Ethnic Background – please tick one box in this section

WHITE

- British
- English
- Welsh
- Scottish
- Northern Irish
- Irish
- Albanian
- Gypsy or Irish Traveller
- Other white background
specify_____

BLACK OR BLACK BRITISH

- African
- Caribbean
- Other Black background
specify_____

MIXED

- White & Asian
- White & Black African
- White & Black Caribbean
- Other mixed background
specify_____

ASIAN OR ASIAN BRITISH

- Indian
- Afghan
- Pakistani
- Bangladeshi
- Other Asian background
specify_____

OTHER

- Arab
- Chinese
- Vietnamese
- Middle Eastern
- Other Ethnic background
specify_____

Religious Belief – please specify your religion/belief

- | | | |
|------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> None |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | specify_____ |

Disability - Do you have any disability? Yes No

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

SECTION 6 - Declaration and Signatures

Please tick each box to indicate that you have read and understood each statement. Not ticking a statement may result in us not issuing you with the transport concession. Providing fraudulent information may result in prosecution and a fine.

Data Protection Statement – The General Data Protection Regulation (GDPR) is in operation from 25th May 2018 and alters the law of data protection in the UK. As a result, we have updated our **Privacy Notice**, which provides information as to the type of data we receive and retain and who we may share the data with, and our **Retention Policy**, which provides information as to how long we retain the data we receive. To view the Council’s full Privacy Policy please visit:

https://www.richmond.gov.uk/council/open_richmond/data_protection

- I understand that I must not hold more than one Blue Badge.*
- I confirm that the photograph I have submitted is a true likeness to myself*.
- 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 concession and I will return the Blue Badge should I no longer be eligible.
- I understand that I must not allow any other person to use the Blue Badge issued to me and that I must only use the Blue Badge in accordance with the rules of the scheme. If I become aware that another person is using the Blue Badge, 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; and/or other relevant professional for the purpose of obtaining further information regarding my application**.
- I understand that I may need to have an assessment with an Occupational Therapist/expert assessor who is independent of my existing care/treatment in order to determine my eligibility for the scheme**.
- I agree to the local authority checking information already held by the Council on the basis that:
 - It can help determine my eligibility for a Blue Badge
 - 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

SECTION 7 – Proofs and Checklist

- I enclose one passport sized colour photograph with my name on the reverse
- I enclose the relevant proof of entitlement to support my application (a copy is suitable)
- Disability Living Allowance letter of entitlement (dated within last 12 months)
 - Personal Independence Payment Award letter (dated within last 12 months)
 - Service Personnel and Veterans Agency letter of entitlement
 - Certificate of Visual Impairment or BD8
 - Applicants who are applying under Section 3 may choose to provide recent medical evidence of their health condition/disability to support their application. It is not essential, but if you have medical evidence such as from a recent hospital visit, it could help speed up your application. You do not need to see your GP to request new information.
 - Applicants applying under Section 4 should supply copies of supporting evidence as listed.
- I enclose one proof of residence, dated within the last 3 months (a copy is suitable)
- A residential utility bill (gas, electric, telephone, water) - mobile phone bills are not suitable
 - 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
- I enclose one proof of identity (a copy is suitable)
- 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 relevant).
 - Marriage / Civil Partnership / Divorce / Dissolution Certificate
 - HM Forces ID card
- I enclose a complete application form, with the declaration signed and dated
- I enclose/will pay the Blue Badge issue fee of £10
- Cheque/Postal Order** - I enclose a cheque/postal order for £10 made payable to 'LBRUT'. Payment will only be taken if your application for a Blue Badge is successful.
- OR**
- Card payment** - I want to pay by credit or debit card. If my application is successful, an officer from the Supported Travel Team will contact the person stated below by phone to collect payment. Enter the relevant contact number(s) for card payment below.

Telephone number(s) for card payment: Home _____

Mobile _____

Cardholders name _____

Communication Information

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 ઇન્ટરપ્રિટિંગ સેવાની ગોઠવણ કરી આપીશું.
- Panjabi ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿੱਚ 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।

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

Supported Travel Team
Civic Centre
44 York Street
Twickenham
TW1 3BZ

Tel: 020 8831 6096 / 0208 831 6312

PLEASE RETURN YOUR APPLICATION TO THE ADDRESS ABOVE

FOR OFFICE USE ONLY

BLUE BADGE Approved: Automatic Assessed

ELIGIBILITY REASON Blind HRMDLA PIP 8 or more

Approved by _____ Date _____ Letter Date _____

Agreed by _____ Date _____ Award End Date: _____

ASSESSED ELIGIBILITY:

Name of OT _____ WPMS

Date of MA _____ OR tick if Medical Evidence Approved

Approved reason _____

_____ Reassess at renewal Approved permanently

If approved permanently by _____ And: _____

Not Approved: Reason: _____

_____ Not Approved by: _____ Date: _____

Notes and Appeal Info: _____
