

BLUE BADGE – “NON-VISIBLE” (HIDDEN) CONDITIONS



<div style="border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>	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: 90%;" type="text"/>
<p>National Insurance number</p> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	<p>NHS number:</p> <input style="width: 90%;" type="text"/>

Address:	Postcode:
Email:	Home Tel:
	Mobile:

Previous address, if different in the last three years:

Postcode:

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 the 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 7.**


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

SECTION C Eligibility Criteria 'Eligible subject to further assessment'

1. “Non visible” (Hidden) conditions / disabilities

1(a) Do you have a “Non-visible” (hidden) condition or disability, causing you to severely struggle with journeys between a vehicle and your destination?

Yes  Please continue answering the questions in this section

No  Please request a form for physical disabilities (01344 351464)

1(b) What affects you taking a journey? (Please tick **all** that apply)

I am a risk near vehicles, in traffic or car parks

When are you a risk?

Almost never

Sometimes

Almost every journey

Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks

I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys Every journey

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

How often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

SECTION C - Continued

Please describe the kinds of incidents that have happened or are likely to happen on journeys

I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown)

How often does this happen?

- Almost never
- Sometimes
- Almost every journey
- Every journey

Please give examples of the situations that cause temporary loss of behavioural control

I can become extremely anxious or fearful of public/open spaces

When do you become extremely anxious/fearful?

- Almost never
- Sometimes
- Almost every journey
- Every journey

SECTION C - Continued

Please describe the levels of anxiety:

Something else


Please describe what affects you taking a journey:

2. How would a Blue Badge improve taking a journey between a vehicle and your destination for you?

(Describe your needs, in detail)

3. What measures are currently taken to try to improve journeys for you between a vehicle and your destination?

(List the measures taken to try to improve journeys and describe how effective they are)

 please refer to **page 6** for information required

SECTION D – Supporting your application

ALL applicants with a “Non-visible” (Hidden) condition / disability must supply evidence to support their application.

1. Please provide **relevant supporting evidence**, such as:
 - Diagnosis letters
 - Care plans
 - Patients summaries
 - Education health and care (EHC) plans or
 - Disability benefits
2. Please identify the names and contact details of any health or social care practitioners involved in your diagnosis and ongoing treatment.

Name of Professional	Contact number

3. Please document any treatment or medication you receive to help you manage your condition

PLEASE NOTE:

Due to the high volume of applications we receive, we are unable to pursue applicants for missing information. **Applications without evidence will be withdrawn.**

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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 registration 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 8***

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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

DD / MM / YYYY

☞ Please turn to checklist on page 9

BLUE BADGE – “NON-VISIBLE” (HIDDEN) CONDITIONS

CHECKLIST

Please enclose all the relevant documents.

I have completed

Section A

Section B (If applicable)

Section C (If applicable)

Section D

Section E

Declaration and Signature (on page 8)

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)**

*** 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)

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)

PLEASE RETURN COMPLETED FORMS TO:

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

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GUIDANCE NOTES ONLY – PLEASE DO NOT REMOVE FROM APPLICATION FORM

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

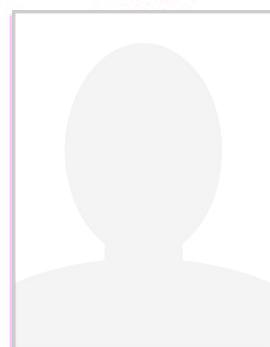
A photograph is necessary in order to ensure correct use of the Scheme. It is not required that a photograph be taken in a photo booth, however it must be the same dimensions as detailed, showing the applicant's face clearly and in colour. A photo which is smaller or exceeds this size will not be accepted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

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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. 3-5)

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

BLUE BADGE – “NON-VISIBLE” (HIDDEN) CONDITIONS

For Office Use Only:



/Cash /Card

Discretionary

Automatic

DS1500

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: _____