

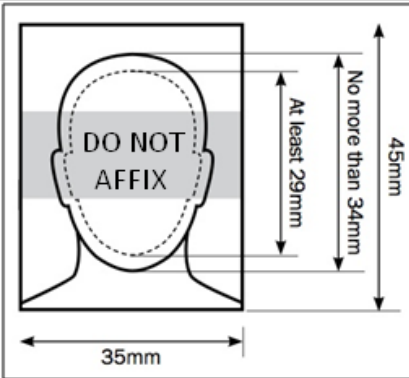
# Disabled Person's Parking Badge Scheme (Blue Badge) Re-application Form

This form is only to be completed by current Blue Badge Holders.

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](mailto:bluebadge@gloucestershire.gov.uk) .

Section 1. – Information about you				
1.1 – Personal Details				
<b>Title:</b>				
<b>First name(s):</b>				
<b>Surname:</b>				
<b>Date of Birth:</b>				
<b>Gender:</b> Please tick which applies	<b>Male:</b>		<b>Female:</b>	
<b>Surname at Birth/Maiden name:</b>				
<b>Place of Birth (Town and Country):</b>				
<b>National Insurance Number:</b> or				
<b>Child Benefit Number:</b>				
<b>Current address and contact details:</b>				
	Postcode:			
	Home Tel:		Mobile Tel:	
	Email Address:			
<b>Previous address, if different in the last three years:</b>				
	Postcode:			

1.2 - Information about your current Blue Badge (if you have one)		
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 - Updated Photograph		
<p><b>Photograph</b></p> <p>A <b>new</b> photograph is required every 3 years when re-applying for a Blue Badge.</p>	<p><i>The regulations state that a photograph used for a Blue Badge <b>must be in accordance with passport standards.</b> Photographs which are deemed as unsuitable will be returned.</i></p>  <p>You will need to provide <b>one</b> photograph which needs to be in <b>colour</b> and should be taken <b>within the last month</b> or at least within the last year. It must be of your <b>head and shoulders</b> and of <b>you facing forward and looking straight at the camera</b> so that you can be easily identified.</p> <p>It must be taken with <b>your eyes open and clearly visible</b> (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> <p>Alternatively you can email a <b>head and shoulder</b> shot taken against a <b>plain background</b> from your computer or smart phone to <a href="mailto:bluebadge@gloucestershire.gov.uk">bluebadge@gloucestershire.gov.uk</a>. Please ensure you title the email with your <b>name, address (including postcode) &amp; date of birth.</b></p>	<p>Photo enclosed: Tick <input type="checkbox"/></p> <p>or</p> <p>Photo e-mailed: Tick <input type="checkbox"/></p>
	1.4 – Badge Issue Fee	
<b>Badge Issue Fee</b>	Please enclose a cheque or postal order for <b>£10.00</b> . The fee should be made payable to <b>Gloucestershire County Council</b> .	Cheque or PO enclosed: Tick <input type="checkbox"/>
	Your cheque will be returned to you if your application is unsuccessful. Please do not send cash through the post. <b>You will only be issued with a Blue Badge once payment has been received.</b>	

<b>1.5 Proof of Address of Applicant</b>		<b>Enclosed (tick)</b>
<p><b>Proof of your address, dated within the last 12 months.</b></p> <p>We need to confirm that you are still a resident in this local authority area before we can process your application.</p> <p>Please select <b>one</b> of the following options and provide a <b>photocopy</b> of the documentation (please mark the document "copy").</p> <p><b><u>Please do not send originals.</u></b></p>	I have enclosed a Council Tax Bill bearing my name and address, dated within the last 12 months	
	<b>Or:</b> I have enclosed a Benefit Award Letter from DWP bearing my name and address, dated within the last 12 months	
	<b>Or:</b> I have enclosed a Pensions letter dated within the last 12 months	
	<b>Or:</b> I have enclosed an NHS/GP or Local Authority Letter bearing my name and address, dated within the last 12 months	
	<b>Or:</b> I have enclosed a Housing Benefit award letter dated within the last 12 months	
	<b>Or:</b> I have enclosed a Bank Statement bearing my name and address, dated within the last 12 months	

<b>1.6 – Proof of Identity of Applicant if change of name in the last 3 years</b>		<b>Enclosed (tick)</b>
<p>If you have <b>changed your name</b> since your last application please provide <b>proof of your identity</b>, which shows your <b>updated name</b>.</p> <p>You must attach a <b>photocopy</b> of <b>one</b> of the following as proof of your identity (please mark the document "copy").</p> <p><b><u>Please do not send originals.</u></b></p>	Valid Passport	
	Valid Driving Licence	
	Marriage / Divorce certificate Civil Partnership/Dissolution certificate	
	Deed Poll Certificate	
	Certificate of British Nationality	
	Identity card for Foreign Nationals	
	HM Forces ID card	

## 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 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 the **Personal Independence Payment (PIP)** award that indicates you receive **8 points or more** in the 'Moving Around Descriptor' of the mobility component?

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.

Do you have a severe **disability in both arms**, drive a car regularly and were issued a badge previously under this criteria?

If you have ticked any of the boxes above in Section 2 please proceed to Section 5 on page 6, please read and sign the Mandatory Declarations.

If you do not meet any of the requirements above then you will need to complete Section 3 on page 5.

**Section 3 – Questions for People who continue to have Severe Walking Difficulties who do not qualify for automatic eligibility (as referred in Section 2)**

Please note that you will only qualify again for a Blue Badge under the Scheme Criterion if you (or the person on whose behalf you are re-applying) are over three years of age and continue to have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.

Do you feel that you **continue** to meet the Scheme Criterion?

Yes:  No:

**If you have answered NO to the above question and you feel you no longer qualify then please go to Section 4.**

**If YES, please go to section 3.1**

**3.1 Additional Medical Information - please tick against each of the following statements:**

Have you had any medical treatment including physiotherapy, podiatry or occupational therapy over the last three years?

Yes:  No:

Have you had any medical procedures in the last three years?

Yes:  No:

Have you been diagnosed with a new medical condition?

Yes:  No:

**If you have ticked YES to any of the above, please provide details below:**

**Over the last three years has your walking ability:**

Improved

Remained about the same

Got worse

**Note:** As part of an assessment of your continued eligibility you may be required to attend a mobility assessment with an independent healthcare professional.

**Please complete Section 5 on page 6.**

## Section 4 – For Applicants who have answered NO in Section 3

Please tick against the statement which applies to you:

- The Blue Badge is no longer required
- Moved away
- Other

## Section 5 - Next of Kin Details, Mandatory Declarations and Signatures

### Section 5.1 - 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 <b>return of the badge</b> (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 &amp; returned badges should be sent to:</u> <b>Blue Badge Team</b> <b>Hester's Way Library</b> <b>Goldsmith Road</b> <b>Cheltenham</b> <b>Glos</b> <b>GL51 7RT</b>	

If your re-application is successful, your badge will be sent directly to you. Blue Badge Renewal Reminders are sent approximately **2 months** before a badge expires, however, if you do not receive a renewal notice within **4 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](http://www.gov.uk/apply-blue-badge)

## 5.2 – 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.

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  No  \* Please tick as appropriate.

**I understand that I may be required to undertake a mobility assessment 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 your responsibility to make sure that the driver is aware of the rules set out in the leaflet.**

## 5.3 - Your signature against the declarations (must be completed)

<b>Your signature:</b>	
<b>Date of application:</b>	
<b>Please print your name here:</b>	

Return completed applications to the address on page 6.

Current badge expiry date

**Office use**

**SU Photo**

Name of Applicant:	
Date Received:	
Screening Officer:	Date:
PRN No:	

Section 1 - Person Information					
Current Badge holder	Yes	No			Notes
Proof of address submitted	Council Tax		Benefit Letter		
	Pensions Letter		NHS/GP/LA Letter		
	Housing Benefit		Bank Statement		
Proof of ID submitted	Valid Passport				
	Valid Driving Licence				
	Birth Certificate/Adoption/Deed Poll Certificate				
	Marriage/Divorce or Civil Partnership/Dissolution Cert.				
	Certificate of British Nationality				
	Identity Card for Foreign Nationals				
	HM Forces ID Card				
Photograph included	Yes	No	Posted / E-mailed		
Badge Issue Fee	Cash	Cheque or PO	No:		
	On-Line	Payment Reference:			
NI Number included	Yes	No			
Declarations - A signature has been provided	Yes	No	Consent to Share Given	Yes	No
Section 2 - Without Further Assessment					
Registered as severely sight impaired or blind	Yes	No	Registered Authority or proof of CVI Rec'd:		
Receives DLA/PIP	Yes	No			
Proof of DLA Higher Rate/PIP Mobility Component included	Yes	No	Date award expires:		
Receives War Pensioners' Mobility Supplement	Yes	No			
Proof of WPMS included	Yes	No			
Receives Armed Forces Compensation	Yes	No			
Proof of AFC included	Yes	No	Date award expires:		
Section 3 - Assessment Outcome					
ERIC Checked (date & initial):			Preferred communication: (if applicable)		
Refer to IMA: Yes / No			Outcome:		
Date Badge Issued and by whom			Badge Number:		
			Expiry Date:		