

Blue Badge Individual Application Form

Data Protection Act 1998

We will keep the personal information you give us on this form safe. Your information is protected by law. This means that:

- we only use it for the purpose we give on the form;
- we only share it with people who need to see it;
- we only keep it for as long as we have to; and
- you have the right to see the information we hold about you.

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. Please refer to the accompanying guidance notes before completing this form.

Please fill in this form in **black ink** and write in **BLOCK CAPITALS**

Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16, or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

Title Mr, Mrs, Miss, Ms, other:

Gender please tick:

Male

Female

Date of birth dd-mm-yyyy:

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First names in full:

Surname:

Surname at birth:

Place of birth

Town:

Country:

Nat. Insurance / Child Reg. number:

See Section 1 of the accompanying guidance notes

Driving Licence number:

If you hold a driving licence

Current address including postcode:

Home phone number:

Mobile phone number:

Email: please give us your email address if you are happy for us to use this to communicate with you

Previous address if different in the last three years:

Do you currently hold a Blue Badge, or have you held a Blue Badge before?

 Yes No

If you have, which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date?

Proof of your address, dated within the last 12 months

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide a photocopy.

Council Tax bill bearing my name and address, dated within the last twelve months; or

Award letter from the Service Personnel and Veterans Agency; or

Benefit award letter from the Department of Work and Pensions; or

Housing benefit (or other type of benefit) award letter dated within the last twelve months; or

If under 16, a confirmation letter from the school that the child attends that school.

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 only** (not original) of one of the following as proof of your identity.

Birth / adoption certificate

Marriage / divorce certificate

Passport

Civil partnership / dissolution certificate

Valid driving licence

Certificate of British nationality

HM Force ID card

Identity card for foreign nationals

Photograph

Please print your name on the back of your passport-style photograph then attach the photograph to the box. The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. 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.

Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge.

Up to three registration numbers should be nominated, but please remember that other vehicles can be used.

Section 2 – Questions for ‘without further assessment’ applicants

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

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

If you receive Attendance Allowance please proceed to Section 3.

2a – People who are severely sight impaired (BLIND)

Are you registered as blind (severely sight impaired)?

Yes No

If ‘Yes’, do you give consent to us to check the local authority’s register of blind people to see whether your disability is already known to the council?

Yes No

If ‘No’, then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind.

Yes No

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

Do you receive the Higher Rate of the 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?

– –
Day Month Year

2c – 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?

– –
Day Month Year

2d – 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 have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes No

2e – 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?

– –
Day Month Year

If you have answered ‘Yes’ to any of the questions in Section 2 please go straight to Section 4.

If you have ticked ‘Yes’ to any of the questions 2b to 2e, you will need to send in a photocopy of your award letter dated within the last 12 months.

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

Please read the guidance notes enclosed with this application form before completing this section.

Please state all your medical conditions or disabilities. (Please continue on a separate sheet if required)

Are you prone to falls?

 Yes No

If 'Yes', how many falls have you experienced in the last 12 months which have led to hospital admission or required medical assistance from a GP? (Please provide evidence)

How do the conditions or disabilities you stated above affect your walking pattern and your ability to walk and balance?

What is the maximum distance you can walk without stopping, experiencing severe discomfort, or require help from another person?

How long does it take to walk this distance?

What mobility aids do you use to assist you when walking, eg. wheelchair, zimmer frame?

Please state the healthcare professional or specialist who has been treating you in relation to your walking difficulty.

Name:

Phone:

Job title:

Hospital / Health Centre

Please attach a copy of your prescription and any supporting medical evidence/Consultant letters regarding your mobility.

Section 4 – Declarations and signatures.

These questions should be answered by **all** applicants for a Blue Badge.

Declarations to be completed by applicants

- 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 understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.
- I confirm that the photograph I have submitted with my application is a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that 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 understand that I must not hold more than one valid Blue Badge at any time.

Declarations to be completed by all 'subject to further assessment' individual applicants (i.e. people who have completed Section 3)

- I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment in order to determine my eligibility for a Blue Badge.

For information on Birmingham City Council's Privacy Statement, please visit www.birmingham.gov.uk/privacy

4a – Your signature or the signature of someone signing on your behalf if you are unable to sign

Signature:

Date of application:

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Day Month Year

Please print your name here:

Send this form and copies of documents to:

Blue Badge Team
PO Box 16475
Birmingham
B2 2EH

If you have any questions about this form please refer to the guidance notes on www.birmingham.gov.uk/blue-badge-scheme or email your enquiry to BlueBadgeEnquiries@birmingham.gov.uk