**BB4 – Temporary Impairment Criteria**

**Blue Badge Application Form**

This form should be completed by applicants who are applying if they:

* are unable to walk or has considerable difficulty walking;

**and**

* have a **temporary but substantial disability** which is likely to last for the next **12 months**.

Please complete section 1 below and sign the declarations at the last page. **You will also need to supply the appropriate documents to confirm your address and identity as well as medical evidence.**

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

**Further guidance on this criteria can be found in the accompanying guidance notes. Please do not take the form apart**

*For Office use only*

|  |
| --- |
| *Seen by:* |
| *Proof of ID:* |
| *Proof of Address:* |
| *Other Documentation:* |
| *Date -* |

**1 - Information about the applicant**

|  |  |
| --- | --- |
| Title (Please Select) | Mr / Mrs / Miss / Ms / Other:……………… |
| First name |  |
| Surname |  |
| Surname at Birth (if different) |  |
| Date of Birth (DD/MM/YYYY) |  |
| Place of Birth | Town:    Country: |
| National Insurance Number |  |
| Current address  Postcode |  |
| Contact details | Home:  Mobile:  Email: |
| Previous address, if different in the last three years  Postcode |  |

**For enforcement purposes please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:** (Up to three registration numbers should be nominated, but please remember that other vehicles can be used)

Please choose which of the following statements applies to the condition that you have been diagnosed with and how long it will be likely to last?

|  |  |  |
| --- | --- | --- |
| **Please tick** | **Condition / Impairment** | **Estimated recovery time** |
|  | I am recovering from a complex leg fracture, possibly managed with external fixators |  |
|  | I am undergoing therapy in order to recover from stroke or head injury that has impacted on my mobility |  |
|  | I am undergoing therapy in order to recover from spinal trauma with the loss of leg function |  |
|  | I am undergoing medical intervention, for example treatment for cancer, that impacts on my mobility |  |
|  | I have a severe functional leg impairments and I am awaiting or have undergone joint replacement (e.g. unilateral or bilateral hip, knee, etc) |  |
|  | Other, please describe: |  |

Please provide details of any health professionals you have seen who would be able to support your claim. This may include:

Surgeon

Occupational Therapists

Social Services rehabilitation team

Health professional that provides specialist services, eg, physiotherapist.

Macmillan nurse or others involved in patient care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job title** | **Hospital/Health Centre** | **Telephone**  **Number** | **Date last seen** |
|  |  |  |  |  |
|  |  |  |  |  |

**Declarations and signatures**

**Mandatory declarations about the information you have provided and the application process**

 Please read the following declarations thoroughly.

 Please tick all relevant boxes to indicate that you have read and understood each declaration.

 Failure to tick one of these declarations may mean we are unable to consider your application.

 Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

All declarations to be completed by **ALL** applicants or nominee

|  |  |
| --- | --- |
| I confirm that, as far as I know, the details provided are complete and accurate. I realise that you may take action against me if false information has been provided in this application form. |  |
| I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge. |  |
| I confirm that the photograph I have submitted with the application is a true likeness. |  |
| I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in “The Blue Badge Scheme - Rights and Responsibilities in Wales” leaflet which will be sent to me with the badge.  **Fraudulent applications or misuse of a badge may result in a fine of £1,000 and/or forfeit of the badge.** |  |
| I understand that I must not hold more than one valid Blue Badge at any time. |  |
| I confirm that I do not currently hold a Blue Disabled Person’s Parking Badge that has been issued by a different local authority |  |
| I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud. |  |
| I understand that you may need to contact an accredited professional within the health, social care or education services for the purpose of obtaining further information in support of this application. |  |
| Where further information is required, I understand that I may be required to undertake a face to face interview with a member of the Blue Badge team, in order to determine my eligibility for a Blue Badge. |  |

**Checklist of documents you may need to enclose**

We have provided a checklist below to help remind you of what information you need to enclose. You will need to check with your local authority whether they require original documents or certified copies.

|  |  |
| --- | --- |
| Proof of your address, dated within the last 12 months.  (if you have not given consent for us to check Council Tax/electoral register/school records) |  |
| Proof of your identity |  |
| A passport-style photograph of yourself with your name on the back |  |
| Medical evidence to support your application **(even for a renewal)** |  |

**Conwy County Borough Council**

**Blue Badge Department**

**PO Box 1**

**Conwy**

**LL30 9GN**

**Should you have any queries please call - 01492 577800**

**Or email to – bluebadge@conwy.gov.uk**

**Guidance notes**

Your application will be verified by the local authority, and an accredited professional within the health, social care or education services will be contacted to obtain further information in support of this application.

The declarations include a section for you to agree to this.

**Proof of your identity:**

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of one of the following as proof of your identity:

* Birth certificate/adoption certificate
* Marriage/Divorce certificate
* Civil Partnership/Dissolution certificate
* Passport
* Valid driving licence
* Current Blue Badge
* Concessionary Travel Card

**Identification documents** that include **a photograph** are preferable but please check with your local authority if you are unable to provide one of the above.

A certified photocopy is a photocopy of a document that has been verified as being true by a person, other than your partner or family member, who has known you for a minimum of two years and is 18 years or over.

The individual certifying the documents should include the text: “This copy is a true likeness of the original” alongside their signature. They should also print their name and occupation alongside this information.

These are examples of the type of person that would be suitable:

|  |  |  |
| --- | --- | --- |
| accountant | Justice of the Peace | police officer |
| bank/building society official | licensee of public house | social worker |
| barrister | local government officer | solicitor |
| councillor (local or county) | nurse (RGN and RMN) | surveyor |
| civil servant | officer of the armed services | teacher, lecturer |
| dentist | optician | trade union officer |
| fire service official | pharmacist |  |

**Photo:**

The photograph can be provided electronically to the local authority in the form of a jpg. The photograph must have a strong definition between face and background and **must as far as** **practicable** be;

* in colour;
* 45 millimetres in height and 35 millimetres in width (passport size);
* taken **within a month** prior to the date of the application;
* against a light grey or cream background;
* undamaged;
* free from “red eye”, shadows, reflection or glare from spectacles;
* of the full head of the holder (without any other person visible or any covering, unless it is worn for religious beliefs or medical reasons);
* facing forward;
* with nothing covering the face;
* looking straight at the camera;
* with a neutral expression and mouth closed;
* with eyes open and clearly visible (without sunglasses or tinted spectacles and without hair or spectacle frames obscuring the eyes);
* in sharp focus and clear;
* printed professionally or in digital format;
* a true likeness, without amendment.

**Address:**

Proof of address should be in the form of an original Council Tax bill bearing your name and address. The original must be submitted with your application and will be returned at the end of the application process.

You will not need to submit your Council Tax bill if you have ticked the appropriate box in Section 1, which gives your consent for the local authority to check your address on their Council Tax records or electoral register.

If you are completing the application form on behalf of someone under the age of 16, you should give your consent for the local authority to check school records to confirm their address.

**Blue Badge Issue Fee:**

There is no charge to the Blue Badge holder upon first issue of a badge, however, a fee of up to £10 may be charged for badges issued as replacements in the case where a badge has been lost, stolen or damaged to an extent it cannot be read by people who will be checking the badge when used for parking or other concessions.

Your local authority may request that credit/debit card details and/or a cheque are included with the application form in readiness for payment to be taken if your application is successful. Your local authority will only issue successful applicants with a Blue Badge once payment of the required fee has been received.

**Other information:**

You should also provide the Vehicle Registration Numbers of up to three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information helps local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.