

BLUE BADGE – PHYSICAL DISABILITIES



<div style="border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>	Office use only	LAS Ref:
		BB Ref:
		EXP: / /

NEW **REVIEW**

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

SECTION A (Personal Details)

(if completing this form on behalf of a child under 16 yrs, 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,)</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;" type="text" value="DD / MM / YYYY"/>
<p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p>	<p>Surname at Birth:</p> <input style="width: 80%;" type="text"/>
<p>National Insurance number</p> <input style="width: 20%;"/> <input style="width: 20%;"/> <input style="width: 20%;"/>	<p>NHS number:</p> <input style="width: 80%;" 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:

White: British- English/Welsh/Scottish/N. Irish <input type="checkbox"/> Southern Irish <input type="checkbox"/> Gypsy/ Irish Traveller <input type="checkbox"/> Other:
Mixed: White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other:
Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Nepali <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other:
Black or Black British: African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black Background:
Other Ethnic Background: Arab <input type="checkbox"/> or other: (please specify) :

SECTION B - Eligibility Criteria
'Eligible without Further Assessment'

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 of visual impairment (CVI).

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. If you require an up to date copy please contact the DWP on 0800 121 4600.

PLEASE NOTE: Attendance Allowance is NOT automatic criteria. If you receive Attendance Allowance please go to page 3 and complete the form.

Do you score **8 or more points** under the **'MOVING AROUND'** part of Personal Independence Payment (PIP)?

Yes No

/ or

Do you specifically score **10 points** for "planning and following a journey" under the mobility part of Personal Independence Payment (PIP)?

Yes No

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


If you require an up to date copy please contact DWP on 0800 121 4433.

Do you receive **War Pensioners Mobility Supplement or 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 a current copy of the official SPVA letter confirming the allowance.

If you require an up to date copy please contact Service Personnel & Veterans Agency on 0800 169 2277.

 If you answered **YES** to **any** of the questions above, **please go to Page 8.**

 If you answered **NO** to **all** of the questions above, **please go to Page 3.**

SECTION C

Review applications ONLY

1(a) Have you been issued with a Blue Badge by Bracknell Forest, following a mobility assessment at home by the Independent Mobility Assessor?

Yes No

☞ If **YES**, please go to **Page 8**

☞ If **NO**, please go to **Section D below**

SECTION D - Eligibility Criteria

'Eligible subject to further assessment'

☞ If you do **NOT** have a severe disability in **BOTH** arms please go to **page 4**

1. Severe disability in both arms

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

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| • Have a severe disability in both arms | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Drive regularly; and | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Unable to operate or have considerable difficulty operating all or some types of parking meters. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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:

☞ If you have completed this section please go to **Page 8**

SECTION D - Eligibility Criteria (continued)
'Eligible subject to further assessment'

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


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**? By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness or muscle spasms.

 If you need help with distances please refer to the guidance notes on page 11

: Metres / Yards
(delete as appropriate)

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

: 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:

 If you have completed this section please go to **Page 5**

SECTION D - Eligibility Criteria (continued)
'Eligible subject to further assessment'

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
- Powered
- Walking Stick
- Walking Frame
- Crutches
- Swing through Crutches
- Artificial limbs

2 (i) Have you attended the Bracknell Falls Clinic in the past?

- Yes No

2 (j) Please provide below your General Practitioner (GP's) details

Doctors Name	
Practice address	
	Tel:

*If you have completed this section please go to **Page 6***

SECTION D - Eligibility Criteria (continued)
'Eligible subject to further assessment'

2 (k) 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, occupational therapist or physiotherapist.

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.

*☞ If you have completed this section please go to **Page 8***

SECTION D - Eligibility Criteria (continued)
'Eligible subject to further assessment'
CHILDREN UNDER 3 YRS

*☞ If you are **NOT** applying for a child under 3 yrs please go to **Page 8***

3. Are you applying on behalf of a child aged under three 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 and the type of equipment used:

3 (c) 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:

*☞ If you have completed this section please go to **Page 8***

SECTION E - Vehicle Registration
To be completed 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, however other vehicles may be used and the badge transferred when necessary

(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.

 Please now complete declaration on **Page 9**

BLUE BADGE – PHYSICAL DISABILITIES

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.

General Data Protection Regulation (GDPR)

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

 Please turn to checklist on **page 10**

BLUE BADGE – PHYSICAL DISABILITIES

CHECKLIST

Please enclose all the relevant documents.

I have completed

Section A

Section B (If applicable)

Section C (If applicable)

Section D (If applicable)

Section E

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, E+card, birth / adoption / marriage certificate or pension letter)

*** Medical Evidence – (required if you do not meet the automatic criteria on Pg2)**

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

and /or hospital / GP letters or report(s)

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.

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

(With applicants name printed on the back)

Enclosed up to date DWP award letter of Higher Rate Mobility Component of DLA/ 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 3 (if applicable)

Payment (£10.00) - Please call our Customer Services Team on 01344 352000 to pay over the phone by **Debit Card** – If your application is unsuccessful you will be given a full refund.

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

BLUE BADGE – PHYSICAL DISABILITIES

GUIDANCE NOTES ONLY – PLEASE DO NOT REMOVE FROM APPLICATION FORM

Section D - Help with distances

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**
- **The way that you walk 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 on page 8 under 'further information'.

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

Section D Children under 3 years

This covers children under three 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.**

BLUE BADGE – PHYSICAL DISABILITIES

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.

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.

Photograph

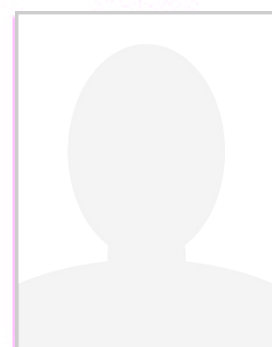
A photograph is necessary in order to ensure correct use of the Scheme. It is not required that a photograph be taken in a photo booth, however it must be the same dimensions as detailed, showing the applicant's face clearly and in colour. A photo which is smaller or exceeds this size will not be accepted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

BLUE BADGE – PHYSICAL DISABILITIES

Frequently Asked Questions (FAQS)

Q: How long will my application take?

If you meet the automatic criteria (pg. 2) and provide up to date evidence of this, your application may take up to **20 working days** (4 weeks) to process.

If you meet the 'subject to further assessment criteria (Pg. 3-7)

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.

Please consider these timescales **BEFORE** contacting 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. All expired blue badges must be returned to the issuing local authority.

Q: How long is the badge valid for?

Badges are usually valid for 3 years from the date it was issued, however if you are entitled to a badge because you get the mobility component of Disability Living Allowance at the higher rate or score 8 points or more for the "Moving Around" descriptor for Personal Independence Payment (PIP), or specifically 10 points for the "Planning and Following Journeys" descriptor and your current award expires in less than 3 years time, then the badge will only run for the same time period as the award.

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 3-5 days for delivery.

Blue Badge office hours: Monday to Friday 9.30am to 5pm

Enquiries:

Tel: 01344 351464

Email: BlueBadge@Bracknell-Forest.gov.uk

PLEASE RETURN COMPLETED FORMS TO:

**Blue Badge Dept
Time Square
Market Street
Bracknell
Berkshire
RG12 1JD**

BLUE BADGE – PHYSICAL DISABILITIES

For Office Use Only:



Discretionary

Automatic

DS1500

/Cash /Card

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

Panel comments:

Further assessment required

Approved / Declined / Withdrawn
(circle 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: _____