



Blue Badge

Application for a Disabled Person's Parking Badge

In February 2012 the Government introduced revised guidance for the Blue Badge scheme which is mainly for people who; cannot walk, or have very considerable difficulty walking. (see page 2 for exceptions)

Applicants who have previously held a Blue Badge are not automatically entitled to receive a new Blue Badge. This is due to revised guidance and a more robust assessment of eligibility being carried out.

You need to complete all sections relevant to you and complete the application form in full. This is important as it will decide your eligibility for a Blue Badge.

- Incomplete application forms will not be processed and will be returned for completion.
- Applications can take up to 12 weeks to be considered.
- You will be notified of the outcome of your application in writing.

Is this the first time you have applied for a blue badge?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you currently hold a blue badge please provide expiry date				/ /		
Who is the Badge for?						
Title		Forename(s)				Affix photo here
Surname						
Full Name at Birth						
Date of Birth	/ /	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Town and Country of Birth						
National Insurance Number / Child registration Number						
Home Address						
					Postcode:	
Home Telephone Number:			Mobile Telephone Number:			
Email address:						
Previous Address, if different in the last 3 years						

SECTION 1: APPLICANTS APPLYING WITH AUTOMATIC ELIGIBILITY

Q1: Please tick the relevant statement below if you are in receipt of one of these benefits. If not, please continue to the next question.

- ☐ I receive the Higher Rate of Mobility Component of the Disability Living Allowance for an indefinite period and enclose the current copy as proof of my entitlement which was issued within the last 12 months.
- ☐ I receive the Higher Rate of Mobility Component of the Disability Living Allowance but my **benefit entitlement has less than 3 years remaining.** Please complete section 2 of this application form.
- ☐ I receive the Personal Independence Payment (PIP) at 8 points or above in the Moving Around Activity and enclose a copy as proof of my entitlement which is current and shows the length of my benefit as well as how many points I receive for the moving around section. (If your benefit entitlement has less than 3 years remaining please complete section 2 of this application)
- ☐ I receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 and been assessed as having a permanent & substantial disability that causes an inability to walk or very considerable difficulty in walking and enclose the current copy as proof of my entitlement.
- ☐ I receive the War Pensioner's Mobility Supplement (WPMS) and enclose the current copy as proof of my entitlement.
- ☐ I am registered as severely sight impaired (registered blind) and enclose either BD8 certificate or CV1 Certificate from my ophthalmologist.
(Please note that partially sighted people do not automatically qualify for a Blue Badge)
- ☐ I am receiving end of life care from a health professional and enclose the DS1500 Form as proof.

If you have been able to tick at least one of the above statements, please proceed to section 5

- ☐ None of the above statements apply to you. This means your application is subject to further assessment using the information you provide on this form. **(please read the guidance on page 3 before proceeding to section 2.)**

GUIDANCE FOR APPLICANTS SUBJECT TO FURTHER ASSESSMENT

IMPORTANT NOTES

If you are unable to complete Section 1 you will need to be able to demonstrate that you have a permanent and substantial disability which means you are either unable to walk, or have considerable difficulty with walking.

A Blue Badge will NOT be awarded if any of the following statements apply to you;

- ☐ You have a temporary health impairment or injury such as a broken leg or recovering from a hip/knee replacement that is expected to recover within 6 months.
- ☐ You only need a Blue Badge to access facilities to manage continence.
- ☐ You only require a wide parking bay to open the car door.
- ☐ You only have poor eye sight
- ☐ You only require a Blue Badge to help manage a mental health condition, (for example memory loss or behaviours/routines).
- ☐ You have intermittent periods when you walk with considerable difficulty, but most of the time you are able to walk.

If you have ticked any of the above statements, you are unlikely to be eligible for a Blue Badge. Please refer to the 'frequently asked questions' with the enclosed guidance notes.

If none of the above apply to you and you are either unable to walk, or have very considerable difficulty walking, please continue to complete section 2 only, then proceed to section 5.

If none of the above apply to you and you are applying because you have a severe disability in both arms please complete section 3 only, then proceed to section 5

If none of the above apply to you and you are applying for a child under the age of 3 complete section 4 only, then proceed to section 5.

SECTION 2 - Questions for 'subject to further assessment' applicant with walking difficulties.

These questions are intended for people who have answered NO to all of the questions in Section 1. 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, are over two years of age and:

- **have a permanent and substantial disability which means you are unable to walk; or you have very considerable difficulty in walking;**

If you are completing this section you must answer all the questions. Please consult the guidance notes enclosed with this application form before completing the following questions

If this criterion does not apply to you please go to Section 3.

2.1 MEDICAL CONDITIONS

Please describe:

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

2.2 Please describe:

- Any surgeries, 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.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

2.3 What medication, including pain relief, do you currently take in relation to the conditions/ disabilities you described above?

Medication

Dosage

Frequency

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

2.4 Are any of the above for pain relief?

☐

Yes

☐

No

2.5 CURRENT STATUS

Please tick whichever statements apply to you and provide further details in the space below

- ☐ Awaiting surgery in relation to the conditions described above
- ☐ Recuperating from surgery in relation to the conditions described above
- ☐ Awaiting treatment for any of the conditions described above
- ☐ Managing your condition/disability since you have been advised it is not expected to improve any further
- ☐ None of the above

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

Name	Job title	Hospital/Health Centre	Telephone Number

Do you anticipate that your condition will improve in the next 3 years? (Tick as appropriate)

Yes ☐ No ☐ Don't know ☐

2.7 Has your condition been diagnosed as terminal? ☐ Yes ☐ No

2.8 WALKING ABILITY

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

- ☐ 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
- ☐ I am able to walk, but 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 am unable to climb the stairs
- ☐ I am unable to walk at all

2.9 Are you able to walk outside without help?

Yes ☐ No ☐ (please describe the help you need)

2.10 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)

From: (e.g. home)

To: (e.g. road name)

2.11 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.
- ☐ Other
If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

2.12 Do you use any of the following when you are walking?
(Please tick whichever options apply to you)

- | | |
|---|---|
| <input type="checkbox"/> 1 elbow crutch | <input type="checkbox"/> 2 elbow crutches |
| <input type="checkbox"/> 1 walking stick | <input type="checkbox"/> 2 walking sticks |
| <input type="checkbox"/> Walking frame (Zimmer frame) | <input type="checkbox"/> Rollator |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Other (please describe in the space below) | |

Were your walking aids...
(Please tick whichever options apply to you)

- ☐ Purchased privately
- ☐ Prescribed by a healthcare professional
- ☐ Provided by Social Services
- ☐ Other (please describe below)

2.13 How far would you estimate you are able to walk before you feel severe discomfort?
(Please state the distance in metres or yards using whichever measure is best for you.)

_____metres _____yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

minutes

Are you able to continue walking after a short rest?

☐ Yes ☐ No

If you can continue, roughly how long (in minutes) are you able to walk for in total?

minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

☐ Yes ☐ No

Do you get short of breath walking with other people of your own age on level ground?

☐ Yes ☐ No

Do you have to stop for breath when walking at your own pace on level ground?

☐ Yes ☐ No

Do you get too breathless to leave your home, or after dressing?

☐ Yes ☐ No

**Please check you have answered all the questions in this section.
Not answering all of the questions may delay the processing of your application.**

Section 3 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.

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, are over two years of age and:

- drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.

If you are unsure whether these questions apply to you, then please consult the guidance notes enclosed with this application form.

If this criterion does not apply to you please go to Section 4.

Do you drive regularly? Yes ☐ No ☐

Do you have a severe disability in both arms? Yes ☐ No ☐

Please describe your medical condition:

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 with operating parking meters and 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.

Section 4 – Questions for ‘subject to further assessment’ applicants under the age of three

These questions are intended for 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.
- They must always be kept near a motor vehicle on account of a condition so that 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 consult the guidance notes enclosed with this application form.

If this criterion does not apply to you please go to Section 5.

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 that suffers from 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 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 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 they need, or provide the healthcare professional's contact details below:

Section 5 – Further information, declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

5a) Further information

Is there anything else you can add that you think is relevant in support of your application for a Blue Badge?

5b) Declarations about the information you have provided and the application process

Please read the following declarations.

Providing fraudulent information may result in prosecution and a fine.

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, 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 Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

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 form.

I confirm that the coloured passport sized photograph I have submitted with my application is a true likeness.

I understand that I must not hold more than one valid Blue Badge (Disabled Person’s Parking Badge) at any time.

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.

I understand that the local authority may need to contact an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake a mobility assessment with a healthcare professional, who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I understand that that, if my application is successful, I must not allow any other person to use the badge for their benefit and I must only use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme: rights and responsibilities in England” leaflet which will be sent to me with the badge.

I consent to the local authority checking any information already held by the Council's Social Care department 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

I agree to the disclosure of the information included in this form to other council departments/ service providers so that I can be informed about other council services that may be of benefit to me.

5c) Application checklist

See section 1 of the accompanying Guidance Note.

- ☐ £10 Cheque or Postal Order made payable to Warwickshire County Council. If you are paying by Postal Order please keep your receipt.
- ☐ Coloured Passport sized photo with your name written on the back
- ☐ Photocopy of proof of address
- ☐ Photocopy of proof of identity
- ☐ Photocopy of proof of your automatic eligibility evidence (if applicable)

5d) Your signature against the declarations in this section

Please print your name here:	
Date of application: (DD/MM/YYYY)	
Your signature:	

Information in other formats

If this information is difficult to understand, we can provide it in another format, for example, in large print, on audio tape, easy read, or in another language. Please contact the Interpreting and Translation Unit on 01926 410410.

Please ensure you include the correct postage for large letter as insufficient postage may delay your application

Please return your completed form

to: Warwickshire County Council

Customer Service Centre

Shire Hall

Warwick

CV34 4RL

For any queries please contact us on 01926 410410 or bluebadges@warwickshire.gov.uk

FOR OFFICIAL USE ONLY

CRM Case number	Badge Number	New Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Processed by	<input type="text"/>	Application Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Manager's Signature	<input type="text"/>	Date <input type="text"/>