

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 and evidence 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:										
E-Mail Address:											
*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; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										
Driving Licence Number: (if you hold a driving licence)											
Do you already hold a blue badge? Yes: <input type="checkbox"/> No: <input type="checkbox"/>											
If Yes , which Council issued the badge:											
Badge No.	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:		

Previous Address:

Please state your disability/medical condition - (full details to be given on pages 4-6)

***** 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 at least 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 — AUTOMATIC ENTITLEMENT TO APPLY

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

If you are in receipt of Attendance Allowance please complete Part 2 Pages 4-7

YES NO

I am in receipt of the standard rate mobility component of the PIP for the **moving around descriptor**. (8 Points or More)

I am in receipt of the enhanced rate mobility component of the PIP for the **moving around descriptor**. (12 or more points)

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

If **Yes**, is the benefit award indefinite?

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

If in receipt of the above, you must enclose a full copy of the 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. For PIP you must also include the descriptor page for the mobility component. (If you do not have a letter, please phone the Disability Living Allowance helpline on 08457 123456)

(ii) Are you registered **Severely Sight impaired/Blind**

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

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 – 6 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 physical 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 AT THE ASSESSMENT.

Are you in receipt of the Disabled persons Freedom Pass? YES / NO

Please describe the medical conditions / disabilities which affect your walking.

Have you had any surgery in relation to this condition **Yes / No**.

If 'yes', what and when?

Do you take medication in relation to your disability? **Yes / No**. If so please provide prescription list

Do you take pain relief? **Yes / No**

Do you anticipate that your conditions / disabilities will improve in the next 3 years? **YES / NO**

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 hospital consultant/health professional dealing with your mobility issues (Including GP, OT / Physio, Social Services)

Names	Job Title	Hospital / Health Centre	Telephone Number

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 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
- 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 are, 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.

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)

- 1 Elbow Crutch
- 2 Elbow Crutches
- 1 Walking Stick
- 2 Walking Sticks
- Walking frame (zimmer frame)
- Wheelchair
- Rollator
- Powered wheelchair

Were Your Walking Aids...

(Tick whichever applies to you)

- Purchased Privately by me
- Prescribed by a healthcare professional
- Provided by Social Services

How far would you estimate you are able to walk, using any aids, before you feel severe discomfort? (Please state the distance in metres or yards using whichever is best for you)

Metres

Yards

When answering this question please note that:

- The average adult step is just less than 1 metre, which is 1.1 yards or 3 feet 4 inches.
- If you walk alongside someone and they take 100 steps you will 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

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 attach one colour passport sized photograph taken within the **last 12 months**, with my name printed on the back
- I attach the £10 admin and production fee. Cash is payable over the counter at Inspire. Cheques should be made payable to '**Inspire Community Trust**'.
- I attach proof of my address, **not more than 3 months old** (e.g: utility bill, landline phone bill, benefit letter etc.)
- I have provided Proof of my HIGH rate mobility of Disability Living Allowance, War pensioners' mobility supplement or PIP '**moving around**' descriptor (Score of 8 or above). Please provide a **full copy** of the letter which will be kept on file. Documents must be **dated within the last 12 months**. (If applicable)
- I have completed all relevant parts of my application and signed the declaration on page 7.
- 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** (Central Library- Bexleyheath, Sidcup, Erith, Crayford, Welling, Thamesmead or Bostall (libraries are open on Saturday and the Central Library is open Sunday 10am – 1pm, other opening times can be found on www.bexley.gov.uk)

*****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 _____

August 2016