### Blue Badge Application Form





### Risk in Traffic

Please complete all relevant sections of the application form and supply the appropriate documents to confirm the applicant's address, identity and evidence of eligibility. When completing this form you may find the accompanying guidance notes are helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that the eligibility criteria is met.

If you are completing the form on behalf of an applicant who is under 16 years old or someone not able to complete it on their own, you should provide your details in the section directly below and their details thereafter and sign the form on their behalf.

Information about the p	person completing this form
Title (Mr, Mrs, Ms, other)	
First name(s) (in full)	
Surname	
Surname at birth (if different)	
Telephone (home)	
Telephone (mobile)	
Email address	
Relationship to applicant	
Local Authority of residence	
Information about the a	applicant
Title (Mr, Mrs, Ms, other)	
First name(s) (in full)	
Surname	
Surname at birth	

Information about the a	applicant
Date of birth (DD/MM/YYYY)	
Place of birth (town and country)	
National Insurance Number (16 and over)/ NHS Number (under 16)	
Current address & postcode	
Previous address, if different in the last three years	
Telephone (home)	
Telephone (mobile)	
Email address	
Does the applicant currently hold a Blue Badge, or have they held a Blue Badge before?	Yes No  If they have:  Which local authority issued you with the last badge?  What is the serial number on the last badge?  What is the expiry date of the last badge?

#### Information about the applicant Proof of address We need to check that the applicant is a resident in this local authority area before we can process their application. Please select one of the following options and provide copies of the original documentation where relevant: Either I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months Or I have enclosed a Utility bill bearing my name and address dated within the last 3 months I do not pay Council Tax, am over the age of 16 and Or submit a copy of my lease as proof of my address I give consent to the local authority to check my personal Or details on the local authority's Council Tax/Assessor and Electoral Register or National Entitlement Card systems to confirm my address Or I am applying on behalf of an applicant who is under 16 and submit a copy of an NHS letter to prove their address I am applying on behalf of an applicant who does not pay Or 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 The name of the applicant's school is: Proof of applicant's We need to check the applicant's identity to reduce the potential for identity fraudulent applications for a Blue Badge. Please attach a photocopy of one of the following as proof of the applicant's identity. Do not send original documents as these will not be returned.

Birth/Adoption certificate
Marriage/Divorce certificate
Passport
Civil Partnership/Dissolution certificate
Valid driving licence

#### Photograph

be nominated, but please remember that

other vehicles can be used)

Please enclose a recent passport-quality photograph of the applicant. The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph.

Applicants who are unable to access photo booths can provide a suitable clear photograph taken by other means (\*e.g, mobile phone, tablet or digital camera) which can be cut down to an appropriate size.

Please ensure that the applicant's name is on the back of the photograph and complete the declaration at the back of the form to confirm that the photograph is a true likeness.

Badge Fee			
If this application is successful the applicant will receive a letter/email/telephone call requesting payment of £20 for the badge.			
You only need to pay after you've been approved for a Blue Badge. We will contact you about paying the fee if you get a Blue Badge.			
Where possible, 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			

#### Confirming your eligibility

Please note that you will only qualify for a Blue Badge under this criterion if you have been diagnosed with a mental health, cognitive or behavioural condition which means you lack awareness of danger from traffic which is likely to compromise your safety or the safety of others. This includes any mental health problem, personality disorder or learning disability, however caused or manifested. Examples are Dementia, Autism or Down's Syndrome.

caused of marinested. Examples are Dementia, Addistri of Down's Syndrome.						
What is the condition you have been diagnosed with?						
with this condition. You share re-applying for a Bade	rom a regulated healthcare professional that you have been diagnosed hould attach a letter confirming the diagnosis to this form unless you ge on the basis of the same diagnosis, and the condition is not going to bu don't need to send in another letter.					
Have you enclosed the re	equired documentation?					
Yes						
Receiving Disability Be	nefits					
Providing information about a seessment of your a	out the disability benefits you receive will help the local authority make a pplication.					
Tick the box next to the benefits you	You get the higher rate of the care and/or mobility component of the Disability Living Allowance					
currently receive.	You get the higher rate of the mobility component of Child Disability Payment					
	You get the middle rate of the care component of the Disability Living Allowance					
	You get the higher rate of Attendance Allowance					
	You get the lower rate of Attendance Allowance					
	You get Personal Independence Payment and have been awarded a total of at least 12 points in respect of the following:					
	<ul> <li>communicating verbally</li> <li>reading and understanding signs, symbols and words</li> <li>engaging with other people face-to-face</li> <li>planning &amp; following a journey</li> </ul>					
	You get Personal Independence Payment and have been awarded a total of at least 8 points in respect of the following:					
	<ul> <li>communicating verbally</li> <li>reading and understanding signs, symbols and words</li> <li>engaging with other people face-to-face</li> </ul>					

moving around

#### Confirming your eligibility

If you receive any of the benefits listed in the previous question, you should enclose a copy of the original letter of entitlement to the benefits dated within the last 12 months. If you're enclosing a Personal Independence Payment letter of entitlement, you have to enclose a letter showing the breakdown of points you receive. We may also check that you are in receipt of this award with the Department for Work and Pensions.

Have you enclosed the required	d documentation?	?		
Yes				
Background to your condition	and why you re	quire a badge		
Providing information about your of your application.	r condition will hel	p the local autho	ority to make a full asses	ssment
Please describe:				
<ul> <li>Any courses of treatment you relation to the condition you h</li> </ul>		or specialist clir	nics you have attended i	n
<ul> <li>Please state when you under clinics.</li> </ul>	went any relevan	t surgery or trea	tment or attended speci	alist
Surgeries/courses of treatment/	/specialist clinics	Dates you rece	ived this treatment	
What medication do you curre above?	ently taking in rel	ation to the co	ndition you described	
Medication	Dosage		Frequency	

# Confirming your eligibility Why do you require a Blue Badge? How is a Blue Badge going to help you? Please describe what benefit you seek to get from having a Badge. You may want to give examples. How would the use of a Blue Badge reduce the risk in comparison to current strategies? Do you anticipate that No your condition will Don't know Yes improve in the next If you ticked **yes**, please describe how much you expect your three years? condition to improve.

#### Counter signatory questionnaire

These questions are for healthcare, social work or teaching professionals who have seen the applicant during the last 12 months and who is not the applicant's GP.

The healthcare, social work or teaching professional should complete the questions, **providing examples to support their answers**, and then they should sign this section.

Information about the c	ounter signatory professional
Name	
Job title	
Date of last contact with applicant	
Registration number	
Organisation	
Work telephone	
Email address	
Blue Badge criteria of being meaning of the Mental Heal	nnaire is to gather information about whether the applicant meets the someone who, because of a diagnosed mental disorder within the lth (Care and Treatment) (Scotland) Act 2003, lacks awareness of sely to compromise their safety, or that of others.
1. Can the applicant follow the route of a familiar journey on	Yes No Sometimes  Please provide examples and give reference to how often this occurs:
their own? If this is appropriate to their age.	
	In the case of children, does the applicant show any evidence of being able to learn this?
	Yes No
	If <b>yes</b> , give an example of where they can currently walk to:

2. Can the applicant follow the basic		Yes		No		Someti	mes
instructions such as "slow down", "stay	Plea	ase in	dicat	e ho	w fre	quently:	
here" or "stop" in situations involving traffic?	Provide examples on how the applicant responds when given such instructions:						
3. Has the applicant put themselves at risk as a		Yes		No		Someti	mes
result of being unaware of the dangers from traffic?	the		me th	•			often does this occur? When was ow is the applicant being kept safe
4. Does the applicant require continual		Yes		No		Someti	mes
supervision while travelling in the community (and in the case of children, over and above that is	it. E	.g. ha exan	nd h	oldin	g, ar	m linking	ion and how applicant responds to g, physical or verbal guidance, and responds e.g. breaks free from hand
normally required for children of that age)?							
5. Can the applicant deal with unexpected		Yes		No		Someti	mes
changes in their journey?	of u		ected	l chai	nges	to their	cant display around traffic as a result journey? How often does this occur?

6. Does the applicant walk or run away or	Yes No Sometimes							
become disorientated when exiting a vehicle, causing danger to	How is this risk managed at present? For example, use of rear door safety lock, parking with applicant towards pavement side.							
themselves or others?								
	d, has an NHS buggy been provided for safety reasons? Applicable							
8. What coping strategies	are currently in place to ensure the applicant's safety?							
9. How would provision o support currently require	f a Blue Badge improve applicant's safety and/or reduce level of d?							
individual applicant, not t applicant regularly place	pinion, having considered the actual and current risk to this he potential risk associated with the condition, does the themselves or others in danger?							
Do you think this risk will	roduce over time?							
	sure							
Professional counter sign	gning signature against the declarations							
Signature								
Date of signature (DD/MM/YYYY)								
Please print your name								

#### **Applicant Declarations and Signatures**

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

The following questions are mandatory and are intended to be answered by all Blue Badge applicants.

Please read the following declaration thoroughly and tick all of the relevant boxes to indicate that you have read and understood each declaration. Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge. 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 2018 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. We also have our own Privacy Policy, details of which can be found on our website.

Any medical information that you have supplied to support this application is deemed, under the Data Protection Act 2018, 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 to be completed by applicant
I can confirm that, as far as I know, the details I have provided are complete and accurate.  I understand that action may be taken 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 Blue Badge.
I confirm that the photograph I have submitted is a true likeness.
I understand that, if my application is successful, I must not allow any other person to use the Blue Badge and I must only use the Blue Badge in accordance with the rules of the scheme as set out in the Rights and Responsibilities leaflet that will be sent to me with my Blue Badge.
I understand I must not hold more than one valid Blue Badge at any time.
I understand that the local authority may contact the NHS, school or social care services for the purpose of obtaining further information in support of my application.
I understand that I may be required to undertake an assessment with a regulated healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
I understand the local authority may have access my medical notes.
Misuse of a Blue Badge is a criminal offence.

Your consent to use your information to improve the service you receive						
Please read and tick the following declarations that you consent to. Ticking these boxes will help us to improve the service we can offer.						
I consent to my local authority checking any information already held by their Social Services department on the basis that:						
It can help determine my eligibility for a Blue Badge.						
It may speed up the processing of my application.						
<ul> <li>It may enable a decision to be made without the need for a mobility assessment.</li> </ul>						
I agree to the disclosure of information included in this form to other local authority department/service providers so that I can be informed about other services that may be of benefit to me.						
Checklist of documents you may need to disclose						
Please ensure that you have enclosed all of the relevant documents for the sections of this application form.						
If applicable, copy of documentation proving the relevant benefits you receive						
Copy of the letter from a regulated healthcare professional confirming your diagnosis						
Document to prove your address, as listed in the 'Information about the applicant' section						
Document to prove your identity, as listed in the 'Information about the applicant' section						
Vour eignoture against the declarations						
Your signature against the declarations						
Signature						
Date of application (DD/MM/YYYY)						
Please print your name						
If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.						
Please indicate your relationship to the applicant:						

### Submitting your application

Please return this form and relevant documents to your local authority by post or hand delivery at: FAO Blue Badge Team, Renfrewshire Council Customer Service Centre, Cotton Street, Paisley PA1 1AN.