



PLEASE
ATTACH
YOUR
PHOTO
HERE

Bracknell Forest Council

Blue Badge Physical Disabilities Application Form

Section 1. Personal Details

If you currently hold a blue badge, please provide the following information.

Serial No. (Badge Number) Expiry Date of Current Badge Issued by (Name of Local Authority)
First 6 characters only:

Title: Forenames (s):

Surname: Surname at Birth:

Gender: NHS Number:

Date of Birth: / / Country of Birth:

Current Address (Including Postcode)

Previous Address, if different in the last three years

Phone Number: Email Address:

National Insurance Number:

Section 2. Eligibility Criteria

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 copy of the official DWP letter confirming your current award. 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 Section 3 and complete the Form.

Section 2: Eligibility Criteria Continued

Do you score 8 or more points for 'Moving around' under the mobility 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) on the grounds that you are unable to undertake any journey because it would cause overwhelming psychological distress?

Yes

No

If **YES**, please provide a copy of the official DWP letter confirming your current award.

Please ensure you include the section of your letter which confirms the number of points awarded for mobility.

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

Do you receive a War Pensioners Mobility Supplement (WPMS) 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 Veterans UK on 0800 1914 218



If you answered Yes to any of the questions above, please go to **Section 6**



If you answered No to all of the questions above, please go to **Section 3**

Section 3. Review Applicants Only

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

Yes

No

Section 4: Eligibility Criteria

Eligible subject to further assessment

If you do NOT have a severe disability in **BOTH** Upper Limbs, please go to **Section 5**

Severe disability in both Upper Limbs

Do you satisfy all of the following?

Have a severe disability in both upper Limbs

Yes

No

Unable to operate or have considerable difficulty operating all or some types of parking meters

Yes

No

Drive regularly

Yes

No

Section 4: Eligibility Criteria Continued

Eligible subject to further assessment

Please describe your medical condition

If you drive an adapted car, please give details of the adaptation:

Please explain the difficulties you have operating parking meters and pay and display machines:

Section 5: Eligibility Criteria Continued

Eligible subject to further assessment

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

Are you able to walk? (Please tick yes if you are able to walk at all)

Yes

No

Do you have physical problems that restrict your walking?

Yes

No

If yes, please give details below.

How far can you normally walk in metres (including any short stops) before you experience very considerable difficulty, by very considerable difficulty we mean things like shortness of breath, pain or a serious deterioration in your health.

If you need help with distances, please refer to guidance notes at the back of this form.

How many minutes can you walk for before you experience very considerable difficulty?

How would you describe your walking speed?

Normal (51 metres per minute or more) **Slow** (40-50 metres per minute) **Very Slow** (less than 40 metres per minute)

Section 5: Eligibility Criteria Continued

Eligible subject to further assessment

Please tick a box that best describes the way you walk.

Normal Adequate (Example walk with a slight limp). Poor (Example drag your leg, Stagger).

Please list any walking aids you use (i.e., Wheelchair, Walking Stick, Walking Frame, Crutches, Artificial Limbs)

Have you attended the Bracknell Falls Clinic in the past.

Yes

No

Please provide your General Practitioners (GP's) details

Doctors Name

Practice Address

Tel No:

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

For example, a hospital doctor or consultant, district or specialist nurse, Occupational Therapist or Physiotherapist

Yes

No

If yes, please put their details:

Their Name: _____

Their Professional or Specialist Area _____

Location where you see them _____

Their telephone number _____

Your hospital record number (On letter or card) _____

Which of your illnesses or disabilities 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 Section 6

Section 5: Eligibility Criteria Continued

Eligible subject to further assessment CHILDREN UNDER 3 YEARS OLD

If you are **NOT** applying for a child under 3 years old, please go to Section 6.

Are you applying on behalf of a child under 3 years who either?

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

Yes

No

Has a condition that requires that they must be 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.

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.

Section 6: 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 maybe 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 within this application.

Please now complete declaration on next page.

Blue Badge – Physical Disabilities

Important Information

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

DECLARATION (to be completed by ALL Applicants) Please mark all boxes.

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 purposes of preventing and detecting crime.

General Data Protection Regulation (GDPR)

I understand that the information supplied to me on this form will be maintained by the local authority and will not be disclosed to any other party except 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 of entitlement.

BFC is under duty to protect the public fund 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 [National fraud initiative | Bracknell Forest Council \(bracknell-forest.gov.uk\)](#) or contact legal.services@bracknell-forest.gov.uk

PLEASE FILL IN THE BELOW

Name:

Signed:

Date:

Blue Badge – Physical Disabilities

CHECKLIST

Please enclose all the relevant documents

I have completed (Please Mark)	Section 1	<input type="checkbox"/>
	Section 2	<input type="checkbox"/>
	Section 3 (If Applicable)	<input type="checkbox"/>
	Section 4 (If Applicable)	<input type="checkbox"/>
	Section 5 (If Applicable)	<input type="checkbox"/>
	Section 6	<input type="checkbox"/>
	Declaration and Signature Section	<input type="checkbox"/>

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 (Please Mark each section that you have sent one of the following in that section)

Confirmation of Address e.g., Driving Licence, Utility Bill, Pension Letter, Council Tax Bill	<input type="checkbox"/>
Confirmation of Identify e.g., Copy of Passport, E+ Card, Birth/Adoption/Marriage Certificate or Pension Letter 'etc'	<input type="checkbox"/>
Medical Evidence (Required if you not meet the Automatic Criteria in Section 2) e.g., Copy of Repeat Prescription/ Medication List, Hospital or GP Letters	<input type="checkbox"/>
Attached 1x recent colour Passport style Photograph. (With Applicants name printed on the back)	<input type="checkbox"/>

Please note: We can not contact your GP/Hospital on your behalf, we cannot reimburse any fees you may incur if you request letters from your GP/Hospital and Appointment letters are not accepted as medical evidence.

Enclosed up to date proof of benefit e.g. DLA/PIP/WPMS/AFCS (if applicable), up to date DWP award letter of Higher Rate Mobility Component of DLA/PIP or War Pensioners Mobility Supplement (if applicable)	<input type="checkbox"/>
Enclosed a copy of CVI or registration card for people registered BLIND (if applicable)	<input type="checkbox"/>
Enclosed recent evidence in connection to application for Children under 3 (if applicable)	<input type="checkbox"/>
Please enclose ALL PREVIOUS EXPIRED BLUE BADGES with your completed application form (Please cut these in half to avoid misuse if lost)	<input type="checkbox"/>

Payment (£10.00) – Please call our Customer Services Team on **01344 352000** to pay over the phone by Debit/Credit card. If your application is unsuccessful, your payment will be refunded.

GUIDANCE NOTES ONLY – Please do not remove from the Application Form

Section 2 – Help with distances.

The average adult step is just under one metre (or 1.1 yards)

The average double decker bus is about 11 metres long (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.

Children Under 3 years old

This covers children under three years of age who have a medical condition which means they must always be accompanied by bulky equipment which cannot be carried around or need to be kept near a vehicle at all times.

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.

Blue Badge – Physical Disabilities

PLEASE RETURN COMPLETED FORMS TO

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

Blue Badge Office Hours: Monday to Friday 9:30am-4:30pm

Blue Badge Enquiries Please Email: BlueBadge@Bracknell-Forest.gov.uk

Blue Badge – Physical Disabilities

GUIDANCE NOTES ONLY

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

Example of highly unstable 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, Terminal Illness that prevent children from spending any more than brief moments outside and need a quick route home.

Declaration

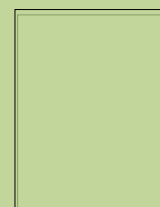
All applicants must sign and date the form, If the applicant cannot sign for themselves this section can be countersigned by an appointee or person with Power of Attorney.

Photograph

A photograph is necessary to 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 applicants Face clearly and in colour. A photo which is smaller or exceeds the size. will not be accepted and will be returned to you delaying the application.

Image Box Size

35mm



45mm

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

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 £1000 fine and confiscation of the badge.

ALL BLUE BADGES REMAIN THE PROPERTY OF THE ISSUING LOCAL AUTHORITY

ALL EXPIRED BLUE BADGES MUST BE RETURNED

FREQUENTLY ASKED QUESTIONS

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.

How long is a Blue 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 or 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.

Can I collect my Blue Badge if approved?

All badges will be sent to customers directly in post.