# Disabled Person’s Parking (Blue) Badge Application and Renewal Form

(Please read the Guidance Notes before completing this form)

## PART 1 – PERSONAL DETAILS – To be completed by ALL applicants

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Client Reference Number</td>
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<tr>
<td>Gender*</td>
<td>Male [ ] Female [ ]</td>
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<tr>
<td>Surname at birth (if different)*</td>
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<tr>
<td>Date of birth*</td>
<td>DD / MM / YYYY</td>
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<tr>
<td>Country and Town of birth*</td>
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<tr>
<td>National Insurance*: OR Child Benefit Registration Number*</td>
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<tr>
<td>Telephone or Text Phone</td>
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<tr>
<td>Mobile</td>
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<td>Email</td>
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*Required information

If your details above are incorrect, please correct it in the space above.

## PART 2 – PAYMENT DETAILS – To be completed by ALL applicants

PAYMENT:  REFERENCE NUMBER:

<table>
<thead>
<tr>
<th>Payment Method</th>
<th>Details</th>
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<tbody>
<tr>
<td>In person</td>
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<tr>
<td>By telephone</td>
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<tr>
<td>By postal order</td>
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<td>By cheque</td>
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<td>Cheque number</td>
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I already hold a Blue Badge (please tick): Yes [ ] No [ ]

If yes, which local authority was it issued by? Serial Number: Expiry date: DD / MM / YYYY

Payment Reference Number on the reverse with the words ‘Blue Badge’.

Cheques and postal orders will only be processed if your application is successful.
PART 3 – HEALTH DETAILS – To be completed by ALL applicants

A. Medical Condition

Please state the diagnosis/name of your medical condition relevant to your application. This must be a permanent and substantial disability that causes considerable difficulty in walking.

B. Medication

Do you take regular medication to manage your condition? (please tick) Yes ☐ No ☐

If “Yes” please provide a copy of prescriptions covering the last six months, or list your relevant repeat medication in the box below. Please note, we may verify this with your GP.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Used For</th>
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PART 4 – MOBILITY BENEFITS

You may qualify for a Disabled Person’s Parking (Blue) Badge if you are in receipt of any of the benefits listed below. You must provide an original entitlement letter from the DWP dated within the last 12 months. Please refer to the Guidance Notes for more information. Please tick all that apply.

- Higher Rate Mobility Component of Disability Living Allowance
- War Pensioner’s Mobility Supplement
- Armed Forces and Reserve Forces (Compensation) Scheme
- “Moving Around” descriptor for the Mobility Component of Personal Independence Payment (PIP) – 8 points or more

If you receive any of the above benefits, please go to Part 6 (Walking Disability).
PART 5 – BLIND/SEVERELY SIGHT IMPAIRED – To be completed by ALL applicants

You may qualify for a Disabled Persons’ Parking (Blue) Badge if you are blind or severely sight impaired. Please read Part 5 of the accompanying Guidance Notes for further information. Please tick below to indicate your entitlement:

Enclosed CVI Form  Enclosed BD8 Form

If you have ticked a box above, please go to Part 10 (Medical / Health Professionals) and complete the section(s) that apply to you.

PART 6 – WALKING DISABILITY

Please complete this section if you have a permanent and substantial disability that causes an inability to walk, or considerable difficulty in walking.

1. Please state how your medical condition or disability significantly impairs your ability to walk.

2. Please tick the box that best describes your walking ability:

- No difficulty (your walking is not particularly affected)
- Reasonable (for example, you walk with a slight limp)
- With difficulty (for example, you walk with some pain, a pronounced limp, or stiff leg or shuffle, or you have balance problems)
- With considerable difficulty (for example, you walk with significant pain, you drag your leg, stagger, or you need physical support i.e. an assistant or carer, or a mobility or breathing aid)
- Unable to walk (for example, you rely on a wheelchair to get around)

3. What is the maximum distance you are usually able to walk without pain, discomfort or breathlessness?

4. Approximately how many steps are you able to climb without pain or difficulty?
5. Do you use a wheelchair outdoors?  
   Yes ☐  No ☐  Sometimes ☐

   - Do you use any mobility aids to assist your walking or mobility?  
     Yes ☐  No ☐  Sometimes ☐

   - If yes, what aids do you use?  

   - Was your aid prescribed by a social care or health professional?  
     Yes ☐  No ☐

6. Have you had any falls due to your disability within the last 12 months?  
   Yes ☐  No ☐

   If yes, approximately how many times and what, if any treatment did you require?  

7. Please tick any of the following that apply to you:

   (a) I am awaiting surgery or other medical investigations or procedures  
       Yes ☐  No ☐

   (b) I am recuperating from surgery or other medical treatment  
       Yes ☐  No ☐

8. Please give any details of any treatment that you have received in the past 12 months relating to your disability, and the effects on your condition in the box below: (for example, physiotherapy, occupational therapy, dialysis or chemotherapy)

9. If you have been assessed by an Occupational Therapist:

   (a) Have you been assessed in your home?  
       Yes ☐  No ☐

   (b) Have any mobility aids, home adaptations or assistive technology been approved?  
       Yes ☐  No ☐

   If yes, please list any assistive aids or adaptations which help you at home or outdoors.

If you have completed this section, please go to Part 9 (Drivers and Vehicles)
PART 7 – UPPER LIMB DISABILITY

Please complete this section if you have a severe disability in both arms that prevents you from turning by hand the steering wheel of a vehicle, or makes it very difficult to operate some types of parking meters.

1. Do you have a severe disability in both arms?  
   Yes ☐  No ☐

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

If you have completed this section, please go to Part 9 (Drivers and Vehicles)

PART 8 – CHILDREN UNDER 3 YEARS OF AGE

Please complete this section if the applicant is under three years of age.

Children under three years of age may qualify for a Disabled Person’s Blue Badge if:

A. They have a condition that requires that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty,

OR

B. They have a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken in the vehicle to a place where they can be treated.

If either of the above applies, please provide details of any bulky medical equipment or emergency treatment, which requires immediate access to a vehicle. We may verify this with the appropriate health professional.

PART 9 – DRIVERS AND VEHICLES – To be completed by ALL applicants

Are you able to drive and have a valid licence?  
   Yes ☐  No ☐

Do you use a specially adapted vehicle?  
   Yes ☐  No ☐

If ‘Yes’, please state the type of adaptation

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**PART 9 – DRIVERS AND VEHICLES – To be completed by ALL applicants – continued**

Please provide details of your vehicle (or the vehicle in which you travel most frequently). You may list up to three vehicles.

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Vehicle 1 ▼</th>
<th>Vehicle 2 ▼</th>
<th>Vehicle 3 ▼</th>
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<td>Colour</td>
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<td>Are you the driver?</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
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<td>Are you the passenger?</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
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<td>Relationship of car driver to you</td>
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**PART 10 – MEDICAL/HEALTH PROFESSIONAL CONTACTS – To be completed by ALL applicants**

1. **Doctor’s Details**

   Please state your DOCTOR’S name and address

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   Please note that the Council will not automatically contact your doctor. However, should this be necessary, do you consent to us making contact? Yes ☐ No ☐

2. **Other Relevant Health Professionals (if applicable)**

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PART 10 – MEDICAL/HEALTH PROFESSIONAL CONTACTS – continued
To be completed by ALL applicants

3. Additional Supporting Evidence or Comments (if applicable)
Please provide any further information you think relevant in support of your application?

PART 11 – IDENTITY – To be completed by ALL applicants

1. Proof of Identity
All applicants must provide proof of identity. We will accept a copy of any ONE of the documents listed below. Please tick the relevant box to indicate which documents you have enclosed with your application.

- Passport (photo page)
- National Insurance Card
- Birth/Adoption Certificate
- Photocard driving licence
- CRB Disclosure
- Marriage Certificate/Divorce Certificate
- Civil Partnership/Dissolution Certificate
- NHS Medical Card
- Asylum Registration Letter

2. Change of Name
For change of name, please see Part 11 of the accompanying Guidance Notes. Please tick the relevant box to indicate which document(s) you will be enclosing with your application (if applicable):

- Copy of Marriage Certificate
- Copy of Statutory Declaration confirming change of name
- Copy of Deed Poll Certificate

PART 12 – ETHNIC MONITORING – To be completed by ALL applicants

Please tick the 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
PART 13 – TERMS AND CONDITIONS OF ISSUE –
To be completed by ALL applicants

If the Council issues me with a Disabled Person's Parking (Blue) Badge, I agree that:

– I will abide by the terms and conditions of the Blue Badge scheme as set out in the Department for Transport booklet The Blue Badge Scheme: Rights and Responsibilities in England;

– I will not knowingly allow anyone else to display my Badge in a motor vehicle in which I am not a passenger;

– If I become aware that another person is using my Badge, or a copy of my Badge, in a vehicle which I am not travelling in, I will report this to the Council immediately;

– 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;

– The photograph I have provided is a true and reasonable likeness of my current appearance;

– 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.

Signed:  
Date:  DD / MM / YYYY

PART 14 – DECLARATION – To be completed by ALL applicants

PRIVACY AND DATA PROTECTION
Camden Council will process all information and documents relating to this application in accordance with the requirements of the Data Protection Act 1998.

We are required by law to protect the public funds we administer. We may share the information provided with other bodies responsible for auditing or administering public funds, where it is lawful to do so. This is in order to prevent and detect fraud and to confirm that the information provided is true and accurate.

DECLARATION
I declare that the information I have given on this form is true in all respects. Should any change occur that affects my entitlement or residency, I will inform Camden Council immediately.

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.

If the applicant is a person under 16 years of age, I confirm that I have parental responsibility as signatory.

Signed:  
Date:  DD / MM / YYYY

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

Relationship to applicant:  

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