

Disabled Parking (Blue) Badge Application Form

(Please read the Guidance Notes before completing this form)



CONFIDENTIAL

SECTION 1 – PERSONAL DETAILS - To be completed by ALL

First Name*:

Last Name*:

Address*:

Town:

County:

Post Code*:

PEEL OFF PROTECTIVE LAYER AND PLACE PHOTOGRAPH FACE UP WITH YOUR NAME PRINTED ON THE BACK

Your photograph must fit within this box. Refer to the Guidance Notes enclosed.

You will be required to provide proof of your place of residence. Please refer to the Guidance Notes for acceptable documentary evidence

Surname at birth*:
(If different)

Gender*: Male Female Identify in a different way. Enter gender identify with in box below

Date of birth*:

National Insurance Number*:

Country and Town of birth*:

Telephone: Mobile:

Email:

* Required information

SECTION 3 – FOR TERMINALLY ILL APPLICANTS

Tick the box and enclose your DS1500 Form

Name and phone number of your health care professional:

The Council will fast track your application, but you will still need to evidence your qualification for the scheme

SECTION 4 – BLIND/SEVERELY SIGHT IMPAIRED

You may qualify for a Blue Badge if you are **blind or severely sight impaired**. Please read Section 4 of the Guidance Notes for further information. Please tick below to indicate your entitlement and attach the relevant certificate

Enclose CVI Form

Enclose BD8 Form

If you have completed this section, go to Section 10

SECTION 5 – ELIGIBLE BENEFITS

You may qualify for a Blue Badge if you are in receipt of any of the benefits listed below. You must provide an original entitlement letter from the DWP or Service Personal and Veteran Agency (SPVA) dated within the last 12 months. Please refer to Guidance Notes for more information.

Please tick all that apply:

Higher Rate Mobility Component of Disability Living Allowance

Armed Forces and Reserve Forces (Compensation) Scheme

War Pensioner's Mobility Supplement

"Moving Around" descriptor for the Mobility Component of Personal Independence Payment (PIP) – **8 points or more**

Planning and following a Journey' descriptor for Mobility component of Personal Independence Payment (PIP) – **10 points only**

Applicants in receipt of a grant persistent to paragraph 10(3) of schedule 1 to the National Health Service Act 2006

If you have completed this section go to Section 10

SECTION 6 – WALKING AND HIDDEN DISABILITIES

Part 1 – Unable to Walk

To qualify under this criterion, you must have an enduring (lasting for at least three years) and substantial disability that means you are **unable to walk during the course of a journey**. See **Guidance Notes**

Do you consider that your disability meets this criteria? Yes

No

***Please continue overleaf**

Part 2 – Considerable Difficulty in Walking

To qualify under this criterion, you must have an enduring (lasting for at least three years) and substantial disability that means you have **very considerable difficulty whilst walking, which may include very considerable psychological distress. See Guidance Notes**

Do you consider that your disability meets this criteria? Yes No

Part 3 – Risk of Serious Harm

To qualify under this criterion, you must have an enduring (lasting for at least three years) and substantial disability that means **you pose, when walking, a risk of serious harm to yourself or any other person. See Guidance Notes**

Do you consider that your disability meets this criteria? Yes No

If you have ticked yes to any question in Section 6, please complete Section 9. You will need to provide evidence of your eligibility to support your application under this criteria.

SECTION 7 – DISABILITY THAT AFFECTS BOTH ARMS

You may qualify for a Blue Badge if you regularly drive an adapted vehicle due to severe disability in both arms that prevents you from turning by hand the steering wheel or makes it very difficult to operate all or some types of parking meter.

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

Please attach a copy of your car insurance as supportive documentation. You must also ask your Health Care Professional to complete the Health Questionnaire. If you have completed this section go to Section 12

SECTION 8 – CHILDREN UNDER THREE YEARS OF AGE

Children under three years of age may qualify for a Blue Badge if they fall under either OR both of the following criteria:

Please tick if applicable

The condition requires that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty

Or

The condition requires that they must always be kept near a motor vehicle so that if necessary, treatment for that condition can be given in that vehicle or can be taken quickly in the vehicle to a place where such treatment can be given

If either or both of the above apply, please provide details below of any bulky medical equipment or emergency treatment the child requires every time he/she travels somewhere, which requires immediate access to a vehicle. To support your application, you must ask your child's health care professional to complete the Health Questionnaire.

If you have completed this section go to Section 12

SECTION 9 – HOW YOUR MOBILITY IS AFFECTED

Please note, you do not need to complete this section or make use of the Health Questionnaire if you have completed Section 4 or Section 5.

To assist us with determining your eligibility, please complete **ALL sections below** and ask your **Health or Social Care Professionals to complete the Health Questionnaire** attached to this form. This could be any **certified clinician** currently involved in your treatment. See **Section 9** Guidance Notes for further information.

Please explain what issues you are experiencing every time you travel out and about due to your disability e.g., major difficulty to walk, major difficulty to engage with people face to face, severe fears and anxiety of being in public places, huge difficulty to control your behaviours or actions placing yourself and others at risks of injuries. Please refer to Guidance Notes

Please list any steps or measures you are using to manage those difficulties and tell us how effective they are. Travelling with another person – such as a parent/guardian/carer/personal assistant is an example of a form of coping measure.

Based on a typical week and despite all steps and measures in place, are you still at significant risks of the following every time you travel out and about:

Active risk of falls and sustaining serious injuries when walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Excessive pain when walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Severe breathlessness and fainting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ongoing extreme fear or terror including associated symptoms e.g. rapid heartbeat, sweating profusely, tremor in hands and arm, disorientation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ongoing major difficulties to control behaviour or actions resulting in harm to yourself or others around you	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Major difficulty to engage with other face to face	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ongoing risk of absconding / wandering off and getting lost outdoors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lack of understanding of road safety	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please explain how a Blue Badge will help you with reducing those risks

Your ability to undertake day to day activities - Based on a typical day please select which activities of daily living you can achieve independently with or without adaptive equipment (tick all boxes that apply to you).

Washing & dressing	<input type="checkbox"/>	Toileting/ catheter care	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Feeding/drinking	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	Domestic tasks	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	Managing money	<input type="checkbox"/>
Travelling to work	<input type="checkbox"/>	Traveling to school	<input type="checkbox"/>
Meeting family/friends' activities	<input type="checkbox"/>	Engaging in & travelling to leisure activities	<input type="checkbox"/>
Travelling to religious venue	<input type="checkbox"/>	Travelling by public transport	<input type="checkbox"/>

If your family, friends, or carer are helping you with any of the activities above please list the activities and state how frequently they offer those assistance e.g. (few times a day, once a day, once a week, a couple of days a month...)

In your daily environment – Please tick or select the facilities that are available and relevant to you to facilitate your access to the community safely.

- Are you able to walk to your nearest bus stop easily and safely when you need to travel out and about? Yes No
- Are you able to access your local shop safely and easily? Yes No
- Do have access and use the following travel support?
- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Taxi card | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Freedom pass | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mobility Scooter | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Your own vehicle | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Family members and /or friends' car | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 10 – ETHNIC MONITORING

Please tick box below which best describes your ethnic background. You may state a more specific group if you wish.

White

- White British
 - White Irish
 - Any other White background, please specify
-

Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed background, please specify
-

Chinese or other ethnic group

- Chinese
 - Any other group, please specify
-

Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background, please specify
-

Black or Black British

- Caribbean
 - Somali
 - Any other Black African background, please specify
-
- Any other Black background, please specify
-

SECTION 11 – PRIVACY AND DATA PROTECTION

To see how the Council uses your personal data, please see our privacy notice at www.camden.gov.uk/privacy

SECTION 12 – TERMS AND CONDITIONS – To be completed by ALL applicants

1. I will abide by the terms and conditions of Blue Badge scheme as set out in the Department for Transport booklet “The Blue Badge Scheme: Rights and Responsibilities in England.”
2. I will not knowingly allow anyone else to display my Badge in a motor vehicle in which I am not a passenger.
3. If I become aware that another person is using my Badge, or a copy of my Badge, in a vehicle in which I am not travelling, I will report this to the Council immediately;
4. I will not alter the details on my Badge in any way, and I accept that doing so will invalidate the Badge and I may be prosecuted.
5. I will return my Blue Badge to the Council if it has expired, is invalid for any reason, or my circumstances change such that I am no longer eligible for the concession.
6. I confirm that as far as I know, the information I have given on this form is complete and accurate in all respects. Should any change occur that affects my entitlement or residency, I will inform Camden Council immediately.
7. I understand that you may prosecute me if I have given any information on this form, which is knowingly inaccurate or untrue, or provided supporting documentation which is false or fraudulent.
8. I understand that the local authority may need to contact certified health professionals for the purpose of clarifying information or documentation provided in the Health Questionnaire.
9. I understand that I may be required to undertake an assessment with an expert assessor to determine my eligibility for a Blue Badge.
10. If the applicant is a person under 16 years of age, I confirm that I have parental responsibility as signatory.

Declaration:

If the Council issues me with a Disabled Parking (Blue) Badge, I agree to abide by the terms and conditions above

Signed:

Date:

Print Name:

If you are signing on behalf of the applicant, please complete the details below:

Relationship to applicant: