



## Blue Badge

### Application for a Disabled Person's Parking Badge

In August 2019 the Government introduced revised guidance for the Blue Badge scheme which is mainly for people who;

- Are unable to walk
- Experience very considerable difficulty whilst walking, which may include very considerable psychological distress; or
- Risk of serious harm, when walking or pose, when walking, a risk of serious harm to any other person.

**Applicants who have previously held a Blue Badge are not automatically entitled to receive a new Blue Badge.**

**You need to complete all sections relevant to you and complete the application form in full. This is important as it will decide your eligibility for a Blue Badge.**

- **Incomplete application forms will not be processed and will be returned for completion.**
- **Applications can take up to 12 weeks to be considered.**
- **You will be notified of the outcome of your application in writing.**

Is this the first time you have applied for a blue badge?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you currently hold a blue badge please provide expiry date			/ /		
Please provide current badge serial number					
<b>Who is the Badge for?</b>					
Full Name					Affix photo here
Full Name at Birth					
Date of Birth	/	/			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Identify in a different way		
National Insurance Number					
Home Address					
Postcode:					
Home Telephone Number:			Mobile Telephone Number:		
Email address:					
Previous Address, if different in the last 3 years					

## SECTION 1: APPLICANTS APPLYING WITH AUTOMATIC ELIGIBILITY

Please tick the relevant statement below if you are in receipt of one of these benefits. If not, please continue to the next question.

- I receive the Higher Rate of Mobility Component of the Disability Living Allowance for an indefinite period and enclose the current copy as proof of my entitlement which was issued within the last 12 months.
- I receive the Higher Rate of Mobility Component of the Disability Living Allowance but my **benefit entitlement has less than 3 years remaining.** Please complete section 2 of this application form.
- I receive the Personal Independence Payment (PIP) at 8 points or above in the Moving Around Activity and enclose a copy as proof of my entitlement which is current and shows the length of my benefit as well as how many points I receive for the moving around section. (If your benefit entitlement has less than 3 years remaining please complete section 2 of this application)
- I receive the Personal Independence Payment (PIP) at 10 points for the Planning and Following a Journey for the descriptor that states “you cannot undertake any journey because it would cause overwhelming psychological distress” and enclose a copy as proof of my entitlement which is current and shows the length of my benefit as well as how many points I receive for the Planning and Following a Journey section. (If your benefit entitlement has less than 3 years remaining please complete section 3 of this application)
- I receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 and been assessed as having a permanent & substantial disability that causes an inability to walk or very considerable difficulty in walking and enclose the current copy as proof of my entitlement.
- I receive the War Pensioner’s Mobility Supplement (WPMS) and enclose the current copy as proof of my entitlement.
- I am registered as severely sight impaired (registered blind) and enclose either BD8 certificate or CV1 Certificate from my ophthalmologist.  
(Please note that partially sighted people do not automatically qualify for a Blue Badge)
- I am receiving end of life care from a health professional and enclose the DS1500 or SR1 form as proof.

**If you have been able to tick at least one of the above statements, please proceed to section 6**

- None of the above statements apply to you. This means your application is subject to further assessment using the information you provide on the rest of this form.

**IMPORTANT NOTES**

**If you are unable to complete Section 1 you will need to be able to demonstrate that you have an enduring and substantial disability which means you are either**

- Are unable to walk
- Experience very considerable difficulty whilst walking, which may include very considerable psychological distress; or
- Risk of serious harm, when walking or pose, when walking, a risk of serious harm to any other person.

**A Blue Badge will NOT be awarded if any of the following statements apply to you;**

- You have a temporary health impairment or injury such as a broken leg or recovering from a hip/knee replacement that is expected to recover within 6 months.
- You only require a wide parking bay to open the car door.
- You have intermittent periods when you walk with considerable difficulty, but most of the time you are able to walk.

If you have ticked any of the above statements, you are unlikely to be eligible for a Blue Badge. Please refer to the enclosed guidance notes.

**If none of the above apply to you and you are either unable to walk, or have very considerable difficulty walking, please continue to complete the sections relevant to your walking difficulty then proceed to section 6.**

- (Section 2) have a condition or disability which means you cannot walk or find walking very difficult; (physical difficulties with walking)
- (Section 3) have a non -visible (hidden) condition or disability causing you to severely struggle with journeys.

**If none of the above apply to you and you are applying because you have a severe disability in both arms please complete section 4 only, then proceed to section 6**

**If none of the above apply to you and you are applying for a child under the age of 3 complete section 5 only, then proceed to section 6.**

**SECTION 2 - Questions for 'subject to further assessment' applicant with walking difficulties. (physical difficulties with walking)**

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over three years of age and:

- **have a condition or disability which means you cannot walk or find walking very difficult;**

**If you are completing this section you must answer all the questions. Please consult the guidance notes enclosed with this application form before completing the following questions**

**If this criterion does not apply to you please go to Section 3.**

**2.1 Medical Conditions**

Please describe:

- Any medical conditions / disabilities which affect your walking and date of diagnosis.
- If you know them please state the medical terms for the condition you have been diagnosed with.

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**2.2 Surgeries, treatments and specialist clinics** Please describe:

- Any surgeries, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment.

Surgeries / courses of treatment / specialist clinics: Dates you received this treatment:

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**2.3 Medication**, what medication, including pain relief, do you currently take in relation to the conditions/disabilities you have described above?

Medication	Dosage	Frequency
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## 2.4 Description of walking difficulties

How does your health condition make walking difficult for you?

Excessive Pain

How would you describe the pain you experience, when walking? (you can choose more than one)

- When I take my pain relief medication I am able to cope with the pain
  - Even after taking pain relief medication I have to stop and take regular breaks
  - Even after taking pain relief medication the pain makes me physically sick
  - Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable
  - Other (describe the pain you get when walking)
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Breathlessness

When do you get breathless? (you can choose more than one)

- Walking up a slight hill
  - Trying to keep up with others on level ground
  - Walking on level ground at my own pace
  - Getting dressed or trying to leave my home
  - Other (describe when you get breathless)
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- Balance, coordination or posture. Describe how the way you walk is affected by your coordination (for example, if your posture is affected or you struggle to take full steps)
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How would you describe your balance or coordination, when walking? (you can choose more than one)

- I can walk around a supermarket, with the support of a trolley
  - I can walk up/down a single flight of stairs in a house
  - I can only walk around indoors
  - I can walk around a small shopping centre
  - Other
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Have you seen a healthcare professional for any falls in the last 12 months?

Yes  No

It's dangerous to my health and safety (describe how your condition makes walking dangerous).

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Do you have a chest, lung or heart condition, or epilepsy?

Yes  No

Something else, what is it about your medical condition or disability that causes you difficulty walking?

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## 2.5 Describe somewhere you can walk from and to?

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

From: (e.g. home) _____	To: (e.g. road name) _____
How long does it take you? _____	

## 2.6 Do you use any of the following when you are walking?

(Please tick whichever options apply to you)

- 1 elbow crutch  2 elbow crutches  
 1 walking stick  2 walking sticks  
 Walking frame (Zimmer frame)  Rollator  
 Wheelchair  Powered wheelchair  
 Other (please describe in the space below)
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## 2.7 Duration of walking

How long can you walk for without stopping? (if you listed an aid, then your answer should be when using that aid)

- I can't walk at all  
 Less than a minute  
 Between 1 and 5 minutes  
 Between 5 and 10 minutes  
 More than 10 minutes

2.8 Please give details of any healthcare professionals, or specialists involved in the treatment or management of medical conditions / disabilities listed in section 2.1			
Name	Job Title	Hospital/Health Centre	Telephone Number

**Section 3 Questions for ‘subject to further assessment’ Applicants with non-visible (hidden) conditions**

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and:

- have a non-visible (hidden) condition or disability, causing you to severely struggle with journeys between a vehicle and your destination.

**If you are completing this section you must answer all the questions. Please consult the guidance notes enclosed with this application form before completing the following questions**

**Medical Conditions**

Please describe:

- Any medical conditions /disabilities and date of diagnosis.
- If you know them please state the medical terms for the condition you have been diagnosed with.

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3.1 What affects you taking a journey between a vehicle and your destination (please tick all that apply)

I am a risk near vehicles, in traffic or car parks?

When are you a risk?

- Almost never     Sometimes     Almost every journey     Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks?

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I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys       every journey

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

How often does this happen?

Almost never       Sometimes       Almost every journey       Every journey

Please describe the kinds of incidents that have happened or are likely to happen on journeys

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I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control

How often does this happen?

Almost never       Sometimes       Almost every journey       Every journey

Please give examples of the situations that cause temporary loss of behavioural control

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I can become extremely anxious or fearful of public/open spaces

When do you become extremely anxious/fearful?

Almost never     Sometimes     Almost every journey     Every journey

Please describe the levels of anxiety

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Something else (please describe what affects you taking a journey)

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3.2 How would a blue badge improve journeys between a vehicle and your destination?  
(Describe your needs, in detail)

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3.3 What measures are currently taken to try to improve journeys for you between a vehicle and your destination?  
 (List the measures taken to try to improve journeys)

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How effective are these measures?

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3.4 **Medication**, what medication, including pain relief, do you currently take in relation to the conditions/disabilities you have described above?

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.5 Please give details of any healthcare or associated professionals involved in the treatment or management of your disability.

Name	Job Title	Hospital/Health Centre	Telephone Number

**Section 4 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.**

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and:

- drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.

**If you are unsure whether these questions apply to you, then please consult the guidance notes enclosed with this application form.**

**If this criterion does not apply to you please go to Section 5.**

Do you drive regularly? Yes  No

Do you have a severe disability in both arms? Yes  No

Please describe your medical conditions or disabilities that affect your arms:

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Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability? Yes  No

If yes, please describe the difficulties you have with operating parking meters and pay and display machines.

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Do you drive a specially adapted vehicle? Yes  No

If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation.

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**Section 5 – Questions for ‘subject to further assessment’ 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.
- 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.

**If you are unsure whether these questions apply to your child, then please consult the guidance notes enclosed with this application form.**

**If this criterion does not apply to you please go to Section 6.**

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:

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Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must always be 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:

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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 GP or 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:

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## Section 6 – Further information, declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

### **6a) Declarations about the information you have provided and the application process**

Please read the following declarations.

Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the current Data Protection Legislation 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 “Special Category Information” 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.

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 confirm that the coloured passport sized photograph I have submitted with my application is a true likeness.

I understand that I must not hold more than one valid Blue Badge (Disabled Person’s Parking Badge) at any time.

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.

I understand that the local authority may need to contact an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake a mobility assessment with a healthcare professional, who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I understand that that, if my application is successful, I must not allow any other person to use the badge for their benefit and 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 England” leaflet which will be sent to me with the badge.

I understand that the local authority will check all information already held by the Council’s Social Care department or held by Council approved specialist providers on the basis that:

- It can help determine my eligibility for a Blue Badge
- It may speed up the processing of my application
- It may enable a decision to be made without the need for a mobility assessment

I agree to the disclosure of the information included in this form to other council departments/ service providers so that I can be informed about other council services that may be of benefit to me.

**6b) Application checklist**

See section 1 of the accompanying Guidance Note.

- £10 Cheque or Postal Order made payable to Warwickshire County Council. If you are paying by Postal Order please keep your receipt.
- Coloured Passport sized photo with your name written on the back
- Photocopy of proof of address
- Photocopy of proof of identity
- Photocopy of proof of your automatic eligibility evidence (if applicable)

**6c) Your signature against the declarations in this section**

Please print your name here:	
Date of application:	
Your signature:	

**Information in other formats**

If this information is difficult to understand, we can provide it in another format, for example, in large print, on audio tape, easy read, or in another language. Please contact the Interpreting and Translation Unit on 01926 410410.

**Please ensure you put the correct postage on the envelop when you return your application as it is classed as a large letter as insufficient postage may delay your application**

**Please return your completed form to: Warwickshire County Council Customer Service Centre**

**Shire Hall**

**Warwick**

**CV34 4RL**

For any queries please contact us on 01926 410410 or [bluebadges@warwickshire.gov.uk](mailto:bluebadges@warwickshire.gov.uk)

FOR OFFICAL USE ONLY

CRM Case number

Badge Number

New Expiry Date




Processed by

Application Approved?

Yes

No

Manager's Signature

Date