

Blue Badge Application Form

City of Bradford MDC

www.bradford.gov.uk

Please complete all relevant sections of the application form and supply 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.

For office use only

Section 1 – Information about the applicant

First Name(s): _____ Surname: _____

Title: Mr Mrs Miss Ms Other (please specify) _____

Gender: Male Female Town/City of birth _____

Date of birth / / Country of birth _____

Name at birth (if different): _____

National Insurance Number/Child Registration Number _____

National Insurance Numbers start with two letters followed by six numbers then another letter.

Child Registration Numbers are issued to people under the age of 16.

Driving licence number (if you hold a driving licence) _____

Current address: _____

Postcode _____

Telephone number _____ Email _____

Previous address (if different in the last 3 years) _____

Postcode _____

If you are completing the form on behalf of the applicant enter your details below

Title: Mr Mrs Miss Ms Other (please specify) _____

First name _____ Surname _____

Address _____

Postcode _____

Telephone number _____ Relationship to applicant _____

Proof of your identity

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

Do not send original documents.

- Birth certificate/adoption certificate Marriage/divorce certificate Passport
- Civil partnership/dissolution certificate Valid driving licence

Proof of address, dated within the last 12 months

We need to check that you are a resident in the local authority area before we can process your application. Please select one of the following options and provide original documentation, where relevant.

- Either: I give consent to the local authority to check my personal details on their Council Tax database so that I do not need to submit my proof of address.
- Or: I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or: I do not pay Council Tax, am over 18 and give consent to the local authority to check my address on the electoral register.
- Or: I am applying on behalf of the applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.

Please nominate the vehicle registration numbers for the main cars in which you intend to use the Blue Badge.

Up to three may be nominated but please remember other vehicles can be used.

Do you currently hold a Blue Badge or have you previously been issued with one?

- Yes No

If Yes: Which authority issued the badge? _____

 What is the serial number? _____

 What is the expiry date? _____

Photographs

Please enclose one recent colour passport style photograph of the applicant. The photograph must have been taken in the last six months and **MUST** be of passport / driving licence standard. Photographs will be rejected if they are old, damaged or of poor quality. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and you complete Section 6a to confirm that the photograph is a true likeness.

Section 2 – Questions for ‘without further assessment’ applicants

These questions are intended for people who may qualify for a Blue Badge automatically because they are either:

- **Severely sight impaired (blind)**
- **Receiving the Higher Rate Mobility Component of Disability Living Allowance**
- **Receiving the War Pensioner’s Mobility Supplement or**
- **Receiving a qualifying award under the Armed forces and Reserve Forces (Compensation) Scheme**

Please consult the guidance notes if you are unsure whether these questions apply to you.

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

Are you registered as blind (severely sight impaired) ?

Yes No

If Yes, please state which local authority you are registered with (and the registration number if known)

Local Authority

Registration number

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If you are not registered you will need to enclose a copy of your Certificate of Vision Impairment or a BD8 form, signed by a Consultant Ophthalmologist.

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

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

Yes No

If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance you must enclose an **original** letter of entitlement to this benefit issued within the last twelve months. This letter must also state the period of your award. **Your badge can only be issued for a three year period if your award is indefinite, all other badges will be issued to the date when your Higher Rate Mobility Award ends.**

If you do not have the correct evidence, please contact the Department of Work and Pensions (DWP) on **08457 123456** and request a 384 entitlement letter.

Section 2c – People who receive the War Pensioner’s Mobility Supplement

Do you receive the War Pensioner’s Mobility Supplement?

Yes No

If you are in receipt of the War Pensioner’s Mobility Supplement you must enclose an original letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you do not have the correct evidence you can contact the agency on **0800 169 22 77**

Section 2d – 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 have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes No

If you have received the above award you should have been issued with a letter confirming your award by the Service Personnel and Veterans Agency. You must enclose the **original** copy of this letter with your application, if you do not have the correct evidence you can contact the SPVA on **0800 169 2277**

If you have answered YES to any of the questions in Section 2, please continue to Section 6 of the application form.

If you have answered NO to all the questions in Section 2, please continue to Section 3 of the form.

Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties

These questions are intended for people who have answered NO to all of the questions in Section 2. 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 permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.

If you are unsure whether these questions apply to you then please consult the guidance notes.

If this section does not apply to you please go to Section 4

Please describe:

Any medical conditions / disabilities which affect your walking:

Please list any Disability Benefits you receive:

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Please describe:

Any surgery or courses of treatment you have undergone in relation to your condition
Any specialist clinics you have attended:

Surgery / treatment / clinics	Date you received this treatment
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

How do the conditions you have described affect your ability to walk?

What medication do you currently take in relation to your conditions / disability?

(Alternatively you can send in copies of your prescription sheets)

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

Are you currently...

(please tick whichever statements apply to you and provide further details in the space below)

- Awaiting surgery in relation to your medical conditions?
- Recuperating from surgery in relation to the medical conditions?
- Awaiting treatment for your medical conditions?
- Managing your condition / disability since you have been told it is not expected to improve any further?
- None of the above

Please give details _____

Please give details of any healthcare professionals or specialists who have been treating you in relation to your conditions / disabilities (please note we are unable to contact them directly).

Name	Job title	Hospital / Health Centre
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give the name and address of your GP below (this information is required for assessment purposes only, we cannot contact your GP for information).

Name _____ Address _____
_____ Postcode _____

Please describe how much assistance you need when walking outdoors:

Do you ever 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 give details _____

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Do you become short of breath when walking at your normal pace on level ground?

Yes No

Do you become short of breath when walking up a slight hill or incline?

Yes No

Do you need to stop for breath frequently when walking on level ground?

Yes No

Do you become breathless after daily tasks such as dressing etc?

Yes No

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

These questions are intended for people who have answered no to all the questions in Section 2. Please note 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 difficulty operating parking meters.

If you are unsure whether these questions apply to you then please consult the guidance notes.

If this section 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 condition / disability:

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 operating parking meters and pay and display machines.

Do you drive a specially adapted vehicle?

Yes No

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

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.
or
- They must always be kept near a 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 you then please consult the guidance notes.

If this section 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 describe 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 requires that they must always be kept near to a 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:

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

Section 6 – Declarations and signature

These questions must be answered by all applicants for a Blue Badge

6a – Mandatory declarations about the information you have provided and the application process

- Please read the following declarations thoroughly
- Please tick each box to indicate that you have read, understood and agree with each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing false information may result in prosecution and a fine.
- All documents relating to this application will be dealt with in line with the Data Protection Act 1998, 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 'sensitive personal data' 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 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 photograph I have submitted with my application is a true likeness.

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

I understand that I must not hold more than one valid Blue Badge at any time.

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 agree 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' leaflet which will be sent to me with the badge.

6b – Please read and tick the following optional declarations that you consent to (ticking these boxes will help to improve the service we can offer you)

I consent to the local authority checking any information already held by the council's databases 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 and or service providers so that I can be informed about other council services that may be of benefit to me

Section 6c – Checklist of documents you may need to enclose

Please ensure that you have enclosed all of the relevant documents for the sections of the form that you have completed (use the check list below):

Section 1 of the form – Information about the applicant

- Proof of the applicant's address, dated within the last 12 months
(if you have not given us permission to check Council Tax / Electoral Register)
- A photocopy of proof of your identity
- One recent colour passport style photograph of the applicant (with their name printed on the back). The photograph must have been taken in the last six months.

Section 2a of the form – People who are severely sight impaired

- A copy of your CVI/BD8 if you have not given us permission to check the Visual Impairment Register

Section 2b of the form – People who receive the Higher Rate Mobility Component of Disability Living Allowance

- An original letter of entitlement from the DWP issued within the last 12 months

Section 2c of the form – People who receive the War Pensioner's Mobility Supplement

- An original letter of entitlement to the War Pensioner's Mobility Supplement

Section 2d of the form – People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

- An original award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking

Section 4 of the form – Questions for 'subject to further assessment' applicants with a disability in both arms

- A copy of your insurance details if you drive a specially adapted vehicle

Section 5 of the form – Children under the age of three

- A letter from a healthcare professional that has been involved in the child's treatment, giving details of their medical condition and type of medical equipment needed

Your signature against the declarations in sections 6a and 6b

Please print your name here

Date of application / /

Your signature

The ethnic origin section is included on applications for statistical purposes, therefore it would be appreciated if you would complete this section. Please tick the relevant box.

White British	A1	<input type="checkbox"/>	Black/Brit-African	D2	<input type="checkbox"/>
White-Irish	A2	<input type="checkbox"/>	Black/Black Brit Caribbean	D1	<input type="checkbox"/>
Mix-White/Black African	B2	<input type="checkbox"/>	Asian/Brit. Bangladeshi	C3	<input type="checkbox"/>
Mix-White and Asian	B3	<input type="checkbox"/>	Other Ethnic Grp-Other	E2	<input type="checkbox"/>
Asian/Brit. Other	C4	<input type="checkbox"/>	Black/Brit-Other	D3	<input type="checkbox"/>
Mixed Other	B4	<input type="checkbox"/>	Mix-White/Black Caribbean	B1	<input type="checkbox"/>
White Other	A3	<input type="checkbox"/>	Asian/Brit.Indian	C1	<input type="checkbox"/>
Traveller of Irish Descent	A4	<input type="checkbox"/>	Other	O	<input type="checkbox"/>
Gypsy/Roma	A5	<input type="checkbox"/>	Not Stated	F1	<input type="checkbox"/>
Asian/Brit. Pakistani	C2	<input type="checkbox"/>	Refused	E3	<input type="checkbox"/>
Other Ethnic Grp-Chinese	E1	<input type="checkbox"/>			

If you have previously been issued with a Disabled Persons Blue Parking Badge and it has expired, please return it to us, as it legally can no longer be used.

Please do not send any payment at the point of submitting your application. This will only be requested once an application has been approved.

Once completed please post your form to: **Revenues & Benefits Service,
Transport Concessions Team,
Britannia House, Hall Ings,
BRADFORD BD1 1HX**

If you have any queries about the Blue Badge Scheme or the completion of your application form, please contact a member of the Transport and Concessions Team on 01274 438723.

Alternatively if you require help completing your form or would prefer to drop your application form off in person you may do so at any of the Contact Points listed below:

- Britannia House Customer Service Centre, ground floor corner of Bridge Street and Broadway, Bradford
- The Manningham One Stop Centre, 1 Carlisle Road
- Keighley Town Hall, Bow Street, Keighley
- Shipley Town Hall Kirkgate, Shipley
- Ilkley Town Hall, Station Road, Ilkley
- The Council Shop, 146 Main Street, Bingley

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Date received:	PID:
Approved:	Date:
Refused:	Date:
Letter sent:	Date:
Letter sent:	Date:

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