

INDIVIDUAL BLUE BADGE APPLICATION FORM

Adult Social Care & Health, Time Square, Market Street, Bracknell, RG12 1JD



Office use only	LAS Ref:
RECEIVED	BBIS Ref:
EXP: / /	<input type="checkbox"/> NEW <input type="checkbox"/> REVIEW

Please complete **ALL** parts in **BLOCK CAPITALS**.

SECTION A (Personal Details)

(if completing this form on behalf of a child under 16 years of age, please provide their details in the appropriate sections and sign the form on their behalf)

If you currently hold a Blue Badge please provide the following:

Serial No. (Badge number)	Expiry Date of current badge	Issued by (Name of Local Authority)
	DD / MM / YYYY	

<p>Surname:</p> <input style="width: 90%;" type="text"/>	<p>Title (Mr, Mrs, Miss, Ms)</p> <input style="width: 80%;" type="text"/>
<p>Forename(s):</p> <input style="width: 90%;" type="text"/>	<p>Date of Birth</p> <input style="width: 80%; text-align: center; color: grey;" type="text"/>
<p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p>	<p>Surname at Birth:</p> <input style="width: 90%;" type="text"/>
<p>National Insurance number</p> <input style="width: 20%;"/> <input style="width: 20%;"/> <input style="width: 20%;"/>	<p>Town of Birth:</p> <input style="width: 90%;" type="text"/>
<p>NHS number:</p> <input style="width: 90%;" type="text"/>	<p>Country of Birth:</p> <input style="width: 90%;" type="text"/>

Address:	Postcode:
Email:	Home Tel:
	Mobile:

Previous address, if different in the last three years:

	Postcode:
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Please indicate ethnic origin by ticking the appropriate box:

English / Welsh / Scottish / N.Irish	Southern Irish	Asian Bangladeshi	Asian Indian	
Asian Other	Asian Pakistani	Black African	Black Caribbean	
Black Other	Gypsy / Irish Traveller	Mixed White & Asian	Mixed White & Black African	
Mixed White & Caribbean	Mixed Other	Asian Nepali	Asian Chinese	
Arab	White Other	Black Other	Unknown	

SECTION B (Eligibility Criteria)
'Eligible without Further Assessment'

1. Registered Severely Sight Impaired (Blind)

Are you registered as severely sight impaired (Blind) under the National Assistance Act 1948?

Yes No

If YES, please specify the local authority which you are registered with and provide a copy of your registration card or certificate (CVI).

2. Higher Rate Mobility Component of Disability Living Allowance (DLA)

Do you receive Disability Living Allowance at the Higher Rate for Mobility?

Yes No

If YES, please provide a current copy of the official DWP letter confirming an award of the allowance

PLEASE NOTE: Attendance Allowance is NOT automatic criteria. If you receive Attendance Allowance please go to section C and complete the form.

3. Personal Independence Payment (PIP) for the 'Moving Around' descriptor

Do you receive a Personal Independence Payment (PIP) award for the 'Moving Around' descriptor for Mobility of 8 points or more?

Yes No

If YES, please provide a current copy issued of the official DWP letter confirming an award of the allowance. Please provide the section of the letter with your breakdown of points for MOBILITY.

4. War Pensioner's Mobility Supplement

Do you receive War Pensioners Mobility Supplement?

Yes No

If YES, please provide recent evidence (e.g. an official letter confirming this allowance)

5. Armed Forces Compensation Scheme

Have you been awarded a lump sum benefit (within tariff 1-8) of the Armed Forces Compensation Scheme and been assessed as having a permanent and substantial disability which caused inability to walk or very considerable difficulty in walking?

Yes No

If YES, please provide recent evidence (e.g. an official letter confirming this allowance)

If you answered **YES** to **any** of the questions above, **please go to Section D.**
 If you answered **NO** to **all** of the questions above, **please go to Section C.**

SECTION C (Eligibility Criteria)
'Eligible subject to further assessment'

For information, please read section C1 of the attached guidance notes.

1. Severe disability in both arms

1(a) Do you satisfy all of the following?

- Drive regularly Yes No
- Have a severe disability in both arms; and Yes No
- Unable to operate or have considerable difficulty operating all or some types of parking meters. Yes No

Please describe your medical condition:

1(b) If you drive an adapted car, please give details of adaptation:

1(c) Please explain the difficulties you have operating parking meters and pay and display machines:

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2. Unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability.

This section must be completed if you do not meet the automatic criteria as listed on page 2.

2 (a) Are you able to walk? (please tick 'Yes' if you are able to walk at all)

Yes

No

2 (b) Do you have physical problems that restrict your walking?

Yes

No

If yes, please give details below:

2 (c) How far can you normally walk (including any short stops) before you feel severe discomfort? - see page 12 if you require help with distances

(Please enter the distance in metres or yards using whichever measure is best for you)

: Metres

Yards

2 (d) How long, on average, would it take you to walk this far?

: Minutes

2 (e) How many minutes can you walk for before you feel severe discomfort?

If you are not sure how long you can walk for, it may be useful to time this so you can give us accurate information. By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness or muscle spasms.

: Minutes

2 (f) Please tick the box that best describes your walking speed:

Normal or Moderate (about 51 metres or more a minute)

Slow (about 40 to 50 metres a minute)

Very Slow (less than 40 metres a minute)

If there is not a box that describes your walking speed, tell us in your own words about your walking speed:

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2 (g) Please tick the box that best describes the way you walk:

- Normal**
- 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, use swing through crutches or need physical support.

If there is not a box that describes the way you walk, tell us in your own words about the way you walk:

2 (h) Please tick the walking aid(s) you use: Please give details of use below:

Wheelchair - Manual or	<input type="checkbox"/>	<table border="1"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>							
Powered	<input type="checkbox"/>								
Walking Stick	<input type="checkbox"/>								
Walking Frame	<input type="checkbox"/>								
Crutches	<input type="checkbox"/>								
Swing through Crutches	<input type="checkbox"/>								
Artificial limbs	<input type="checkbox"/>								

2 (i) Have you attended the Bracknell Falls Clinic at the Bridgewell Centre in the last 6 months?

Yes No

2 (j) Have you had an assessment at home by the Independent Mobility Assessor for a previous Blue Badge?

Yes No

2 (k) Please provide below a registered health professional who could be contacted for details on your mobility (e.g. GP, occupational therapist, physiotherapist)

Name	
Address	
Official Title (if known)	Tel:

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2 (I) Apart from your GP, in the last 12 months, have you seen anyone in connection with your illness or disability?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist. Please tell us their professional address where you see them, such as health centre or hospital.

Yes

No

Their name:

(Mr, Mrs, Miss, Ms, Dr)

Their professional or specialist area:

The address where you see them:

Their telephone number:

(including the dialling code)

Your hospital record number:

(you can find this on your appointment letter or card)

Which of your illnesses or disability do you see them for?

How often do you usually see them because of your illness or disability?

When did you last see them because of your illness or disability?

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them below:

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3. Are you applying on behalf of a child aged under two years who either:

3 (a) Has a condition requiring transportation of bulky medical equipment at all times?

Yes No

And / or

3 (b) Has a condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

Yes No

Please describe the child's medical condition:

3 (c) Does this require regular transportation of bulky medical equipment?

Yes No

If YES, what type of equipment?

3 (d) It would be useful if you could provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need, or provide contact details below:

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SECTION D (Driver / passenger status and vehicle registration)
to be answered by all applicants

Will you be a driver or passenger in a car when using a blue badge?

Driver

Passenger

Both

Vehicle registration number for principal car in which badge will be used

(One number should be nominated, but other vehicles may be used and the badge transferred when necessary)

SECTION E (Further information)

Please use this space to tell us anything else you think we should know about your claim that is not covered in this application.

INDIVIDUAL BLUE BADGE APPLICATION FORM
IMPORTANT INFORMATION

ALL applicants MUST complete this declaration if this page is not completed this form will be returned to you and your application will be delayed.

DECLARATION (to be completed by all applicants)

I declare that, to the best of my knowledge, all the information I have provided is correct.

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

I agree to the local authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

I agree to the local authority sharing information in this form with other local authorities responsible for the Blue Badge Scheme and with parking enforcement agencies for the purpose of preventing and detecting crime.

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by the local authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for the discounts for congestion charging or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure 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.

BFC is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see <http://www.bracknell-forest.gov.uk/nationalfraudinitiative> or contact Internal Audit on 01344 352322.

Name

Signed

Date

DD / MM / YYYY

INDIVIDUAL BLUE BADGE APPLICATION FORM

CHECKLIST

Please enclose all the relevant documents.

I have completed

Section A

Section B (If applicable)

Section C

Section D

Declaration and Signature (on page 9)

Please DO NOT enclose originals when submitting your application through the post as Bracknell Forest Council cannot accept responsibility for loss or damage of documents.

*** ALL applications must be submitted with the following:**

*** Confirmation of Address**

(e.g. Photocopy of blue badge reminder letter, driving licence, utility bill, pension letter)

*** Confirmation of Identity**

(e.g. Photocopy of passport, birth / marriage certificate or pension letter)

*** Medical Evidence – (required if you do not meet the automatic criteria)**

(e.g. Photocopy of repeat prescription list(s) / medication list(s))

If you have any other evidence that you think may assist your application such as hospital consultant / GP report(s) please include photocopies.

Please note: Some GP practices may charge a fee for letters and reports it is therefore recommended that you only submit any medical evidence that you already hold if you have any.

*** Attached 1 x recent colour passport style photograph**

(With applicants name printed and signed on back)

Enclosed up to date evidence of Higher Rate of the Mobility Component of Disability Living Allowance/ PIP or War Pensioners' Mobility Supplement. (if applicable)

Enclosed a copy of registration card for people registered BLIND (if applicable)

Enclosed recent evidence in connection to application for children under two (if applicable)

Payment (£10.00) - please only make payment if you meet the automatic criteria

and have enclosed the relevant evidence as listed on page 2. Please call our customer services on 01344 352000 to pay by **Debit Card** or pay **Cash** at our Time Square reception in Bracknell.

If you are applying or re-applying under the 'subject to further assessment' criteria please do not provide payment, we will contact you for payment when your application has been approved.

Please enclose ALL PREVIOUS EXPIRED BLUE BADGES with your completed application form (please cut these in half to avoid misuse if lost)

INDIVIDUAL BLUE BADGE APPLICATION FORM

GUIDANCE NOTES FOR USE BY APPLICANTS COMPLETING THIS APPLICATION FORM PLEASE DO NOT REMOVE THESE PAGES FROM THIS FORM

The Blue Badge form reflects all the criteria under which people may qualify for a badge.

Section A Personal details

This asks for your personal details including name, date of birth, national insurance number, address, telephone number and e-mail address (where applicable) and as many fields as possible should be filled in.

Please ensure you provide proof of identity and address. (see pg. 10 for examples of proof).

Please tick the relevant New / Review box, if you have previously had a badge issued the expiry date should be in the relatively near future, and two badges will not be valid for one applicant at the same time. If a current badge is held, please indicate the expiry date in the relevant box.

Section B Eligible without further assessment

You will be eligible for a badge without further assessment if you are more than two years old and meet at least one of the eligibility criteria in Section B.

You will need to provide the appropriate documentation to prove eligibility under one of the criteria.

Section B1: for registered severely sight impaired (blind) people – asks you to state the name of the local authority or borough with which you are registered. In England and Wales, you should state the county, metropolitan district or London borough council.

In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered as severely sight impaired (blind).

The formal notification required to register as severely sight impaired (blind) is a Certificate of Visual Impairment (CVI), signed by a Consultant Ophthalmologist. However, registration is voluntary.

Section B2: for those who receive the Higher Rate Mobility Component of the Disability Living Allowance / PIPS. An applicant in receipt of these will have had an award notice letter from the Department for Work and Pensions (DWP) or a vehicle with excise duty exemption. If you have lost this the DWP can provide another copy – Please call 0845 850 3322. (Mon- Fri 8am – 6pm)

Section B3: for those who receive a War Pensioners Mobility Supplement (WPMS). An applicant receiving WPMS will have an official letter from the Service Personnel and Veterans Agency (SPVA) demonstrating receipt of the grant. If you have lost this letter please call the SPVA on 0800 169 22 77.

Please provide PHOTOCOPIES of proof of entitlement, as Bracknell Forest Council cannot accept responsibility for loss or damage of original documents.

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GUIDANCE NOTES ONLY – PLEASE DO NOT REMOVE FROM APPLICATION FORM

Section C Eligible subject to further assessment

Section C1: is for applicants over the age of two, with a severe disability affecting both arms. You should be a driver in the car, and satisfy all three conditions in order to obtain a badge i.e. drive regularly, have a severe disability in both arms and are unable, or find it hard, to use parking meters. Local authorities may make arrangements to meet applicants.

Section C2: is to be completed if you have a permanent and substantial disability (i.e. a condition that is likely to last three years), which means you cannot walk or which makes walking very difficult. People with a behavioural or psychological disorder will not normally qualify unless their impairment causes very considerable difficulty in walking all the time.

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.

We understand how difficult it can be to accurately work out the distance you can walk. There are several things that can help you:

- **The average adult step is just under one metre (or 1.1 yards).**
- **If you walk alongside someone and they take 100 steps you would have walked approximately 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.**

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

- **The number of steps you can take, and how long, in minutes it would take you to walk this distance (Section C2 (c)-(e))**
- **The way that you walk (Section C2 (g)), for example, shuffling or small steps etc.**

You may have had a mobility assessment in the last 12 months that covered your walking ability, and you can give details of this in Section C2 (j).

Your local authority may ask you to be assessed by a medical professional, such as a qualified physiotherapist or occupational therapist.

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GUIDANCE NOTES ONLY – PLEASE DO NOT REMOVE FROM APPLICATION FORM

Section C3: This covers children under two years of age who have a medical condition which means they must always be accompanied by bulky medical equipment which cannot be carried around, or need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of two.

The list of bulky medical equipment referred to above may include:

- **ventilators**
- **suction machines**
- **feed pumps**
- **parenteral equipment**
- **syringe drivers**
- **oxygen administration equipment**
- **continuous oxygen saturation monitoring equipment, and**
- **casts and associated medical equipment for the correction of hip dysplasia.**

A local authority will issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- **tracheotomies**
- **severe epilepsy/fitting**
- **highly unstable diabetes; and**
- **terminal illnesses that prevent children from spending any more than brief moments outside and need a quick route home.**

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

Section D Driver/ passenger status

In section D you should state whether you will be a driver or passenger, as well as the registration number of the main vehicle in which you are travelling.

Section E Further information

You may use Section E to add any further relevant information that has not already been covered elsewhere.

Declaration

All applicants must sign and date the form. If the applicant cannot sign for themselves this section can be countersigned by an appointee or person with Power of Attorney.

Checklist

Please use the checklist to ensure you have enclosed everything which is required.

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Photograph:

A photograph is necessary in order to ensure correct use of the Scheme. It is not required that a photograph be taken in a photo booth, but it must be the same dimensions as detailed, showing the applicant's face clearly and in colour. A photo which is smaller or exceeds this size will not be accepted and will be returned to you, delaying your application.

Please do not place tape across the front of the photograph, this will obscure the image and may damage it.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the applicant.

Image box
size:

35mm



45mm

IMPORTANT INFORMATION FOR ALL APPLICANTS

Reports of misuse and lost / stolen badges are recorded on file, these reports are taken into account when a person applies to review their blue badge.

It is therefore extremely important that you keep your blue badge in a safe place when it is not in use.

It is a criminal offence for you or anyone else to misuse your blue badge, and doing so could lead to a £1,000 fine and confiscation of the badge.

ALL BLUE BADGES REMAIN THE PROPERTY OF THE ISSUING LOCAL AUTHORITY.

ALL EXPIRED BLUE BADGES MUST BE RETURNED.

INDIVIDUAL BLUE BADGE APPLICATION FORM

FAQS

Q: How long will my application take?

If you do not meet the automatic criteria

Your application may take up to **28 working days** (6 weeks) to process or **longer if an assessment is required by panel**. This applies to ALL NEW and RENEWAL applications.

If you meet the automatic criteria and provide up to date evidence of this your application may take up to **20 working days** (4 weeks) to process (However we endeavour to process these applications as soon as possible)

Please consider these timescales BEFORE telephoning the department for an update.

Q: Can I use my expired badge whilst I am awaiting a renewal?

Under no circumstances should an expired badge be displayed. Using an expired badge is illegal and you could be fined. You must return all expired blue badges to the issuing local authority.

Q: Can I collect my badge if approved?

Unfortunately not, Bracknell Forest Council no longer process blue badges on site, these are manufactured by an external organisation. All badges will be sent to customers directly in the post. Please allow 2-5 days for delivery.

Q: Can I receive a reminder when my badge is up for renewal?

Yes! For all badges issued after January 2012, we have a system in place which allows us to issue reminders to badge holders up to 12 weeks before your current badge is due to expire so please ensure you inform us of any changes to your address.

Blue Badge office hours are:

Monday – Friday
9.30am – 5pm

Enquiries:

Tel: 01344 351464

Email: BlueBadge.Applications@Bracknell-Forest.gov.uk

INDIVIDUAL BLUE BADGE APPLICATION FORM

For Office Use Only:



Discretionary

Automatic

/Cash /Card

Photo	Proof (if automatic)	Proof of Address	Proof of Identity	Med Evidence

Panel comments:

Further assessment required

Approved / Not Approved
(delete as appropriate)

Authorised by : _____

Date authorised: ____/____/____

Badge Issued by: _____

Date Ordered: ____/____/____

Badge start Date: ____/____/____

Scanned Initials: _____ Date: _____ (if ax required)

LAS Input: Initials: _____ Date: _____

Final Re-Scan Initials: _____ Date: _____