

Individual Blue Badge application form

Parking concessions for people with disabilities

Please complete all relevant sections of this application form. You will also need to provide evidence of your eligibility and the appropriate documents to confirm your identity. South Gloucestershire Council may refuse to issue a badge if you do not provide adequate supporting evidence. When completing this form, please refer to the guidance notes at the end of the form and Section 9 for our contact details.

If a new application is received from a Macmillan nurse, district nurse or GP, because someone is terminally ill, we will fast-track the application. In this instance no photograph is required.

Section 1 – Information about the applicant

Please note you must be a resident at the address given. If you are completing this form on behalf of an applicant who is under 16 or unable to complete the form themselves, please provide their details in the appropriate sections and complete your details in section 6 and sign section 7 of the form on their behalf.

Current address and contact details

Title Mr, Mrs, Miss, Ms, other:

First names (in full, no initials):

Surname

Surname at birth (if known):

Current address

Male

postcode

Female

Home Tel:

Email:

Mobile Tel:

Date of Birth (DD/MM/YYYY):

Place of Birth: Town:

Country:

National Insurance Number / Child Registration Number:

(see section 1 of the guidance notes)

Previous address if different in the last three years

Do you currently hold a Blue Badge? Yes: No:

Is this: A new application? (First application to South Gloucestershire Council)

A renewal application? (Renewal applications should be submitted within 3 months of expiry date)

A replacement for a lost or stolen Blue Badge?

If this is a Renewal or Replacement:

Which local authority issued you with the badge?

What is the serial number on the current badge?

What is the expiry date of the current badge?

(if your Blue Badge has already expired please return it with this application)

South Gloucestershire Council Blue Badge reference (if known): BB

- If you are over 75 and renewing a South Gloucestershire Council Blue Badge within 3 months of its expiry date, please continue to complete 'Section 1' in full then go directly to 'Section 6'

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If your Blue Badge has been lost or stolen (please complete section 1, then go to section 6)

Description of the incident:

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.

Birth certificate / adoption certificate

Marriage / divorce certificate

Passport

Civil partnership / dissolution certificate

Valid driving licence

- **Please do not send original documents with your application as these cannot be returned**

Photographs: Please enclose **ONE** recent passport-style photograph of yourself, taken in a self-service booth or any suitable photograph cut down to the appropriate size (45mm x 35mm wide). The photograph needs to show your full face so that the holder can be easily identified. No one else should be in the photograph. The photograph must be a true likeness of you.

Please ensure that your name and post code is on the back of the photograph.

The photograph should be no more than 12 months old and must be undamaged i.e. not torn, creased, marked or previously laminated (please refer to the guidance notes for further information).

Section 2 – Questions for ‘without further assessment’ applicants

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired/blind;
- receive the **Higher Rate Mobility Component** of Disability Living Allowance;
- receive the **Moving Around** descriptor for the Mobility Component of Personal Independence Payment (PIP);
- receive the War Pensioner’s Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

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

2a) People who are severely sight impaired /blind

Are you registered as severely sight impaired/blind

Yes:

No:

If you are registered severely sight impaired/blind with South Gloucestershire Council please provide your registration number here

If you are not registered severely sight impaired/blind or you are not registered with South Gloucestershire Council you need to enclose a copy of a Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist that states that you are severely sight impaired/blind.

2b) People who receive the Higher Rate Mobility Component of Disability Living Allowance

Do you receive the Higher Rate Mobility Component of Disability Living Allowance?

Yes:

No:

If YES, have you been awarded this benefit indefinitely?

Yes:

No:

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

If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) you must enclose a copy of your letter of entitlement to this benefit issued within the last 12 months or a copy of your annual uprating letter if your award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your uprating letter, then please contact the Disability Service Centre; contact information can be found in the guidance notes at the end of this form.

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Does your 'moving around' descriptor for the Mobility Component meet/match any of the following statements?

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)

If you did not tick any statement above please tick the 'No' box. No:

If you have ticked a statement above (8, 10 or 12 points); have you been awarded this benefit for an ongoing period?

Yes:

No: If No, when is your award of this benefit due to end? DD/MM/YYYY

If you have ticked one of the above statements (8, 10 or 12 points) for the 'Moving Around' descriptor of the Mobility part of PIP, you must enclose a copy of the full letter confirming your entitlement to this benefit issued within the last 12 months. If you have lost your letter, please contact the Disability Service Centre; contact information can be found in the guidance notes at the end of this form.

2d) People who receive the War Pensioner's Mobility Supplement

Do you receive the War Pensioner's Mobility Supplement?

Yes: No: **If YES, have you been awarded this benefit indefinitely?** Yes: No:

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

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a copy of your letter of entitlement to this benefit. You should have an award letter from Veterans UK. If you have lost this letter, then the agency can be contacted via the Freephone enquiry number: 0808 191 4218.

2e) 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 (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and 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 Armed Forces and Reserve Forces (Compensation) Scheme, Veterans UK 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 this letter as proof of entitlement.

If you have lost this letter, then the agency can be contacted via the Freephone enquiry number: 0808 191 4218.

Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties

These questions are intended for people who have answered NO to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, **have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.**

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

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.

Please describe:

- Any surgery, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

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What medication do you currently take in relation to the conditions / disabilities you described above?

Medication

Dosage

Frequency

Medication	Dosage	Frequency

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space provided)

Awaiting surgery in relation to the conditions / disabilities described above?

Recuperating from surgery in relation to the conditions / disabilities described above?

Awaiting treatment for any of the conditions / disabilities described above?

Managing your condition/disability since you have been advised it is not expected to improve any further?

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described on the previous page.

South Gloucestershire Council will not contact your health care professional directly for information.

Name	Job title	Hospital / Health Centre	Telephone number

Do you anticipate that your conditions / disabilities will improve in the next 3 years?

Yes: No:

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

Please tick the box that best describes the way you walk:

Normal - no specific problems with walking

Adequate - for example, you walk with a slight limp

Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance

Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.

If there is not a statement that describes the way you walk, please tell us about the way you walk below:

Please tick whichever of the following statements describe your general walking ability:

(Please tick all that apply)

I am able to walk well, including recreational walks

I am able to walk around the supermarket to do my own shopping

I am able to walk and can use public transport for some of my local trips

I am able to walk but struggle with longer distances or hills

I am able to walk but get breathless if I walk for more than a few minutes or find it too painful to walk for more than a few minutes

I am able to walk but use a wheelchair for longer trips outside the home

I am able to walk around my home, but unable to climb the stairs

I am unable to walk at all

Are you able to walk outside without help? Yes: No:

If you ticked No please describe the help you need

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)

Do you use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box)

One elbow crutch

Two elbow crutches

One walking stick

Two walking sticks

Walking frame (Zimmer frame)

Rollator

Wheelchair

Powered wheelchair

Other (please describe in the space below)

How did you obtain your walking aids?

Purchased privately by me

Prescribed by a healthcare professional

Provided by Social Services

Other (please describe in the space below)

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: No:

If YES, please describe the difficulties you have operating parking meters /pay and display machines.

Do you drive a specially adapted vehicle? Yes: No:

If YES, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation.

Please supply copies of any recent relevant documents from medical specialists that confirm a disability in both arms. Please note medical specialists or general practitioners are not obliged to provide supporting evidence for an application and you may be charged should you request it. South Gloucestershire Council will not contact medical specialists on your behalf to gain evidence to support an application and cannot reimburse any fee you are charged in the course of obtaining medical evidence.

If there is any further information that is relevant to your application, please enclose a covering letter.

Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three

These questions relate to children under the age of three who may be eligible for a Blue Badge because:

- **They have a condition requiring the transportation of bulky medical equipment at all times; or**
- **They must always be near a motor vehicle on account of a condition so they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be treated.**

If you are unsure whether these questions apply to your child, then please read the guidance notes

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: No: **If YES, please state what type of equipment is required:**

Are you applying on behalf of a child under the age of three who suffers from a condition that requires that they must always be near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: No: **If YES, please describe the child’s medical condition**

If you have answered yes to either of the questions above please enclose a recent 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 or treatment they need.

South Gloucestershire Council will not contact medical specialists to gain evidence to support an application and cannot reimburse any fee you are charged in the course of obtaining medical evidence

Section 6 – Authorisation Third Party

If you would like us to be able to discuss your application with a third party please give their details below.

Title (Mr, Mrs, Miss, Ms, other):

First names (in full):

Surname:

Relationship to the applicant:

Current address:

Postcode

Home Tel:

Mobile Tel:

Email:

If you wish correspondence to go to a third party, please tick box and enclose a letter confirming power of attorney

Section 7 – Declaration - Please read before signing

I declare that all the information I have provided is correct

I understand that I must inform South Gloucestershire Council of any changes that may affect my entitlement to a Blue Badge as soon as they happen. This includes change of names and addresses and if the badge holder is no longer eligible.

I am a permanent resident of South Gloucestershire and I accept the conditions of use.

I understand that if I give information that is incorrect or incomplete or if I fail to report any changes that might affect my entitlement as soon as they happen or if I allow other persons to misuse the Blue Badge this may result in the badge being withdrawn by South Gloucestershire Council and I, or those persons who have misused the badge, may be prosecuted.

Data Protection Act 2018

The Council is under a duty to protect the public funds it administers, and will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds and will use it for comparison across the council and with external organisations for the prevention and the detection of fraud.

I further understand that the medical information I have supplied to support this application is deemed to be "a special category of personal data". I give my consent for it to be disclosed only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government departments or agencies, to validate proof of entitlement.

I have read and understood the above declaration

Your signature:

Date of application: (DD/MM/YYYY):

Please print your name here

Should you wish to know more about how we look after your personal information please visit www.southglos.gov.uk/privacy

Section 8 - Checklist of documents you may need to enclose

Please ensure you have enclosed all relevant documents for the sections of this application form that you have completed because they are relevant to you. We have provided a checklist below of what you need to enclose.

A **copy** of proof of your identity (section 1).

One passport-style photograph of yourself with your name on the back (section 1).

A **copy** of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register) (section 2a).

A **copy** letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter (section 2b).

A **copy** of your letter of entitlement for the 'Moving Around' descriptor of the Mobility Component of Personal Independence Payment (PIP) issued within the last 12 months, or a copy of your original annual uprating letter (section 2c).

A **copy** letter of entitlement for the War Pensioner's Mobility Supplement (section 2d).

A **copy** award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking (section 2e).

Copies of any relevant documents from medical specialists that confirm mobility difficulties, arm disabilities and/ or your medical condition(s) (sections 3 or 4)

A **copy** of your insurance details verifying how your vehicle has been specially adapted (section 4).

A **copy** of a letter from a healthcare professional who has been involved in the child's treatment, giving details ie: condition and type of medical equipment or treatment needed (section 5).

A letter confirming power of attorney if you wish correspondence to go to a third party (section 6).

Section 9 – Blue Badge Section Contact Details

Please post your application form to:

South Gloucestershire Council
Department for Chief Executive and Corporate Resources
PO Box 1953
Bristol BS3 0DB

When returning your form to us, please check at your nearest Post Office to make sure you have paid the full cost of the postage for the size of the envelope you use. If you do not pay the full amount, Royal Mail will not deliver your application.

If you have any queries regarding this form or need to provide information you can:

- **Telephone:** (01454) 868004
- **Email:** contravel@southglos.gov.uk
- **Write** to us at the address shown above
- **Visit** one of our One Stop Shops
 - Kingswood One Stop Shop, Civic Centre, High Street, Kingswood BS15 9TR
 - Yate One Stop Shop, next to Leisure Centre, Yate BS37 4DQ
 - Patchway One Stop Shop, Patchway Hub, Rodway Road, Patchway BS34 5PE
- Please note disabled parking is available at all our One Stop Shops.

If you would like this information in a different format please contact: 01454 868009

Individual Blue Badge Guidance notes

If you are completing this form on behalf of the applicant then please provide their details in the appropriate sections and complete your details in section 6 and sign section 7 of the form on their behalf. South Gloucestershire Council currently does not charge for Blue Badges.

Section 1 - information about you

- Individual applicants for a Blue Badge should complete all fields in this section.
- If you are applying for a Blue Badge on behalf of someone under the age of 16, then you will need to provide their Child Registration Number. This can be found on Child Benefit documentation.
- A New Application – Tick New Application if this is your first application to South Gloucestershire Council.
- A Renewal Application – Renewal applications for South Gloucestershire Council Blue Badges should be submitted within 3 months of the expiry period. If you are over 75, you do not need to provide medical evidence to support your application.
- Lost / Stolen Blue Badges – If your Blue Badge has been lost or stolen you need to complete section 1 and sections 6, 7 and 8.

Proof of your identity

- A photocopy of **one** of the following must be submitted with your application: your birth/ adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.

Photograph

- The regulations state that photographs used for Blue Badges must be in accordance with passport standards
- Photographs should be in colour
- Enclose **ONE** recent passport-style photograph of the applicant, taken from self-service booths or any suitable photograph cut down to an appropriate size 1.37 inches (wide) by 1.77 inches (high) or 35mm (wide) by 45mm (high)
- No one else should be in the photograph
- Photograph must be a true likeness of the applicant
- Please ensure that the applicant's name and Post Code are on the back of the photograph
- The photograph needs to show the applicant's full face so that the holder can be easily identified
- The photograph should be no more than 12 months old and must not have previously been laminated
- 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.

Section 2 - Questions for 'without further assessment' applicants

You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2. You will need to provide the appropriate documentation to prove eligibility under one of the criteria.

Section 2a

If you are registered severely sight impaired/blind with South Gloucestershire Council you should provide your registration number.

If you are not registered severely sight impaired/blind or you are not registered with South Gloucestershire Council you need to enclose a copy of a Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist that states that you are severely sight impaired/blind.

Section 2b

Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). You will have received an award notice letter from the Pension, Disability and Carers Service (PDCS). You must enclose a copy of this award letter unless it is more than 12 months old in which case you should send a copy of the annual uprating letter which you will also have been sent stating your entitlement.

If you have lost your HRMCDLA award letter or your uprating letter, then please contact the PDCS for a current award letter by:

If you were born after 8 April 1948

Telephone: 08457 123 456

Textphone: 08457 22 44 33

NGT text relay

(if you cannot hear or speak on the phone):

18001 then 0800 121 4600

Monday to Friday, 8am to 7:30pm

If you were born on or before 8 April 1948

Telephone: 0800 731 0122

Textphone: 0800 731 0317

NGT text relay

(if you cannot hear or speak on the phone):

18001 then 0800 731 0122

Monday to Friday, 8am to 6pm

Section 2c

Please complete this section if you receive a Personal Independence Payment (PIP) and your decision letter states that you meet one of the 'Moving Around' descriptors within the Mobility Component. Your decision letter can be used as proof of receipt of the relevant PIP award. If you have lost your PIP decision letter then please contact the Disability Service Centre:

Telephone: 0800 121 4433

Textphone: 0800 121 4493

NGT text relay (if you cannot hear or speak on the phone): 18001 then 0800 121 4433

Monday to Friday, 8am to 6pm

Section 2d

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a copy of your letter of entitlement to this benefit. If you have lost this letter, please contact Veterans UK via the freephone enquiry number: 0808 191 4218.

Section 2e

Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by Veterans UK as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You will have been issued with a letter from Veterans UK 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 this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the freephone enquiry number: 0808 191 4218

Section 3 – Questions for 'subject to further assessment' applicants with walking difficulties

Section 3 is to be completed if the questions in Section 2 do not apply to you and if you have a permanent and substantial disability which means you cannot walk or which means that you have very considerable difficulty walking. A permanent disability is one that is likely to last for the duration of your life. Medical conditions such as asthma, autism psychological / behavioural problems, Crohn's disease / incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk without assistance or severe discomfort. It can be difficult to accurately work out the distance you can walk. There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres.
- A size 9 shoe is about a third of a metre
- The average double-decker bus is about 11 metres long
- A full-size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance
- About your walking speed
- The way that you walk, for example, shuffling or small steps etc.

Section 4 – Questions for 'subject to further assessment' applicants with disabilities in both arms

Section 4 should be completed by applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment. You will need to satisfy all three conditions above in order to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.

Section 5 – Questions for 'subject to further assessment' applicants under the age of three

Section 5 should be completed on behalf of a child:

- A child under three years of age who has a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- A child under three years of age who has a medical condition which means that they need to be near a vehicle at all times, either for treatment in the vehicle, or for transportation to a location where treatment can be given.

For sections 3, 4 and 5 please supply copies of any relevant documents from medical specialists that confirm mobility difficulties, arm difficulties and /or your medical condition(s).

Section 6 – Authorisation for Third Party

If you would like South Gloucestershire Council to discuss your application with a third party then this section should be completed. If the applicant would like correspondence to be sent to the third party then a letter confirming Power of Attorney must be enclosed.