

## BLUE BADGE SCHEME FAST TRACK APPLICATION

This application form is for terminally ill applicants. If you have filled in this form we will need to see a copy of your DS1500 form.

**Please complete in BLOCK CAPITALS**

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| Title (Mr, Miss, Mrs, Ms, Other):  |                                      |   |  |
| First Name:  |                                      |   |  |
| Surname:   |                                      |   |  |
| Surname at Birth (if different)  |                                      |   |  |
| Date of Birth:   |                                      | Male <input type="checkbox"/>             | Female <input type="checkbox"/> Other <input type="checkbox"/> |
| Country of Birth:  |                                      |   |  |
| National Insurance No:   |                                      |   |  |
| Address (including postcode):  |                                      |   |  |
| Telephone Number:  |                                      |   |  |
| Previous address if it was different within the last 3 years:                                  |                                      |   |  |
| DS1500 form: (please tick)<br>If you do not have a DS1500 form please supply medical evidence. | DS1500 Form <input type="checkbox"/> | Medical Evidence <input type="checkbox"/> |  |
| Photo attached: (please tick)  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>               |  |
| Proof of ID: (please tick)   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>               |  |
| Do you hold a current Blue Badge with another Local Authority                                  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>               |  |
| If Yes: which Authority  | .....                                |   |  |
| Blue Badge serial number and expiry date   | .....                                |   |  |
| Signed by Applicant:   |                                      |   |  |
| Signed by third party (if applicable)  |                                      |   |  |
| Date:  |                                      |   |  |

|  |  |
|--|--|
| Third Party Consent<br>If you would like us to be able to discuss your application with a third party please give their details. | Name:<br>Relationship:<br>Home Tel No:<br><br>Mobile Tel No: |
| If you wish correspondence to go to a third party, please enclose a letter confirming power of attorney.                         |  |

Please email or scan this form to **contravel@southglos.gov.uk**

Or post this form to **South Gloucestershire Council, Concessionary Travel, PO Box 1953, Bristol BS37 0DB**

Contact Telephone Number: **01454 868004**

**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 detection of fraud.