

Blue Badge Application Form

First time applicants – Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

Renewal applicants – For badges issued **after** 01/01/2012 please complete all relevant sections of the application form and supply evidence of your eligibility. If you have moved address and/or changed your name since your last application please supply appropriate documents to confirm your new address and/or identity. Guidance notes are available on our website www.suffolk.gov.uk/bluebadge.

Section 1

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 the appropriate sections and sign the form on their behalf.

All boxes in this section must be completed.

Title: (Mr, Mrs, Miss, Ms, other)

First names: (in full)

Surname:

Surname at birth:

Gender: Male

Female

Date of Birth: (DD/MM/YYYY)

Place of Birth:

Town:

Country:

Current contact details:

Address:

Postcode:

Home Tel:

Mobile Tel:

Email:

Previous address,
if different in the last
three years:

Address:

Postcode:

**National Insurance Number /
Child Registration Number:**

Please provide the registration number(s) for the main vehicle(s) in which you travel:

Please note your badge can be used in any vehicle in which you travel.

Do you currently hold a Blue Badge? Yes: No:

If you already have a Blue Badge:

Which local authority issued you with the badge?

What is the badge number?

What is the expiry date of the current badge?

If your previous badge was issued by Suffolk County Council **after** 01/01/2012, and you have not moved address or changed your name please continue to section 2.

Proof of your address, dated within the last 12 months:

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options:

Either:

I have included a photocopy of a council tax or other utility bill bearing my name and address, dated within the last 12 months.

Or: I do not pay council tax, I am over the age of 16 and give consent to the local authority to check my address on the electoral register.

Or: I am applying on behalf of an applicant who is under the age of 16.

Proof of your identity:

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must include a **photocopy** of one of the following as proof of your identity:

Birth certificate / Adoption certificate

Marriage / Divorce certificate

Passport

Valid driving licence

Civil Partnership / Dissolution certificate

To help you to understand which part of the form you will need to complete next, please see the information below:

Section 2 – Applicants who are automatically entitled to a Blue Badge (page 3)

Section 3 – Applicants who do not meet the automatic criteria but may have walking difficulties (page 6)

Section 4 – Applicants who have a disability in both arms (page 9)

Section 5 – Children under the age of three (page 10)

Section 6 – Declarations to be completed by **all applicants** on (page 11)

Section 2 – Automatic Entitlement

The following criteria are intended for people who may qualify for a Blue Badge automatically because they:

- are blind (severely sight impaired);
- receive Personal Independence Payment (PIP) mobility component;
- receive the Higher Rate Mobility Component of Disability Living Allowance;
- receive the War Pensioners' Mobility Supplement;
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme;
- meet our Special Rules criteria (are terminally ill with less than six months to live).

If none of the above criteria apply please go to section 3.

2a) People who are blind (severely sight impaired)

Are you registered blind? (partial sight impairment does not form part of our automatic entitlement criteria)

Yes: No:

If YES, please state which local authority you are registered with:

2b) People who receive Personal Independence Payment (PIP) Mobility Component

Do you receive a Personal Independence Payment (PIP) where the 'moving around' descriptor under the 'mobility component' section of the award letter states you have been awarded 8 points or more?

Yes: No:

If YES, is this award ongoing? Yes: No:

If NO, when is your award due to end?

Date of Expiry: (DD/MM/YYYY) / /

If you meet the above criteria please enclose a photocopy of your award letter dated in the last 12 months that shows the 'mobility component' and the points awarded under the 'moving around descriptor'.

Please note that if the award is for less than 3 years, your Blue Badge will be issued for the same period as the duration of the award.

If you have lost your award letter, please contact the Department for Work and Pensions (DWP) on 08457 123456 to obtain a copy.

Please note that we may also check with the DWP that you are in receipt of this award.

2(c) People who receive the Higher Rate Mobility Component of Disability Living Allowance for help with getting around (please note that Attendance Allowance and Personal Carer's Allowance do not form part of our automatic entitlement criteria)

Do you receive the Higher Rate Mobility Component of Disability Living Allowance?

Yes: No:

If YES, is this award ongoing?

Yes: No:

If No, when is your award due to end?

Date of Expiry: (DD/MM/YYYY) / /

If you are in receipt of the **Higher Rate Mobility Component of Disability Living Allowance** please enclose a photocopy of your award letter issued in the last twelve months. Please note that the letter must state whether the award is for an ongoing period or until a specified date. If the award is for less than 3 years, your Blue Badge will be issued for the same period as the duration of the award.

If you have lost your award letter, please contact the Department for Work and Pensions (DWP) on 08457 123456 to obtain a copy.

Please note that we may also check with the DWP that you are in receipt of this award.

2d) People who receive the War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

Yes: No:

If YES, have you been awarded this benefit indefinitely?

Yes: No:

If NO, when is your award of this benefit due to end?

Date of Expiry: (DD/MM/YYYY) / /

If you are in receipt of the War Pensioners' Mobility Supplement please enclose a photocopy of your award letter issued by the Service Personnel and Veterans Agency (SPVA) or Veterans UK.

If you have lost this letter, please contact 0808 191 4218.

2e) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive), and been certified by the SPVA/Veterans UK as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes: No:

If you are in receipt of the above, you will have received a letter confirming the level of your award. Please enclose a photocopy of your award letter.

If you have lost this letter, please contact 0808 191 4218.

2f) People who automatically qualify under Special Rules – Terminally Ill

Do you qualify under our special rules

Yes:

No:

We have special rules for people who are terminally ill (this means people who have a progressive disease and are not expected to live longer than 6 months). Your application will need to be supported by a specialist nurse or consultant - this could be in the form of a previously issued letter, official stamp on the application form with details of a main contact, or a copy of your DS1500 form, if issued.

If you have answered YES to any of the above questions, please go to section 6.

Section 3 – Discretionary Entitlement

These questions are intended for people who have answered **NO** to all of the questions in Section 2.

Please describe:

Any medical conditions / disabilities which affect your walking.

If known, please state the medical terms for the conditions/disabilities you have been diagnosed with and include details of any medication or pain relief you regularly take.

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 conditions/disabilities as they are not expected to improve any further?
- None of the above.

Are you able to walk outside without help?

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

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

(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
- 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
- Other (please describe below)

Please tick the box that describes how you walk:

- No difficulty – no specific problems with walking
- Mild difficulty – for example, you walk with a slight limp
- Moderate difficulty – for example, you walk with a significant limp, have problems with balance, use a walking aid, experience some pain or discomfort
- Severe difficulty – for example, you drag your leg, use multiple walking aids, experience severe pain or discomfort

Do you use any of the following walking aids?

(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) | <input type="checkbox"/> Companion Support |

Who provided 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, without using any walking aids, before you have severe discomfort and/or excessive breathlessness? (Please state the distance in metres or yards and indicate how long it would take you in minutes).

I could walk Metres/Yards (delete as appropriate) in Minutes

Are you then able to continue walking after a short rest?

Yes:

No:

If Yes roughly how long (in minutes) are you able to continue to walk for?

Minutes

Please answer 'Yes', 'No' or 'N/A' to each of the following questions:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you get short of breath whilst walking on level ground? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have to stop for breath whilst walking on level ground? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you get too breathless to leave your home, or after dressing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Section 4 – Applicants with a disability in both arms

These questions are intended for people who have answered **NO** to all of the questions in Section 2, who drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty operating parking meters.

Do you drive regularly and have a severe disability in both arms? Yes: No:

Please describe your medical condition(s) / disability:

Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to a disability in both arms?

Yes: No:

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

Section 5 – Children under the age of three

Please complete this section if the child is under the age of three and has a specific medical condition which means that:

- They need to be accompanied by bulky medical equipment which cannot be carried around without great difficulty; and/or
- They need to be kept near a vehicle at all times so they can, if necessary, be treated in the vehicle, or quickly driven to a place where they can be treated, e.g. a hospital.

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:

Are you applying on behalf of a child under the age of three that suffers from a condition that means that they need to be kept near a vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken quickly to a place where they can be treated?

Yes: No:

If YES, please describe the child's medical condition:

If you have answered YES to either of the questions above please enclose a letter from a healthcare professional who has been involved in the child's treatment (for example a GP or paediatrician), giving details of the child's medical condition and the type of equipment they need.

Section 6 – Further information, checklists, declarations and signatures

These questions **must** be answered by all applicants.

6a) Further information

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge? If yes, please use the notes page at the back of this form or attach a separate sheet.

6b) Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents. We have provided a checklist below to help remind you of what you need to enclose.

New applicants

- Proof of address (dated within the last 12 months) or consent for us to check the Electoral Register.
- Proof of identity - (Birth/Adoption/Marriage/Divorce certificate, Passport, valid Driving Licence, Civil Partnership/Dissolution certificate)
- One passport-style photograph (taken in the last 12 months) with applicant's name printed clearly on the back.

Renewal applicants

- Proof of address, if moved address since the last badge was issued.
- Proof of identity, if you/the applicant has changed your/their name or identity since the last badge was issued.
- Photograph – if the previous badge was issued **before** 1st January 2012, or if the photograph is no longer a true likeness

Section 2a – People who are blind (severely sight impaired)

- A photocopy of your ophthalmologists report / CVI / BD8 form.

Section 2b – People who receive Personal Independence Payment (PIP) Mobility Component

- A photocopy of the award letter dated in the last 12 months including the pages that show the 'mobility component' section and the points awarded under the 'moving around descriptor'.

Section 2c – People who receive the Higher Mobility Component of the Disability Living Allowance

- A photocopy of the award letter for the Higher Rate Mobility Component of Disability Living Allowance for help with getting around, issued within the last twelve months.

Section 2d – People who receive the War Pensioners' Mobility Supplement

- A photocopy of the award letter from the Service Personnel and Veterans Agency (SPVA) or the Veterans Agency.

Section 2e – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme.

- A photocopy of the award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation Scheme), verifying the applicant has a permanent and substantial disability causing an inability to walk or very considerable difficulty walking.

Section 2f – People who are entitled to a Blue Badge under our Special Rules Criteria

Please enclose one of the following:

- A photocopy of a previously issued letter from a specialist nurse or consultant; or
- An official stamp on the application form with details of a main contact e.g. Macmillan Unit or a Hospice; or
- A copy of the DS1500 form (if you have been issued with one).

Section 5 – Children under the age of three

- A photocopy of a letter from a healthcare professional who has been involved in the child's treatment, giving details of the condition / disability and type of medical equipment needed.

Payment

There is a £10.00 charge for a Blue Badge

We will contact you for this payment if the application is successful. Therefore, please ensure you have provided your email address and telephone number on page 1 of this form and please DO NOT send any payment with this form.

IMPORTANT NOTE

The quickest way for us to process your application is for you to send a scanned copy of your application form, this checklist and any supporting documents to our email address bluebadgeteam@suffolk.gov.uk

**Alternatively you can send your application and the above information to the following address:
Blue Badge Team
Suffolk County Council
PO Box 258
Stowmarket
Suffolk
IP14 9BU**

If posting this form to us we recommend that you check with the Post Office to ensure the correct postage is paid. Please visit www.suffolk.gov.uk/bluebadge for information about the Blue Badge application process. If you have any queries please call us on 0808 800 4005 (option 2) or send an email to the above email address.

6c) Declarations and signatures

Mandatory Declarations for Blue Badge Applicants:

The following declarations are about the information you have provided in the application process. Please ensure you read the following declarations carefully; sign and date below to confirm the details you have provided are correct, and that you have understood and agree with each declaration.

Please note that providing fraudulent information may result in prosecution and a fine.

- 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 form.
- New Applicant - I confirm that the photograph submitted with this application is a true likeness of me/the applicant.
- Renewal applicant - I hereby grant my/the applicant's permission for the photograph used on the previous badge (if issued **after** 1st January 2012) to be re-used if this application is approved. I confirm that the photograph remains a true likeness of myself/the applicant and will allow me/the applicant to easily be identified as the Blue Badge holder by an enforcement officer if required.
- I understand the medical information provided to support this application is deemed to be 'sensitive personal data'. I consent to it's 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 entitlement or as otherwise required by law.
- I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and that you may share them within our local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.
- I understand that I/the applicant may be required to undertake an assessment with a healthcare professional that is independent of any existing care and treatment, in order to determine my/their eligibility for a badge.
- I consent to the local authority checking any information already held by the Social Care department on the basis that:
 - **It can help determine my/the applicant's eligibility for a Blue Badge**
 - **It may speed up the processing of my/the applicant's application**
 - **It may enable a decision to be made without the need for a mobility assessment.**
- I understand that I/the applicant must promptly inform Suffolk County Council of any changes that may affect my/the applicant's entitlement to a badge.
- I understand that I/the applicant must not hold more than one valid Blue Badge at any time.
- I understand that, if the application is successful, I/the applicant must not allow any other person to use the badge for their benefit and that the badge must be used in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities in England" booklet which will be sent out with the badge.

6d) Applicant's signature or person who is completing the form on behalf of the applicant to confirm the declarations in section 6c

Your signature:

Please print your name here:

Date of application: (DD/MM/YYYY)

Please return your completed form to:

**Blue Badge Team
Suffolk County Council
PO Box 258
Stowmarket
IP14 9BU**

If you need help to understand this information in another language please call 03456 066 067.

Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo. 03456 066 067

Portuguese

Jeigu jums reikia šios informacijos kita kalba, paskambinkite 03456 066 067

Lithuanian

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer. 03456 066 067

Polish

Dacă aveți nevoie de ajutor pentru a înțelege această informație într-o altă limbă, vă rugăm să telefonați la numărul 03456 066 067

Romanian

এই লেখাটি যদি অন্য ভাষাতে বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন 03456 066 067

Bengali

Если для того чтобы понять эту информацию Вам нужна помощь на другом языке, позвоните, пожалуйста, по телефону 03456 066 067

Russian

If you would like this information in another format, including audio or large print, please call **03456 066 067**.



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