

Disabled Person's Parking Badge Scheme (Blue Badge)

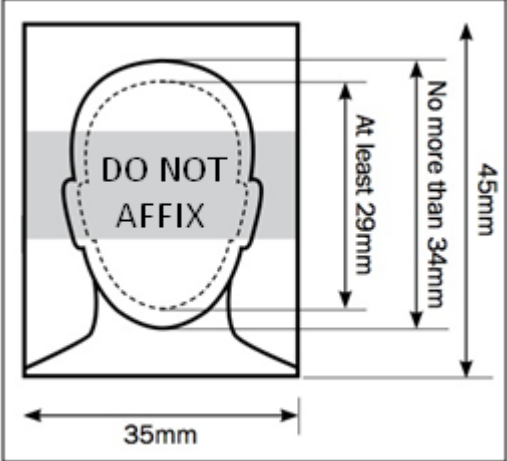
Please complete all relevant sections of the application form and supply a photograph, fee and the appropriate documents to confirm your address, identity and evidence of eligibility.

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

If you require this document in an alternative format, or language, please contact us on 01242 532302 or bluebadge@gloucestershire.gov.uk

Section 1. – Information about the Applicant					
1.1 – Personal Details					
Title:					
First name(s):					
Surname:					
Date of Birth:					
Gender: Please tick which applies	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Prefer not to say:
Surname at Birth/Maiden name:					
Place of Birth (Town and Country):					
National Insurance Number: or					
Child Benefit Number:					
Current address and contact details:					
	Postcode:				
	Home Tel:		Mobile Tel:		
Email Address:					
Previous address, if different in the last three years:					
	Postcode:				

1.2 - Information about your current Blue Badge (if you have one)			
Have you held a Blue Badge in the last 3 years?		Yes	No
If you already have a Blue Badge:	Which local authority issued you with the badge?		
	What is the serial number on the current badge?		
	What is the expiry date of the current badge?		
1.3 – Proof of Address of Applicant			Enclosed (tick)
Proof of your address, dated within the last 12 months: We need to confirm that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide a photocopy of the documentation (please mark the document "copy"). <u>Please do not send originals.</u>	I have enclosed a Council Tax Bill bearing my name and address, dated within the last 12 months		
	Or: I have enclosed a Benefit Award Letter from DWP bearing my name and address, dated within the last 12 months		
	Or: I have enclosed a Pensions letter dated within the last 12 months		
	Or: I have enclosed an NHS/GP or Local Authority letter bearing my name and address, dated within the last 12 months		
	Or: I have enclosed a Housing Benefit award letter dated within the last 12 months		
	Or: I have enclosed a Bank Statement bearing my name and address, dated within the last 12 months		
1.4 – Proof of Identity of Applicant			Enclosed (tick)
Proof of your identity You must attach photocopies of one of the following as proof of your identity (please mark the document "copy"). <u>Please do not send originals.</u>	Valid Passport		
	Valid Driving Licence		
	Birth certificate/Adoption certificate:		
	Marriage / Divorce certificate Civil Partnership/Dissolution certificate		
	Certificate of British Nationality		
	Identity card for Foreign Nationals		
	HM Forces ID card		

1.5 – Photograph		Enclosed (tick)
<p>Photograph</p>	<p><i>The regulations state that a photograph used for a Blue Badge must be in accordance with passport standards. Photographs which are deemed as unsuitable will be returned.</i></p>  <p>You will need to provide one photograph which needs to be in colour and should be taken within the last month or at least within the last year. It must be of your head and shoulders and of you facing forward and looking straight at the camera so that you can be easily identified.</p> <p>It must be taken with your eyes open and clearly visible (no sunglasses or tinted glasses) and be free from reflection or glare on your glasses. Please write your name on the back of the photograph.</p>	
1.6 – Badge Issue Fee		Enclosed (tick)
<p>Badge Issue Fee</p>	<p>Please enclose a cheque or postal order for £10.00. The fee should be made payable to Gloucestershire County Council.</p> <p>Your cheque will be returned to you if your application is unsuccessful. Please do not send cash through the post.</p> <p>You will only be issued with a Blue Badge once payment has been received.</p>	

Section 2 – Automatic Qualifications for 'Without Further Assessment'

To be eligible for automatic qualification you need to meet one of the requirements below and evidence must be provided. Please tick whichever applies.

Please note if any of the awards below have been issued for a date less than 3 years in the future your badge will expire on that date.

Are you registered as **Severely Sight Impaired or Blind**?

Please enter the name of the Local Authority you are registered to:-

If you are not registered with a Local Authority, please send us a photocopy of your CVI (Certificate of Visual Impairment) or other evidence showing that you are registered severely sight impaired.

Do you receive **Higher Rate** Mobility Component of **Disability Living Allowance (DLA)**? (Please note - Attendance Allowance does not apply).

Please send us a photocopy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance and the duration of the award.

Do you receive **8 points or more** in the 'Moving Around' part of the mobility component of **Personal Independence Payment (PIP)**?

Please send us a photocopy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance and the duration of the award - **all pages of the award letter must be included.**

Do you receive the specific points descriptor **Descriptor E (10 points) – “You cannot undertake any journey because it would cause overwhelming psychological distress”** in the ‘Planning and Following a Journey’ part of the mobility component **of Personal Independence Payment (PIP)**.

Please send us a photocopy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance and the duration of the award - **all pages of the award letter must be included.**

Do you receive a **War Pensioner's Mobility Supplement (WPMS)**?

Please send us a photocopy of the official letter confirming that you receive the allowance.

Do you receive a benefit under the **Armed Forces and Reserve Forces (Compensation) Scheme** (within tariff 1-8) and have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking?

Please send us a photocopy of the official letter confirming that you receive the allowance.

Do you have a **DS 1500** issued by your Doctor or Healthcare Professional?

Please send us a photocopy of the DS 1500.

If you have ticked any of the boxes above in Section 2 please proceed to Section 7 on page 14. Please read and sign the Mandatory Declarations.

If you do not meet any of the requirements in Section 2 then you will need to proceed to the relevant subject to “further assessment” section as follows:-

Section 3.1 – People who cannot walk or find it very difficult to walk – Physical Conditions.

Section 3.2 – People with a severe disability in both arms.

Section 4 – People under the age of 3.

Section 5 - People who have non-visible (hidden) Conditions.

Please complete the sections (which apply to you) as fully as possible, regardless of the fact that you may have held a Blue Badge previously.

**Section 3 – Subject to 'further assessment'
Questions for People who cannot walk or find walking very difficult who do not qualify for automatic eligibility (as referred in Section 2).**

3.1 - People who are unable to walk or find walking very difficult

Health conditions or disabilities	
Please describe: any health conditions or disabilities which affect your walking	
How does your health condition/ disability you have described affect your ability to walk?	

Excessive Pain		Yes	No
Please answer ‘Yes’ or ‘No’ to each of the following questions relating by ticking the relevant box:	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 to take regular breaks.		
	Even after taking pain relief medication the pain makes me feel physically sick.		
	Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable.		

Breathlessness		Yes	No
Please answer 'Yes' or 'No' to each of the following questions relating by ticking the relevant box:	Are you troubled by shortness of breath when walking up a slight hill?		
	Do you get short of breath trying to keep up with others on level ground?		
	Do you have to stop for breath when walking at your own pace on level ground?		
	Do you get too breathless getting dressed or trying to leave your home?		

Balance/Co-ordination Which of these statements best describes your general walking ability in relation to balance? (Please tick the appropriate statements which apply to you)	<input type="checkbox"/>	I am able to walk around the supermarket to do my own shopping with the support of a trolley
	<input type="checkbox"/>	I am able to walk around my own home and climb a single flight of stairs.
	<input type="checkbox"/>	I am able to walk but struggle with longer distances or hills
	<input type="checkbox"/>	I am able to walk well, including recreational walks
	<input type="checkbox"/>	I am unable to walk at all

Describe any difficulties with balance or co-ordination when walking

Have you seen a healthcare professional for any falls in the last 12 months?	Yes		No	
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Walking is dangerous to my Health and Safety.	Yes		No	
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Describe how your condition makes walking dangerous: You will need to provide medical information to confirm this.

Which of these best describes the way you walk? (Please tick <u>one</u> statement that best applies to you)		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 box below:

Do you use any aids to get around? (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
	Describe when you need to use this equipment:			
Where did you get your aids from? (Please tick the option(s) that apply to you)		Purchased privately by me or my family		Prescribed by a healthcare professional
		Provided by Social Services		Other (Please use white space below to provide details)

How long can you walk for without stopping? (Please tick <u>one</u> statement that best applies to you)		Less than a minute			
		Between 1 and 5 minutes			
		Between 5 and 10 minutes			
		More than 10 minutes.			
Are you able to continue walking after a short rest?		Yes		No	

Describe somewhere you can walk from and to. (Be specific and use place names or house numbers)

How long does it take you? (For example 8 minutes).

Once you have completed all questions in Section 3.1, please go to Section 6.

3.2 – People with a severe disability that affects both arms

Do you have a severe disability in both arms?	Yes		No	
Please describe your health condition(s) that affects your arms:				
Do you drive regularly?	Yes		No	
Do you drive a specially adapted vehicle?	Yes		No	
If YES, please describe the adaptations that have been made to your car:				
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:				

Once you have completed all questions in Section 3.2, please go to Section 6.

Section 4 – Questions for ‘subject to further assessment’ applicants under the age of three

4.1 – Complete if you are applying for a child under the age of three years old

<p>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?</p>	Yes		No	
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<p>If YES, please state what type of equipment is required:</p>				
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<p>Are you applying on behalf of a child under the age of three that suffers from 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 on the vehicle or be taken quickly in the vehicle to a place where they can be treated?</p>	Yes		No	
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<p>If YES, please describe the child’s health condition:</p>				
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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 health condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below:

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Once you have completed all questions in Section 4, please go to Section 6.

Section 5 – Subject to “further assessment”
Questions for People who have Non-Visible (Hidden) Conditions who do not qualify for automatic entitlement (as referred to in Section 2).

Do you have a non-visible (hidden) condition causing you to severely struggle with journeys between a vehicle and your destination?	Yes		No	
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What affects you taking a journey between a vehicle and your destination?

I am a risk to myself or others near vehicles, in traffic or in car parks.	Yes		No	
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When are you a risk to yourself or others? (Please tick <u>one</u> statement that best applies to you)		Almost never
		Sometimes
		Almost every journey
		Every journey

Please give an example of when you have been a risk to yourself or others near vehicles, in traffic or car parks.

I struggle to plan or follow a journey between a vehicle and my destination.	Yes		No	
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What journeys does this apply to? (Please tick <u>one</u> statement that best applies to you)		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.	Yes		No	
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How often does this happen? (Please tick <u>one</u> statement that best applies to you)		Almost never
		Sometimes
		Almost every journey
		Every journey

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

I regularly have intense responses and overwhelming responses to situations causing temporary loss of behavioural control.		Yes		No	
How often does this happen? (Please tick <u>one</u> statement that best applies to you)	<input type="checkbox"/>	Almost never			
	<input type="checkbox"/>	Sometimes			
	<input type="checkbox"/>	Almost every journey			
	<input type="checkbox"/>	Every journey			

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

I can become extremely anxious or fearful of public/open spaces.		Yes		No	
When do you become extremely anxious/fearful? (Please tick <u>one</u> statement that best applies to you)	<input type="checkbox"/>	Almost never			
	<input type="checkbox"/>	Sometimes			
	<input type="checkbox"/>	Almost every journey			
	<input type="checkbox"/>	Every journey			

Please describe the levels of anxiety.

Something else affects me taking a journey.	Yes		No	
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Please describe what affects you taking a journey.

How would a Blue Badge improve journeys between a vehicle and your destination?
(Describe your needs in detail).

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

How effective are the measures?

Once you have completed all questions in Section 5, please go to Section 6.

Section 6 – Treatments, medication and associated professionals		
These questions are intended to be answered by <u>all</u> applicants for a Blue Badge		
<p>Please describe: any surgeries, courses of treatment or specialist clinics you have undergone (<u>in the last three years</u>) in relation to each health condition(s).</p> <p>Please provide evidence of treatment, i.e. Letters from hospital/consultant/ Education, Health and Care Plans (EHCP). For wider list see Guidance Notes.</p>	Surgeries / courses of treatment / specialist clinics	Dates you received this treatment
<p>Are you currently:</p> <p>(Please tick the statements that apply to you)</p>		Awaiting surgery in relation to the conditions described above?
		Recuperating from surgery in relation to the conditions described above?
		Awaiting treatment for any of the conditions described above?
		Managing your condition/disability since you have been advised it is not expected to improve any further?
		None of the above (Please use white space below to provide details)
<p>What medication(s) do you currently take? Include dosage and frequency.</p> <p>Alternatively you can enclose a copy of your prescription.</p>	Medication	Who prescribed it?

	Name	Job Title	Place of Work	Telephone Number
<p>Please give details of any professionals, or specialists (including your GP) who have been treating you in relation to your condition(s).</p>				
<p>If you have any letters/information from these professionals please provide copies to support your application.</p>				

Further Information	
<p>Please tell us about any alterations or equipment you use at home:</p>	
<p>Please tell us about any help that you receive in your home:</p>	
<p>Is there anything else you can add that you think is relevant in support of your application for a Blue Badge?</p>	

Once you have completed all questions in Section 6, please go to Section 7.

Section 7 – Next of Kin Details, Mandatory Declarations and Signatures	
These questions are intended to be answered by <u>all</u> applicants for a Blue Badge	
7.1 – Next of Kin or alternative contact details	
Please provide details of your next of kin or an alternative contact who would be responsible for the return of the badge (other than yourself) if it was no longer needed:	Name
	Address
	Telephone No:
	E-mail:
	Relationship
	<input type="checkbox"/> Please tick if you would prefer us to liaise with this person on your behalf in respect of this application.
	<u>Completed applications & returned badges should be sent to:</u> Blue Badge Team Hester's Way Library Goldsmith Road Cheltenham Glos GL51 7RT

Once you have completed all questions in Section 7.1, please go to Section 7.2.

If your application is successful, your badge will be sent directly to you.

Blue Badge Renewal Reminders are sent approximately **3 months** before a badge expires. However, if you do not receive a renewal notice within **12 weeks** of the expiry date, then please contact the **Blue Badge Team** on **(01242) 532302**. Alternatively you can also complete an application online by visiting www.gov.uk/apply-blue-badge

Section 7.2 – Mandatory Declarations about the information you have provided and the application process	
I confirm that, as far as I know, the details I have provided are complete and accurate and the supporting identity evidence I have provided are true copies from original documents. I realise that you may take action against me if I have provided any false information in this application form.	
I confirm that the photo I have submitted with this application is a true likeness.	
I confirm that I do not hold a valid current Blue (European) Disabled Person’s Parking Badge (Blue Badge) that has been issued by a different local authority.	
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 you will deal with all documents relating to this application in line with the General Data Protection Regulation (GDPR) 2018, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud.	
In order to provide this service, we need to process your personal data. To see how this is used and to exercise your rights, please see our Privacy Notice. www.gloucestershire.gov.uk/council-and-democracy/data-protection/service-specific-privacy-notices/	
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. Yes <input type="checkbox"/> No <input type="checkbox"/> * Please tick as appropriate.	
I understand that I may be required to undertake a <u>mobility assessment</u> with a healthcare professional that is independent of my existing treatment, in order to determine my eligibility for a Blue Badge.	
The Department for Transport leaflet ‘The Blue Badge Scheme: Rights and Responsibilities in England’ will be issued with your Blue Badge. If you are using the parking concessions as a passenger, then it is <u>your</u> responsibility to make sure that the driver is aware of the rules set out in the leaflet.	
7.3 - Your signature against the declarations (<u>must be completed</u>)	
Your signature:	
Date of application:	
Please print your name here:	

Return completed applications to the address on page 14.