Birmingham City Council

ACF0674
October 2012

Blue Badge Individual Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. When completing this form you may find the accompanying guidance notes helpful.

Birmingham City Council may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

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.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance notes.

Title Mr, Mrs, Miss, Ms, other:

Gender please tick: ☐ Male ☐ Female

Date of birth dd-mm-yyyy:

☐☐ – ☐☐ – ☐☐☐☐

First names in full:

Surname:

Surname at birth:

Place of birth

Town:

Country:

National Insurance / Child Registration number:
See Section 1 of the accompanying guidance notes

Driving Licence number if you hold a driving licence:

For office use only

Date sent:

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.

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 where relevant.

- ☐ Council Tax bill bearing my name and address, dated within the last twelve months; or
- ☐ A confirmation letter from Adults and Communities or another local authority service that you are resident; or
- ☐ Award letter from the Service Personnel and Veterans Agency; or
- ☐ Benefit award letter from the Department of Work and Pensions; or
- ☐ Copy of a valid driving licence; 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; or
- ☐ Pensions letter from the Pensions Service

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 originals) of one of the following as proof of your identity.

- [ ] Birth / adoption certificate
- [ ] Marriage / divorce certificate
- [ ] Passport
- [ ] Civil partnership / dissolution certificate
- [x] Valid driving licence
- [ ] Certificate of British nationality
- [ ] HM Force ID card
- [ ] Identity card for foreign nationals

Photographs
Please attach below two recent passport-style photographs of the applicant. 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 ensure that the applicant's name is printed on the back of the photograph and that you complete Sections 4(a) and 4(d) of this form to confirm that the photograph is a true likeness.

Instructions
Please write your name on the back of your two passport-style photographs then attach the photographs to the boxes on the left.

Badge issue fee where applicable
If your application for a blue badge is successful, we will contact you with details on how to pay for your blue badge. Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received.

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 they:

- 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.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes enclosed with this application form.

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

Are you registered as blind (severely sight impaired)?

☐ Yes ☐ No

If 'Yes', please state which local authority you are registered with:

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

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose a photocopy of your original letter of entitlement to this benefit issued within the last twelve months or your original annual uprating letter.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

If you have lost this letter, then the agency can be contacted via the freephone enquiry number: 0800 169 22 77.

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

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a photocopy of your original letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the freephone enquiry number: 0800 169 22 77.

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

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) 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 the original of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the freephone enquiry number: 0800 169 22 77.

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

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 your medical conditions or disabilities.

Please attach a copy of your prescription.

How do the conditions or disabilities you stated above affect your ability to walk?

Do you use any of the following walking aids? You can tick more than one box.

- ☐ 1 elbow crutch.
- ☐ 2 elbow crutches.
- ☐ 1 walking stick.
- ☐ 2 walking sticks.
- ☐ Walking / Zimmer frame.
- ☐ Rollator.
- ☐ Wheelchair.
- ☐ Powered wheelchair.
- ☐ **Other.** Please describe below:

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

Metres: Yards:

For more information about measurements, see page 4, section 3 of the Guidance Notes.

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

Name:

Phone:

Job title:

Hospital / Health Centre

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge? Use a separate sheet if required.

Section 4 – Declarations and signatures.

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

4a – Mandatory declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- 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.

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 photographs I have submitted with my application are 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.

4b – Your consent to use your information to improve the service you receive

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you.

☐ I consent to the local authority checking any information already held by the local authority's Social Services 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 local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

4c – Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose. If you fail to provide the appropriate documents your application will be returned to you.

Section 1 – Information about you

☐ Proof of your address, dated within the last 12 months (if you have not given consent for us to check Council Tax / electoral register / school records).

☐ A photocopy of proof of your identity.

☐ Two passport-style photographs of yourself with your name on the back. **Please see Section 4 of the guidance notes for the rules about passport-style photographs.**

Section 2a – People who are severely sight impaired

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

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

☐ A photocopy of an original letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter.

Section 2c – People who receive the War Pensioner's Mobility Supplement

☐ A photocopy of an original letter of entitlement for the War Pensioner's Mobility Supplement.

Section 2d – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

☐ A photocopy of an original 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 3 – Applicants with walking difficulties

☐ A copy of your prescription.

☐ A letter from a healthcare professional giving details of your medical condition.

4d – Your signature against the declarations in section 6a and 6b

Your signature:

Date of application:

Day – Month – Year

Please print your name here:

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

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 contact us.

Phone: **0121 303 1234** (option 2)

Email: **acap@birmingham.gov.uk**