**Blue Badge Application Form**

This form should be completed by applicants who are applying under any of the following criteria, please refer to the table below for instructions of what sections you need to complete and the supporting guidance to assist you.

Please complete the relevant sections of this form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. We ask you to provide accurate information to help us assess your application as we may refuse to issue a badge if you do not provide the relevant information to verify your personal details.

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

|  |  |
| --- | --- |
| People who are blind (sight impaired) | Please complete sections 1, 2a and 6 |
| People receiving Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) | Please complete sections 1, 2b and 6 |
| People receiving Personal Independence Payment (PIP)*(see level of award in guidance notes)* | Please complete sections 1, 2c and 6 |
| People who receive War Pensioner’s Mobility Supplement | Please complete sections 1, 2d and 6 |
| People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme | Please complete sections 1, 2e and 6 |
| If you have walking difficulties | Please complete sections 1, 3 and 6 |
| If you have impairments in both arms | Please complete sections 1, 4 and 6 |
| If you are completing on behalf of applicants under the age of three | Please complete sections 1, 5 and 6 |

**Please could you provide the following information** *For Office use only*

|  |
| --- |
| **X1 Passport Picture For Your New Blue Badge** |
| **X1 Proof of Address: Council Tax Letter, Utility Bill**  |
| **X1 Form of ID: Driving Licence, Passport, Birth or Marriage Certificate** |
| **Please Include even for a renewal: Any Medical Documentation such as DWP or PIP Award Letter, Prescriptions and Hospital Appointment Letters** |

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

**Section 1 – Information about the applicant**

**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.**

\* Mandatory fields

|  |  |  |  |
| --- | --- | --- | --- |
| 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). |
|  |
| Do you currently hold a Blue Badge, or have you held a Blue Badge before? | Yes | No |
| If Yes: |
| Which local authority issued you the badge? |  |
| What is the expiry date? |  |
| What is the serial number? |  |

**Proof of residency, dated within the last 12 months:**

We need to check that you are a resident in our local authority area before we can process your application. Please select one of the following options and provide original documentation where relevant:

|  |  |
| --- | --- |
| I give consent to the local authority to check my personal details on the local authority’s Council Tax database so that I do not need to submit proof of my address. |  |
| I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months. |  |
| I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register. |  |
| I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address. |  |

**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

**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.

**Photograph for the Blue Badge**

Please enclose a recent passport-style photograph of the applicant. The photograph should show the applicant’s full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle. Please ensure that the applicant’s name is on the back of the photograph and that you confirm that the photograph is a true likeness.

**Section 2 – Automatic Criteria**

These questions are intended for people who may qualify for a Blue Badge because they:

• are blind (sight impaired);

• receive the Higher Rate of the Mobility Component of Disability Living Allowance;

• receive Personal Independence Payment (PIP);

• receive the War Pensioner’s Mobility Supplement; or

• receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

**If you are not in receipt of any of these benefits then you may fall under the Discretionary criteria for a badge. Please go to section 3.**

|  |
| --- |
| **2a) People who are blind (sight impaired)** |
| Are you registered as blind (sight impaired)?  | Yes | No |
| If **YES**, please state which local authority you are registered with:  |
|  |
| If **YES**, do you give consent to us to check the local authority’sregister of blind people to see whether your impairment is already known to the council? | Yes | No |
| If **NO**, then please indicate whether you have enclosed your Certification of Blindness or Defective Vision (BP1) (3R) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist. | Yes | No |
| **2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance (this is not Attendance Allowance)** |
| Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?  | Yes | No |
| If **YES**, have you been awarded this benefit indefinitely? |
| If NO, when is your award of this benefit due to end? (DD/MM/YYYY)  |  |
| If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose your letter of entitlement to this benefit issued within the last 12 months or your original annual uprating letter. Please note that we may check that you are in receipt of this award with the Department for Work and Pensions. |
| **2c) People who receive Personal Independence Payment** |
| Do you receive Personal Independence Payment, as detailed below? |
| Mobility Activity 1, descriptor f; or  | Yes | No |
| Mobility Activity 2, descriptors c, d, e or f. | Yes | No |
| When is your award of this benefit due to end? (DD/MM/YYYY) |  |
| If you are in receipt of PIP you must enclose your letter of entitlement to this benefit.Please note that we may check that you are in receipt of this award with the Department for Work and Pensions. |
| **2d) People who receive the War Pensioner’s Mobility Supplement** |
| Do you receive the War Pensioner’s Mobility Supplement?  | Yes | No |
| If **YES**, have you been awarded this benefit indefinitely?  | Yes | No |
| If **NO**, when is your award of this benefit due to end?(DD/MM/YYYY)  |  |
| **2e) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme** |
| Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 - 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty walking? | Yes | No |
| Have you been awarded tariff 6, – Permanent Mental Disorder of the Armed Forces Compensation Scheme? | Yes | No |
| If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking. You must enclose this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77. |

**If you have answered “Yes” to any of the questions in Section 2, please complete the declarations in Section 6.**

**Section 3 – Discretionary Criteria
Questions for applicants with mobility impairment**

Please note that you will only qualify for a Blue Badge under this criteria if you, or the person on whose behalf you are applying, are over two years of age and have a **permanent and substantial** impairment which means you/they are **unable** to walk or have **considerable difficulty in walking**.

**Please describe:**

We need to verify your medical condition or impairment as this must be permanent in nature. e.g. How long have you had the condition and when was it formally diagnosed by a GP or Consultant. Where impairment is due to recent surgery, evidence must be provided to confirm that the consequences of the surgery are permanent in nature. Please provide details of surgery and dates.

|  |
| --- |
|  |

How your medical condition or impairment affects your mobility. Provide as much detail as possible and continue on a separate sheet of paper if necessary.

|  |
| --- |
|  |

If you know them please state the medical terms for the condition/impairment that you have been diagnosed with and if you take any prescribed medication.

|  |
| --- |
|  |

Provide details of any relevant health specialists you have seen in the last 12 months who would be able to support your claim. If it is possible to provide copies of reports, appointment letters or cards for clinics/treatment sessions this may save us contacting them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job title** | **Hospital/Health Centre** | **Telephone Number** | **Date last seen** |
|  |  |  |  |  |
|  |  |  |  |  |
| Are you registered disabled with the local authority?  | Yes | No |
| Has your house been adapted to meet your mobility needs?  | Yes | No |
| Do you have a reduction in your council tax because of your impairment? | Yes | No |
| Who provided the adaptations? |
| Do you receive any other services to support your life style?  | Yes | No |
| What are they? |
| Who provides the services? |  |
| Have you undergone any assessments of how your condition affects you (for example from education, social services or health services)? | Yes | No |
| If Yes please provide details of the assessments. Continue on a separate sheet of paper if necessary. |
| **Name** | **Job title** | **Contact details** | **When were you assessed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Use of a badge**

|  |  |  |
| --- | --- | --- |
| If you are awarded a Blue Badge will you be the driver?**(Please note that this question is mandatory for Section 4 applicants)** | Yes | No |
| If **NO**, do you need assistance to get into and out of a vehicle? | Yes | No |
| If **YES**, what help do you need? Please describe: |
|  |
| Has the vehicle you normally travel in been adapted for your use? | Yes | No |
| If **YES**, please describe and provide a copy of any insurance policy documents which detail adaptations: |
|  |

**Use of Oxygen**

|  |  |  |
| --- | --- | --- |
| Do you use oxygen at home? | Yes | No |
| Do you need to travel with oxygen when you leave the house? | Yes | No |
| Please explain how frequently you need to take oxygen?  |
|   |

**Mobility**

|  |
| --- |
| Approximately how far can you walk in meters or yards: |
|  |

**Use of walking aids**

Do you use any of the following walking aids and how often do you use them?

Please tick **one or more** options that apply to you and use the record as specified below:

**D** = Daily **R** = Regularly (4 or more days a week) **O** = Occasionally (1-3 days a week)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **√** | **Use** |  | **√** | **Use** |  |
|  |  | 1 elbow crutch  |  |  | 2 elbow crutches |
|  |  | 1 walking stick  |  |  | 2 walking sticks |
|  |  | Walking frame (Zimmer frame)  |  |  | Rollator (walking frame with wheels) |
|  |  | Wheelchair |  |  | Powered wheelchair |
|  |  | Tri/quad walker with braked wheels |
|  |  | Other |  |

Please complete the following. Were your walking/mobility aids:

|  |  |  |  |
| --- | --- | --- | --- |
| **√** |  | Which of the mobility aids ticked above | Which professional/department |
|  | Provided by Social Services? |  |  |
|  | Prescribed by a healthcare professional? |  |  |
|  | Purchased privately by yourself or family? |  |  |
|  | Other |  |

**If you have completed Section 3, please complete the declarations in Section 6.**

**Section 4 – Discretionary Criteria
Questions for applicants with impairment in both arms**

These questions are intended for people who:

* Drive a vehicle regularly, have an impairment in both arms and are unable to operate, or have considerable difficulty in operating parking equipment, such as ticket barriers and pay meters.

**When applying under this criteria please note that the badge may only be used if the applicant is the driver of the vehicle.**

|  |  |  |
| --- | --- | --- |
| Do you drive regularly? | Yes | No |
| Do you have an impairment in both arms?  | Yes | No |
| Please describe your medical condition/impairment: |
|  |
| Are you unable to operate, or have considerable difficulty operating a parking equipment? | Yes | No |
| If **YES**, please describe the difficulties you have with operating ticket barriers and pay and display machines. |
|  |
| Do you drive a specially adapted vehicle? | Yes | No |
| If **YES**, please describe how the vehicle has been adapted for you, and enclose a photocopy of your insurance details to verify this adaptation. |
|  |
| Is your driving licence subject to restrictions due to your impairment? | Yes | No |
| If **YES**, please enclose a photocopy of your licence. |
| Driving Licence Number |  |

**If you have completed Section 3, please complete the declarations in Section 6.**

**Section 5 – Discretionary Criteria
Questions for applicants under the age of three**

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

* they have a condition requiring the transportation of bulky medical equipment at all times; or
* they must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be treated.

|  |  |  |
| --- | --- | --- |
| Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times? | Yes | No |
| If **YES**, please state what type of equipment is required: |
|  |
| Are you applying on behalf of a child under the age of three who has a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated? | Yes | No |
| If **YES**, please describe the child’s medical condition: |
|  |
| Can you estimate how often they will need treatment? |
|  |
| If you have answered **YES** to either of the questions above, please enclose a letter from a healthcare professional that has been involved in your child’s treatment (for example your paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below: |
|  |

**If you have completed Section 5, please complete the declarations in Section 6.**

**Section 6 – Declarations and signatures**

**6a) 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 that we are unable to consider your application.
* Providing fraudulentinformation 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, parking enforcement officers and authorised 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.

**Declarations must be completed by or on behalf of ALL applicants.**

|  |  |
| --- | --- |
| 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 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 my 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 understand that I will return my previous badge once it has expired. |  |
| 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 I will meet any costs if myself, Local Authority or Independent Advisory Service are required to contact any relevant health specialist (not my G.P) if further evidence is needed for my 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.  |  |

**6b) Checklist of documents you may need to enclose**

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose. Please check with your local authority whether they accept original documents or certified copies.

**Section 1 – Information about you**

|  |  |
| --- | --- |
| 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 (if possible). |  |
| Medical Documentation such as prescription/ Hospital ap letter/ DLA or PIP letter or a supporting letter from your GP |  |

**Section 2a – People who are blind (sight impaired)**

|  |  |
| --- | --- |
| Your Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist and held by your Social Services Department or local society. |  |

**Section 2b – People who received the Higher Rate of the Mobility Component of Disability Living Allowance**

|  |  |
| --- | --- |
| An original letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter. |  |

**Section 2c – People who receive Personal Independence Payment**

|  |  |
| --- | --- |
| An original letter of entitlement for the Personal Independence Payment. |  |

**Section 2d – People who receive the War Pensioner’s Mobility Supplement**

|  |  |
| --- | --- |
| An original letter of entitlement for the War Pensioner’s Mobility Supplement. |  |

**Section 2e – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme**

|  |  |
| --- | --- |
| An original award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial impairment which causes inability to walk or very considerable difficulty walking. |  |

**Section 2f – People who under the Armed Forces Compensation Scheme receive tariff 6, – Permanent Mental Disorder**

|  |  |
| --- | --- |
| An original award letter which demonstrates that the applicant has been awarded tariff 6, – Permanent Mental Disorder under the Armed Forces Compensation Scheme. |  |

**Section 4 – Drivers with an impairment in both arms**

|  |  |
| --- | --- |
| Your insurance details if you drive a specially adapted vehicle. |  |
| Your driver’s licence.  |  |

**Section 5 – Children under the age of three**

|  |  |
| --- | --- |
| A letter from a healthcare professional that has been involved in the child’s treatment, giving details of condition and type of medical equipment needed. |  |

**3d) Your signature against the declarations**

|  |  |
| --- | --- |
| Your signature |  |
| Print name |  |
| Date of application |  |

**If you are applying on behalf of another person, please indicate your relationship.**

|  |  |
| --- | --- |
|  | **Relationship** |
| Official Guardian |  |
| Power of Attorney |  |
| Parental Responsibility |  |
| Other (Please describe) |  |

**Where you have applied for a Blue Badge on behalf of another person you must be aware that using the Blue Badge contrary to the rules governing the scheme may result in prosecution, a fine and the withdrawal of the Blue Badge.**

When completed please send this form to-

**Conwy County Borough Council,**

**Blue Badge Department**

**PO Box 1**

**Conwy**

**LL30 9GN**

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

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

**Guidance Notes – What sections of the application form should I complete?**

**Section 1 – Information about you**

This section MUST be completed by all applicants for a Blue Badge. All mandatory fields are flagged with an asterisk (\*).

Please note that the ‘first names’, ‘surname’ and ‘surname at birth’ fields can only hold up to 20 characters due to badge printing restrictions.

If you have previously been awarded a Blue Badge and it is due to expire, you are still required to provide up to date evidence to confirm your eligibility. Please ensure that you apply in good time, at least two months before the badge expires as is it an offence to use an expired badge, even if you have applied for a new one. It is badge holders responsibility to ensure that it is valid.

**Proof of your identity and residency**

One of the following must be submitted with your application:

your birth/adoption certificate

marriage/divorce certificate

civil partnership/dissolution certificate

valid driving license

passport or

Concessionary Travel Card

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, contact details and occupation alongside this information. The local authority may contact them to verify your identity.

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

**Photograph**

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.

**Section 2 – Automatic Criteria applicants**

You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2.

You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of this is payment allowance. Any documents sent in as proof of entitlement will be returned to the applicant as quickly as possible, once they are no longer needed by the local authority. Your local authority may prefer to accept certified copies of documents; you will need to check with them.

**Section 2a**

Please complete this section if you are registered as blind (sight impaired). You are asked to state the name of the local authority with which you are registered. In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered with.

The current formal notification required to register as blind (sight impaired) is a Certification of Blindness or Defective Vision (BP1 (3R)), or a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist, which states that you are blind (sight impaired). Previous equivalents are also acceptable, however, registration is voluntary.

**Section 2b**

Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). You will have had an award notice letter from the Pension, Disability and Carers Service (PDCS). You will also have been sent an annual uprating letter stating your entitlement. This uprating letter can be used as proof of receipt of HRMCDLA if your award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your uprating letter, then please contact the PDCS for a current award letter by:

 - Telephone: 0345 712 3456

 - Textphone: 0345 722 4433

 - Email: DCPU.Customer-Services@dwp.gsi.gov.uk

This helpline is open from 7.30am to 6.30pm Monday to Friday, and further details can be found online at:

[www.gov.uk/disability-benefits-helpline](http://www.gov.uk/disability-benefits-helpline)

Blue Badges issued in these circumstances will be issued for the duration of the award of HRMCDLA or for three years, whichever is the shorter period.

**Section 2c**

Please complete this section if you have been awarded Personal Independence Payment (PIP) at the level detailed:

- Mobility Activity 1, descriptor f; or

- Mobility Activity 2, descriptors c, d, e or f.

Mobility Activity 1 relates to ‘Planning and following a journey’. *Descriptor f* is the definition within the activity that is awarded to a person who has the greatest difficulty following any route or journey without another person, assistance dog or orientation aid.

Mobility Activity 2 relates to ‘Moving around’. *Descriptor c* is the definition within the activity at which a person has difficulty standing and moving, being unable to move more than 50 metres. *Descriptors d* and *e* identify increasing levels of difficulty moving around with f identifying people with the greatest difficulty with either standing or moving more than a metre aided or unaided.

You should have an award letter with details of your award issued by DWP. You must enclose the original of this letter.

**Section 2d**

Please complete this section if you receive a War Pensioner’s Mobility Supplement (WPMS). You should have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. You must enclose the original of this letter as proof of entitlement.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

**Section 2e**

Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking. You will have been issued with a letter from the Service Personnel and Veterans Agency confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking. You must enclose the original of this letter as proof of entitlement.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

**Section 3 – Discretionary Criteria, Questions for applicants with walking impairment.**

It is important that this section is completed fully. Where you feel a question may not apply, please briefly indicate why. Failure to complete all questions may result in the form being returned to you and if you should be assessed as eligible, the issue of your Blue Badge delayed. This is particularly important where a current Blue Badge holder is applying for a new badge. Refer back to note at the beginning of Section 1.

A permanent impairment is one that is likely to last for the duration of your life. Medical conditions such as asthma, Crohn’s disease / incontinence conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criteria, but only if they are unable or have considerable difficulty walking, in addition to their condition.

To qualify for a Blue Badge you must have a permanent and substantial impairment which means you are unable to walk or have considerable difficulty in walking.

Being unable to walk means being unable to take a single step. Walking involves always having one foot on the ground. You will need evidence to show that, because of your permanent and substantial impairment, you cannot put one foot in front of the other.

OR

Having considerable difficulty walking means being unable to walk very far without experiencing difficulty, such as;

* Excessive pain
* Breathlessness
* Speed of walking
* The length of time the person can walk
* The manner of walking or gait (posture, rhythm, co-ordination, balance, stride)
* Use of walking aids
* Outdoor walking ability, including different terrains
* Whether the effort of walking endangers the applicant’s life, due to ill health and other health conditions.

It is important that you provide evidence to support your application and that this is recent, within the last 12 months.

Options include:-

1. Evidence from health professionals such as;

* consultants,
* hospital specialist,
* physiotherapists,
* occupational therapists,
* pain clinics,
* district nurse,
* community psychiatric nurse,
* social services.

This list is not exhaustive but it has been recognised that the applicant’s GP is not best placed to supply objective evidence because of their role as an advocate on behalf of their patient.

OR

2. For applicants in receipt of a care package, if you provide details of your service provider the local authority may be able to contact them to verify your application. If you are unable to provide supporting information your local authority may ask you to attend an informal interview to determine your eligibility for a badge.

OR

3. For residents in a residential/nursing care home. Residency in such accommodation is not evidence in itself of need and all applicants must provide evidence. This could be from a health professional as above or a copy of a recently reviewed care plan which indicates the need for support with mobility.

**Section 4 – Discretionary Criteria, Questions for applicants with impairment in both arms.**

Section 4 should be completed by applicants who have a impairment in both arms. You will need to show that you are a driver and have an impairment in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on street parking equipment.

A driver’s license number is requested for enforcement purposes as you will only be eligible to use the badge if you are the driver of a vehicle.

**Section 5 – Discretionary Criteria, Questions for applicants under the age of three.**

Section 5 should be completed on behalf of:

* children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or children under three years of age who have a medical condition which means that they 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 three.

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.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

* tracheostomies;
* epilepsy/fitting;
* highly unstable diabetes; and
* terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

You must enclose a letter from a healthcare professional that has been involved in your child’s treatment (for example your paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact. The letter should include a reference to your child’s home address to provide your local authority with proof of residence.

**Section 6 – Declarations and signatures.**

* Section 6a): The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, not ticking those that are relevant to your application may result in your local authority being unable to accept your Blue Badge application.
* Section 6b): Checklist of documents. It is important that you provide all relevant documents/information.
* Section 6c): You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.
* Section 6d): All applicants must sign and date the form prior to submitting 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 person to whom it has been issued.

If your badge application is successful, the leaflet “The Blue Badge Scheme - Rights and Responsibilities in Wales” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. It is most important that you read the leaflet on receipt of your new Blue Badge, even if you have held a Blue Badge previously as there may be new rules on how you must use the badge. Failure to comply with the rights and responsibilities could result in:-

* the badge being withdrawn
* fixed penalty notice for a parking offence
* prosecution for various offences where the rights and responsibilities have been incorrectly or fraudulently applied.

The leaflet can be viewed at [**http://wales.gov.uk/topics/transport/integrated/bluebadgeschemeinfo/?lang=en**](http://wales.gov.uk/topics/transport/integrated/bluebadgeschemeinfo/?lang=en)

**Other information**

Blue Badges are normally issued for three years and you will need to return your badge if your condition improves and you no longer need the badge. After three years you will have to apply for a new badge if you wish to continue in the scheme.

When a Blue Badge is no longer needed due to bereavement the ‘Tell us Once’ service provided by the local authority will provide a reminder of the duty to return the badge.