

DISABLED PERSON'S PARKING BADGE (BLUE BADGE)

APPLICATION FORM

PLEASE READ THE GUIDANCE NOTES BEFORE COMPLETING THE FORM

Write clearly in BLOCK CAPITALS and tick relevant boxes

Section A —Your Details - Those questions marked * MUST be completed

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.											
*Surname:	*Title (Mr, Mrs, Miss, Ms, Dr):										
*Forenames (in full)											
*Main <u>Contact</u> Phone number:	*Surname at birth:										
*Address: *Post Code:.....											
*Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	*Date of Birth:										
*Town: *Place of Birth: *Country:											
*National Insurance Number or Child Registration Number	<table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
E-Mail Address	<input style="width:100%; height: 20px;" type="text"/>										
Do you already hold a blue badge? Yes: <input type="checkbox"/> No: <input type="checkbox"/>											
If Yes , which Council issued the badge:											
<input style="width:100%; height: 20px;" type="text"/> Badge No.	<input style="width:100%; height: 20px;" type="text"/> Date of expiry:										

For office use only

Date application received:			<u>Proof of Address</u>
Receipt No:		Scan No.	
Badge number:		Date of expiry:	<u>Proof of Identity</u>
APPROVED / NOT APPROVED		To be reassessed: Y <input type="checkbox"/> N <input type="checkbox"/>	
Evidence submitted:			
Submitted for printing to Northgate:	START DATE:		

Driving Licence Number:
(If you hold a driving licence)

Please give your previous address, if it was different when you last applied for a badge:

Please state your disability/medical condition – (full details of disability are to be completed on pages 4-8)

*****PLEASE READ THE FOLLOWING STATEMENT BEFORE
COMPLETING THE FORM**

Please note that only fully completed application forms can be accepted along with all relevant documentation. **Incomplete forms will be returned to applicants for completion and this will delay your application.** We recommend that you **apply 8 weeks** before your current badge expires. The application process **takes up to 6 weeks** from the date we receive your application at Inspire Community Trust.

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. We may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

We advise that you carefully **read** through the **guidance notes** before you fill out the form. These will assist you with each section of the application.

Section B — Information for Determining Eligibility

Part 1 only applies if you are in receipt of Personal independence Payment (PIP) or Disabled Living Allowance (DLA)

PLEASE NOTE ATTENDANCE ALLOWANCE IS NOT AN AUTOMATIC ENTITLEMENT TO A BLUE BADGE. You may be required to attend a mobility assessment

(i) I am in receipt of the standard rate mobility component of the PIP for the **moving around descriptor**. YES NO

I am in receipt of the enhanced rate mobility component of the PIP for the **moving around descriptor**.

I am in receipt of the **Higher Rate Mobility Component** of DLA

If **Yes**, is the benefit award indefinite? Yes: No:

If **No**, when does it end? _____

If in receipt of the above, you must enclose a letter of entitlement to the benefit issued and dated within the last year, it must also have at least 8 months of the award left to run, on receipt at Inspire.
(If you do not have a letter, please phone the Disability Living Allowance helpline on 08457 123456)

(ii) Are you registered **Blind**? Yes: No:

If you have NOT been registered Blind with Inspires' Sensory Impairment Team, please tell us the name of the council with whom you are registered and/or send us a copy of your Certificate of Visual Impairment.

(iii) Do you receive a War Pensioner's Mobility Supplement or the Armed Forces (Compensation Scheme within tariffs 1 – 8 inclusive) and have been certified by the SPVA as having a permanent and substantial disability causing very considerable difficulty walking? Yes: No:

If you have answered **Yes** to this question, you must enclose a copy of a document from the Service Personnel and Veterans Agency **dated within the last year** to confirm this. A copy can be obtained by ringing 0800 169 22 77

If you have answered YES to any of the questions in part one, you now only need to complete and sign section C – My Declaration and checklist.

If you have answered **NO** to ALL the questions in Part 1, you may still qualify. **YOU MUST NOW COMPLETE FULLY PAGES 4 – 8 and Sections C and D**

Part 2 — Disability and Mobility Eligibility by Assessment

These questions are intended for people who have answered **NO** to all questions in Part 1. Please note that you will only qualify for a Blue Badge under this criterion if you **have a permanent and substantial disability, which means you are unable to walk or you have very considerable difficulty in walking**. To determine this, you may be required to attend a mobility assessment by our independent mobility assessor so that we can see how your disability affects your walking.

YOU MUST PROVIDE ANY MEDICAL EVIDENCE SUCH AS HOSPITAL LETTERS AND PRESCRIPTION LISTS, WHICH INDICATES YOUR MEDICAL CONDITION.

Are you in receipt of the Disabled persons Freedom Pass?

If you are in receipt of the Disability pass, you will be assessed for the pass at the same time as the assessment for the blue badge.

Please describe any medical conditions/disabilities which affect your walking. Please state the medical terms for the condition, if you know your diagnosis and when did your disability start.

Please describe any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition or disability you have mentioned

What medication do you currently take in relation to the disabilities you describe above? Please indicate, also the dosage and frequency.

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: No:

If Yes, please explain what you are taking and how frequently you need it:

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below).

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?
- None of the above.

Please give details of the healthcare professionals or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Job title	Hospital / Health Centre	Telephone number

Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate).

Yes: No:

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

How do the conditions / disabilities you described above affect your ability to walk?

Please tick whichever of the following statements describe your general walking ability:

(Please tick whichever options apply to you - you can tick more than one box).

- I am able to walk well, including recreational walks.
- I am able to walk around the supermarket to do my own shopping.
- I am able to walk and can use public transport for some of my local trips.
- I am able to walk, but struggle with longer distances or hills.
- I am able to walk, but get breathless if I walk for more than a few minutes.
- Short of breath when hurrying or up slight hill
- Stop for breath walking at own pace on level ground
- Too breathless to leave home or after dressing
- Short of breath walking with people of the same age
- I am able to walk, but find it too painful to walk for more than a few minutes.
- I am able to walk but use a wheelchair for longer trips outside the home.
- I am able to walk around my home, but am unable to climb the stairs.
- I am unable to walk at all.

Are you able to walk outside without help?

Yes: No: (please describe the help you need in the space below...)

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- Adequate - for example, you walk with a slight limp.
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
- Other.

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Do you use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box).

- | | |
|--|--|
| <input type="checkbox"/> 1 elbow crutch. | <input type="checkbox"/> 2 elbow crutches. |
| <input type="checkbox"/> 1 walking stick. | <input type="checkbox"/> 2 walking sticks. |
| <input type="checkbox"/> Walking frame (Zimmer frame). | <input type="checkbox"/> Rollator. |
| <input type="checkbox"/> Wheelchair. | <input type="checkbox"/> Powered wheelchair. |
| <input type="checkbox"/> Other (please describe in the space below). | |

Were your walking aids...

(Please tick whichever options apply to you).

- Purchased privately by me.

- Prescribed by a healthcare professional.

- Provided by Social Services.

- Other (please describe below).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

(Please state the distance in metres or yards using whichever measure is best for you).

: metres : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.

- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.

- The average double-decker bus is about 11 metres, or 12 yards, long.

- A tennis court is about 24 metres, or 26 yards, long.

- A full size football pitch is about 100 metres, or 110 yards, long.

****PLEASE PROVIDE MEDICAL EVIDENCE TO CONFIRM YOUR DISABILITY/MEDICAL CONDITION TO SUPPORT THIS APPLICATION****

ii) PEOPLE WITH SEVERE DISABILITY IN BOTH ARMS

ONLY COMPLETE THIS SECTION IF IT APPLIES TO YOU

Badges may be issued to a person who drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter.

Do you drive regularly?

Yes:

No:

Do you have a severe disability in both arms?

Yes:

No:

Are you unable to operate, or
Have considerable difficulty
operating, all types of
parking meter?

Yes:

No:

Do you have a specially
adapted vehicle?

Yes:

No:

If **Yes**, please say how the vehicle has been adapted for you and enclose a copy of your insurance details verifying this.

Please describe your medical condition:

iii) CHILDREN UNDER THREE YEARS OF AGE WHO WOULD NOT NORMALLY BE ELIGIBLE FOR THE SCHEME, BUT MEETS THE FOLLOWING CRITERIA, MAY QUALIFY.

Are you applying on behalf of a child who:

Has a condition which requires that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty.

Yes:

No:

If **Yes**, what type of equipment is required?

and/or

Has a condition which requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition on 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 and the need for immediate treatment

*******YOU ARE REQUIRED TO PROVIDE MEDICAL EVIDENCE OF YOUR CHILDS CONDITION IN SUPPORT OF THIS APPLICATION*******

Section C — My Declaration

This is to be completed by all applicants. Before signing and dating this section, please tick each box to indicate that you have read, understood and agreed with each statement.

1. I 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.
2. I agree to Inspire Community Trust checking any information already held by the Council's Social Care department and, if applicable, contacting an accredited healthcare professional, for the purpose of obtaining further information in support of my application.
3. I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the 'Blue Badge scheme: rights and responsibilities' leaflet which will be given to me with my badge.
4. I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.
5. I understand that I may be required to undertake a mobility assessment with an assessor who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
6. 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.
7. 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.
8. I confirm that the photograph I have submitted with my application is a true likeness.
9. I agree that, **I will attend in person to collect my new badge when issued and I will return the current or expired one, if applicable. If my badge has been stolen, I will provide a crime reference number from the police.**

Signed:

Date:

NOW PLEASE GO TO BACK PAGE AND COMPLETE CHECK LIST

Section D — My Checklist

- I enclose one colour passport sized photograph taken within the **last 12 months**, with my name printed on the back
- I enclose the £10 admin and production fee. Cash is payable over the counter. Cheques should be made payable to '**London Borough of Bexley**'.
- I provide medical evidence to support my application
- I enclose proof of my address, **not more than 3 months old** (e.g: utility bill, landline phone bill, benefit letter etc.)
- Proof of my HIGH rate mobility of Disability Living Allowance, or War pensioners' mobility supplement dated within the **last 12 months** or PIP 'moving around' descriptor (Score of 8 or above). Please provide a **full copy** of the letter which will be kept on file. (If applicable)
- I have completed all relevant parts of my application and signed the declaration on page 11.
- I have provided my contact details i.e. Telephone number and/or e-mail address

Proof of your Identity

We also need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You **MUST** provide **one** of the following:

- Birth Certificate/Adoption certificate
- Marriage/Divorce Certificate
- Passport
- Civil Partnership/Dissolution
- Valid Driving Licence

Originals should be provided, libraries will be happy to photocopy and send to Inspire.

Please do NOT send originals in the post

Please ensure that all documents are submitted with your application. Without the relevant papers your application cannot be processed.

Your application can now be either taken to: The Blue Badge Scheme, Inspire Community Trust, 20 Whitehall Lane, Slade Green, DA8 2DH. Opening times Monday- Friday 9am-5pm

Or your **local London Borough of Bexley library** (libraries are open on Saturdays and the Central Library is open Sunday 10am – 1pm, other opening times can be found on www.bexley.gov.uk)
Excluding BEXLEY VILLAGE & SLADE GREEN

*******Please allow up to 6 weeks for your application to be processed*******

If your application is successful **you** will be required to return your old badge when you collect your new one **IN PERSON**, either from Inspire Community Trust or your local library

Please indicate where you would like to collect your badge. (Please be mindful of parking restrictions at libraries)

Library:

Inspire:

Please indicate which Library branch _____

October 2015