

# Blue Badge Application Form



Derby City Council

The aim of the Blue Badge Scheme is to help eligible disabled people to access goods and services. You can check your eligibility for a Blue Badge and apply online at <https://www.gov.uk/apply-blue-badge>

Please complete **all relevant sections** of the application form and include the appropriate photocopied documents to confirm your address, identity and evidence of eligibility. **No upfront payment should be made**, as it will be formally requested if your application is successful.

## PART A – INFORMATION ABOUT THE APPLICANT

Title:	
First Name:	
Surname	
Surname at Birth:	
Gender: (Please tick)	Man <input type="checkbox"/> Woman <input type="checkbox"/> Identify in a different way: _____
Date of Birth:	
Current Address:	
Postcode:	
Telephone Number:	
Email Address:	
National Insurance Number:	
Current Blue Badge details (if applicable)	
If you are unable to speak with us, please provide the name of another nominated party	
Contact details of nominated party (if applicable)	

**You must provide a passport standard colour photograph:**

You must attach **one** recent passport standard colour photograph with this application. If you are unable to access a photo booth, we can accept a good quality digital photograph. The photograph must show your full face and must not contain anyone else in the picture.

1. The size of the photograph should be 1.37 inches (wide) by 1.77 inches (high) or 35mm (wide) by 45mm (high).
2. In case the photograph gets detached from the application form, the applicant's name must be clearly written on the reverse of the photograph.

**Please glue the applicant's passport standard photograph in the centre of this area.**

Please see link below for information regarding standard required.

[http://www.direct.gov.uk/en/TravelAndTransport/Passports/Applicationinformation/DG\\_174152](http://www.direct.gov.uk/en/TravelAndTransport/Passports/Applicationinformation/DG_174152)

**PART B – PROOF OF APPLICANT'S ADDRESS AND IDENTITY**

**Confirmation of Address:**

**You must supply a PHOTOCOPY of one of the following proofs of current address. (this documentation will not be returned):**

- Valid Driving Licence - Photo ID Card
- A State Pensions Letter dated in the last 12 months
- Council Tax Bill dated in the last 12 months
- Housing Benefit award letter dated in the last 12 months
- Award letter from Service Personnel and Veterans Agency (SPVA) dated in the last 12 months
- Benefit award letter from Department for Works and Pensions (DWP) dated in the last 12 months

**Confirmation of Identity:**

**You must supply PHOTOCOPY evidence from one of the following, as proof of identity, which must show the applicant's current name. (this documentation will not be returned):**

- Valid Driving Licence - Photo ID Card
- Valid Passport - the page which shows personal details and including the passport number
- Birth Certificate / Adoption Certificate
- Marriage / Divorce Certificate
- Certificate of British Nationality
- Civil partnership / Dissolution Certificate
- HM Forces Identification Card
- Identity Card for Foreign Nationals

**BEFORE YOU START - PLEASE READ**

You only need to complete **one** of sections **C-G** as identified below. Please leave any irrelevant sections blank.

**PART C – ‘AUTOMATIC ELIGIBILITY CRITERIA’.** Complete this section if one of the below is true, then **move straight to ‘PART I – Declaration’**

- You have a terminal illness **and** hold a copy of an SR1/DS1500 form
- You are registered ‘severely sight impaired (blind)’. You will **not** be eligible under this criterion if you are ‘sight impaired (partially sighted)’.
- You receive the **higher rate mobility** component of Disability Living Allowance (DLA)
- You receive **8** points under the ‘moving around’ activity for PIP
- You receive exactly **10** points in the ‘planning and following a journey’ activity in PIP with the descriptor underneath **specifically** stating that you ‘cannot undertake any journey because it would cause overwhelming psychological distress...’ (you will **not** be automatically eligible with any other combination of points or descriptors within this activity)
- You receive the War Pensioner’s Mobility Supplement
- You receive a qualifying award under the Armed Forces and Reserve Forces Compensation Scheme.

**PART D – ‘WALKING DIFFICULTIES’.** Complete this section if the statements below reflect your reason for applying, then **move to PART H**

You have an enduring and substantial condition which means you are unable to walk OR you have very considerable difficulty in walking. You must provide medical evidence to support this criterion unless advised otherwise, and the primary evidence **cannot** be a benefit letter, prescription notes or appointment letters but should be clinical/professional letters or other direct medical evidence relating to your condition and providing insight into how you struggle when moving between a vehicle and a destination.

**PART E - Non-visible (hidden) conditions.** Complete this section if you are applying under this criterion, **then move to PART H**

Must include clinical/professional evidence to support your hidden condition and how it manifests in a way that requires you to access the Blue Badge scheme. The primary evidence should **not** be benefits letters (such as PIP awards) or diagnosis letters unless they specifically outline the difficulties you experience when moving between a vehicle and a destination. You may be in receipt of PIP but do not have qualifying points – for example, 12 points in the ‘planning and following a journey’ activity does not qualify for a Blue Badge without medical assessment

**PART F – Disabilities that affect both arms.** Complete this section only if you fall within this criterion **then move to PART H**

**PART G – children under the age of 3 who either need to be accompanied by bulky medical equipment OR need to be near a vehicle to receive or be taken for treatment.** Complete this section if the child meets one of these criteria, **then move to PART H**. No other circumstances apply to this criterion, and you may need to apply after your child’s third birthday if you wish for them to be assessed under the standard rules above.

## PART C – AUTOMATIC ELIGIBILITY CRITERIA

<p>1. Are you in receipt of a DS1500 form? (for someone who is terminally ill) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Please enclose a photocopy of the form which will not be returned.</b></p>	
<p>2. Are you registered blind and do you give us permission to check the register at the local authority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If you are severely sight impaired and not registered, please enclose a copy of your Certificate for Visual Impairment (CVI)</b></p>	
<p>If you have answered Yes to question 2 above, which local authority are you registered with?</p>	
<p>3.a Do you receive the higher rate of mobility component of the Disability Living Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>*If you were awarded the higher rate of the mobility component, you need to attach a copy of the letter from DWP, dated within the last 12 months. This certificate of entitlement should confirm your mobility rating and the length of your award.</b></p>	
<p>3.b. Do you receive 8 or more points in the “moving around” activity in the Mobility section for Personal Independence Payment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>*Please send a copy of all the pages from the award letter with this application. They must show your entitlement to PIP, assessment scores (including the mobility scores) and length of award.</b></p>	
<p>3.c Do you receive exactly 10 points <b>with</b> Descriptor E– ‘<i>You cannot undertake any journey because it would cause overwhelming psychological distress</i>’) in the “planning and following journeys” activity in the Mobility section for Personal Independence Payment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>* Please send a copy of all the pages from the award letter with this application. They must show your entitlement to PIP, assessment scores (including the mobility scores) and length of award.</b></p>	
<p>If you have answered 'Yes' to questions 3.a or 3.b or 3.c above: when does this award expire?</p> <p><b>*Please note if your award is <u>not</u> for an indefinite period, you will be issued with a Blue Badge either up to the day your award expires or at the end of three years, whichever is soonest.</b></p>	
<p>4. Do you receive War Pensioner’s Mobility Supplement? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>5. Do you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 - 8 (inclusive) and are you certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>If you have ticked ‘Yes’ to questions 4 or 5, you must enclose a photocopy of the letter of entitlement to your benefit (this document will not be returned).</b> You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.</p>	

If you have answered **Yes** to any of the questions in **PART C**, please go to **PART I** (Declaration).

## **PART D – WALKING DIFFICULTIES**

**1. Do you have a condition or disability which means you cannot walk or find walking very difficult?**

Yes ☐ No ☐

**2. Name any health conditions or disabilities that affect your walking**

(Try to use accurate medical terms, if you know them)

**3. How does your health condition make walking difficult for you?**

☐ **a. Excessive pain**

If you didn't tick "Excessive Pain", don't answer this section.

**How would you describe the pain you experience, when walking?** (You can choose more than one)

- ☐ When I take my pain relief medication, I can cope with the pain
- ☐ Even after taking pain relief medication, I have to stop and take regular breaks
- ☐ Even after taking pain relief medication the pain makes me physically sick
- ☐ Even after taking pain relief medication, I am frequently in so much pain that walking for more than 2 minutes is unbearable
- ☐ Other:

☐ **b. Breathlessness**

If you didn't tick "Breathlessness", don't answer this section.

**When do you get breathless?**

(You can choose more than one)

- ☐ Walking up a slight hill
- ☐ Trying to keep up with others on level ground
- ☐ Walking on level ground at my own pace
- ☐ Getting dressed or trying to leave my home
- ☐ Other

Describe when you get breathless

☐ **c. Balance, coordination or posture**

Describe how the way you walk is affected by your condition

(For example, if your posture is affected or you struggle to take full steps)

**How would you describe your balance or coordination, when walking?**

(You can choose more than one)

- ☐ I can walk around a supermarket, with the support of a trolley
- ☐ I can walk up/down a single flight of stairs in a house
- ☐ I can only walk around indoors
- ☐ I can walk around a small shopping centre
- ☐ Other  
Describe your balance or coordination, when walking

Have you seen a healthcare professional for any falls in the last 12 months?

☐ Yes ☐ No

- ☐ **d. It's dangerous to my health and safety**  
Describe how your condition makes walking dangerous

Do you have a chest, lung or heart condition / epilepsy?

☐ Yes ☐ No

☐

**e. Something else**

What is it about your condition that causes you difficulty walking?

**4. Do you have help to get around?**

<b>What is this aid or support?</b> (For example, a wheelchair, crutches or a member of your family)	<b>When do you need this help?</b> (For example, to get to the shops)	<b>If it's an aid, how was it provided?</b> (For example, Hospital or bought privately)

**5. How long can you walk for without stopping?**

(If you listed an aid, then your answer should be when using that aid)

(Only tick one)

- ☐ I can't walk at all
- ☐ Less than a minute
- ☐ Between 1 and 5 minutes
- ☐ Between 5 and 10 minutes
- ☐ More than 10 minutes

If you cannot walk, go to **Part H**.

**6. About your walking**

**a. Describe somewhere you can walk from and to**

(Be specific and use place names or house numbers)

**b. How long does it take you? (For example, 8 minutes)**

You can now go to: **Part H – Treatments, medication, healthcare professionals & supporting documents**

## **PART E – NON-VISIBLE (HIDDEN) CONDITIONS**

**1. Do you have a non-visible (hidden) condition, causing you to severely struggle with journeys between a vehicle and your destination?**

☐ Yes (Continue answering the questions in this section)

☐ No (Go to **Part H**)

**2. What affects you taking a journey?**

(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

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**

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

Please describe the levels of anxiety

☐

**Something else**

Please describe what affects you taking a journey

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

(Describe your needs, in as much detail as possible)

**4. 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)

**How effective are they?**

**PART F – DISABILITY THAT AFFECTS BOTH ARMS**

**1. Do you have a disability in both arms?**

☐ Yes

☐ No Go to **Part H**

**2. Do you drive regularly?**

☐ Yes (Continue answering the questions in this section)

☐ No (Go to **Part H**)

**3. Name any health conditions or disabilities that affect your arms**

(Try to use the correct medical terms, if you know them)

**4. Do you struggle to operate parking machines?**

☐ Yes

Describe how you struggle to operate parking machines

☐ No

**5. Do you drive an adapted vehicle?**

☐

Yes

Describe how it has been adapted for you. You should also attach copies of insurance details or Vehicle Registration document which verify this.

☐

No

**PART G – CHILDREN UNDER 3 YEARS OLD**

This section is for people applying on behalf of a child that is under 3 years old.

**1. Are you applying for a child under 3 years old?**

☐

Yes (Continue answering the questions in this section)

☐

No (Go to **Part H**)

**2. Which of these applies to the child under 3?**

☐

They need to be accompanied by bulky medical equipment

☐

They need to be near a vehicle to receive or be taken for treatment

☐

Neither of these

**3. Name any health conditions or disabilities that affect the child**

(Try to use the correct medical terms, if you know them)

**PART H – TREATMENTS, MEDICATION, ASSOCIATED PROFESSIONALS & DOCUMENTS**

This section is for if you have answered any of the questions in Parts **D, E, F, or G**. Otherwise, skip to **Part I**.

<p><b>1. Treatments</b></p> <p><b>Has your condition required any treatments?</b></p> <p>These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.</p> <p><input type="checkbox"/> Yes (Add the treatment details below)</p> <p><input type="checkbox"/> No (Go to “<b>Medication</b>”)</p>	
<p><b>Describe the treatment</b></p> <p>Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.</p>	<p><b>Date of the treatment</b></p> <p>If it's in the future – Do you expect the condition to improve afterwards?</p>
<div></div>	

2. Medications

Do you take any medication for your condition?

(Any medication or pain relief you currently take for your condition)

☐ Yes (Add the medication details below)

☐ No (Go to “Associated professionals”)

Name of this medication or pain relief And is it prescribed?	How much do you take at a time? (Dosage)	How often do you take this?

3. Associated or healthcare professionals

Do you currently see any professionals for your condition?

(Or if you have seen any in the last 3 years)

- ☐ Yes (Add their details below)
- ☐ No (Go to “Supporting documents”)

Name and role of the professional (This cannot only be your GP)	Where do they work? (Include organisation name, address, email and telephone number if possible)

#### 4. Supporting documents

**What supporting documents are you attaching to this application?**

*For example, diagnosis letters, PIP decision and award letters, evidence of the progression of the condition over time, confirmation of ongoing treatments.*

## **PART I – DECLARATION**

**Please read the following declaration carefully and sign and date it to show that you have read and agree to the content. Failure to sign the declaration may result in your application not being processed and a Blue Badge not being issued.**

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 confirm that the photograph I have submitted with my application is a recent, true likeness and my name is clearly written on the reverse.

I confirm that I will only hold one Blue Badge at any one time.

I understand that I must promptly inform Derby City Council of any changes that may affect my eligibility for a Blue Badge.

I understand that the medical information that I supply to support my application is defined as 'sensitive personal data'. I consent to its disclosure to Derby City Council's assessors and the Blue Badge Team who are responsible for the operation and administration of the Blue Badge scheme, and other Government Departments or agencies, to validate proof of eligibility. The content of your application, along with all supporting documentation submitted for the purposes of the application may be uploaded to the Blue Badge Digital Service through GOV.UK

I understand I may be contacted to further assess my application and that I may be required to undertake an independent mobility assessment with an Occupational Therapist who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I understand that I may be contacted either by email, telephone, text message or letter.

I agree that if my application is successful, I will not allow any other person to use the Blue Badge for their benefit or the benefit of any person other than the named Blue Badge holder. I agree that I will use the Blue Badge in accordance with the rules of the scheme as set out in the *Blue Badge scheme: rights and responsibilities* leaflet which will be sent to me with the Blue Badge.

### **How is your information used?**

The information we collect will be used for the purpose of assessing your eligibility for a Blue Badge and for managing and administering your Blue Badge application.

### **Who will your information be shared with?**

Your information will be shared within the Council, and with external agencies and other Government Departments, where necessary, for the operation and administration of the Blue Badge scheme.

For further information about how your personal information will be used, please visit **[www.derby.gov.uk/privacy-notice/](http://www.derby.gov.uk/privacy-notice/)** where you can see a full copy of our Privacy Notice. Alternatively, you can request a hard copy from the Contact Support Team, Business Support, Derby City Council, Council House, Derby DE1 2FS. Email: [contact.support@derby.gov.uk](mailto:contact.support@derby.gov.uk)

Print name of Applicant:	
Signature of Applicant:	
Date of Application:	

## **PAYMENT**

If your application is successful, you will be advised how to pay the £10.00 fee. **Please do not send cheques or postal orders.**

## **CHECK LIST**

Please tick the appropriate box:

- All the applicable sections have been completed Yes ☐
- Attached (glued) passport standard photograph? Yes ☐
- Current Blue Badge information provided (if applicable) Yes ☐
- Photocopies provided (not original documents) Yes ☐
- Signed and dated application form: Yes ☐

**Please send this completed form and supporting documents to:**

**The Blue Badge Administration Team  
The Council House  
Corporation Street  
Derby  
DE1 2FS**

If you have a query in relation to your application, please do not visit the postal address.

Please contact the Blue Badge Administration Team by emailing [bluebadge@derby.gov.uk](mailto:bluebadge@derby.gov.uk) or request to speak to a Blue Badge advisor by calling the main switchboard between 10:00-12:00 (Monday-Friday)

If you need another application form download it from here

<http://www.derby.gov.uk/health-and-social-care/disabilities/blue-badge/>

## **COMPLAINTS**

If you are not happy with the service, please contact us so that we can look to put it right or make changes to stop it happening again.