****

**Email: bbt@buckscc.gov.uk**

**Phone: 01296 382902**

**Website: www.buckinghamshire.gov.uk**

**Apply online www.gov.uk/apply-blue-badge**

New Application:

I am applying on behalf of the applicant:

Renewal:

I am the applicant:

* **New Applicants:** Please note it can take up to **12 weeks** to process your application.
* **If this is a renewal:** Please remember to re-apply at least **9 weeks** before your badge is due to expire.

Applicant’s full name:

This is a:

**Photograph:**

A passport standard photo will be required for your Blue Badge. This must be a good likeness of the badge holder and should be taken against a plain background. Your face should be clearly visible and not obscured with hats/sunglasses etc. Please affix this to the above space.

Previous badge number:

Previous badge authority:

Previous badge expiry date:

Feb 2020

Blue Badge Application

Disabled Person’s Parking Badge

Buckinghamshire Council

3.5cm

4.5cm

**Attach photo here**

# Reasons for applying

*Please specify*

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTOMATIC CRITERIA – WITHOUT FURTHER ASSESSMENT** | | | **Go to Section** |
|  | | Do you have a terminal illness and have a DS1500? *We may be able to fast track your application if your illness seriously limits your mobility.* | Sections 1, 6 & 7 |
|  | | I am registered as blind (severely sight impaired)  I have either a Certificate of Vision Impairment (CVI) or a BD8 form, signed by a consultant ophthalmologist, stating that I am severely sight impaired (blind) and I wish to be registered as severely sight impaired (blind) with my local authority. **Please attach a copy of your CV1 form with your application.** | Sections 1, 6, 7 & 8 |
|  | | I receive the Higher Rate of the Mobility Component of the Disability Living Allowance. **You need to attach a copy of your award letter issued within the last 12 months. If you have lost this letter you can contact DWP on 0800 121 4433 to request a replacement. This must show your current name and address.**  *The entitlement summary is not sufficient evidence on its own, and you must include the first page of your award letter. You will only be issued a badge until the expiry date of your current entitlement, as shown on the letter you provide as evidence, or for 3 years from the date of issue, whichever is the shortest period.*  **PLEASE NOTE: Attendance Allowance and Care Component of Disability Living Allowance are not valid for this entitlement**. | Sections 1, 6, 7 & 8 |
|  | | I receive the mobility component of PIP and have obtained 8 Points or more for the 'Moving Around' descriptor for the Mobility Component, stating I either cannot stand or can stand but walk no more than 50 metres.  **Please send a copy of all of the pages from the award letter with this application – including how the points are awarded and the summary page. This must show your current name and address.**  **The entitlement summary is not sufficient evidence on its own.** | Sections 1, 6, 7 & 8 |
|  | | I receive the mobility component of PIP and have obtained 10 points **specifically for Descriptor E** under the “Planning and Following journeys” activity, on the grounds that I am unable to undertake any journey because it would cause me *overwhelming psychological distress*. **No other descriptor will automatically qualify.**  **Please send a copy of all of the pages from the award letter with this application – including how the points are awarded and the summary page. This must show your current name and address.**  **The entitlement summary is not sufficient evidence on its own.** | Sections 1, 3, 6, 7 & 8 |
|  | | I receive a War Pensioners' Mobility Supplement.  **Please send a copy of the Award letter from Veterans UK.** | Sections 1, 6, 7 & 8 |
|  | | I receive a tariff within 1- 8 (inclusive) of the Armed Forces Compensation Scheme and have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.  **Please send a copy of the Award letter from Veterans UK.** | Sections 1, 6, 7 & 8 |
| **SUBJECT TO FURTHER ASSESSMENT** | | | **Go to Section** |
|  | I am **under the age of three** and have a medical condition that means I must always be accompanied by bulky medical equipment. | | Sections 1, 5, 6, 7 & 8 |
|  | I am **under the age of three** and have a medical condition that means I must always be kept near a vehicle in case I need emergency medical treatment. | | Sections 1, 5, 6, 7 & 8 |
|  | I am **more than two years old** and have been certified by an expert assessor as having an enduring and substantial disability which causes during the course of a journey to be unable to walk. | | Sections 1, 2, 6, 7 & 8 |
|  | I am **more than two years old** and have been certified by an expert assessor as having an enduring and substantial disability which causes during the course of a journey psychological distress and/or risk of harm to myself or others. | | Sections 1, 2, 6, 7 & 8 |
|  | **I have both a walking difficulty and a non-visible (hidden) disability** *(filling in both parts, if relevant, will give a clearer view of the difficulties you experience overall)* | | Sections 1, 2, 3, 6, 7 & 8 |
|  | I drive a vehicle regularly and have a severe disability in **both** arms that means I am unable to operate all or some types of parking meter. | | Section 1, 4, 6, 7 & 8 |
|  | None of the above applies. | |  |

# Section One - Personal Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | **First name:** | |  | **Surname:** |  | |
| I identify as another gender  Female  Male | | | | | | | |
| **Gender**     |  | | --- | |  |   **Date of Birth:** | | | | | | | |
| **National Insurance Number:** | | |  | | | |

*So that we can process your application we may check the National Insurance Number you have given us with third parties in order to verify your identity. By providing the information requested you are consenting to your details being submitted to those third parties for this purpose.*

**Contact details**

**Home Telephone: Mobile Number:**

**Email Address:**

**How would you prefer to be contacted?: (Home phone, mobile, email or post)**

*If your application is successful your preferred contact method may be used to send a reminder when the badge is due to expire.*

**Current Address Details:**

**Address Line 1:**

**Address Line 2:**

**Address Line 3:**

**Town: County:**

**Postcode:**

**Your Previous Address (If different in the last three years):**

**Address Line 1:**

**Address Line 2:**

**Town: County:**

**Postcode:**

# Section Two - About your walking difficulties

**Treatments, medication, associate professional and documents**

Please describe any medical conditions and/or disabilities which affect your mobility. If you know them, please state the medical terms for the conditions/disabilities with which you have been diagnosed.

|  |
| --- |
|  |

**Please tick whichever statements apply to you and provide further details in the space below if necessary.**

|  |  |
| --- | --- |
|  | I am awaiting surgery in relation to the conditions/disabilities described above. |
|  | I am recuperating from surgery in relation to the conditions/disabilities described above. ( Please specify below) |
|  | I am awaiting treatment in relation to the conditions/disabilities described above. ( Please specify below) |
|  | I am managing my conditions/disabilities since I have been advised they are not expected to improve any further |
|  | None of the above |

Further details:

|  |
| --- |
|  |

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions/disabilities described in your application

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title** | **Hospital / health centre** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you anticipate that you conditions/disabilities will improve in the next 3 years? *If you have answered*

*YES, please describe how much you expect your conditions /disabilities to improve.*

Yes No Unsure

|  |
| --- |
|  |

Have you had any falls in the last?

|  |  |
| --- | --- |
|  | 3-6 months |
|  | 6-12 months |
|  | 12 months or more |

Please select which best describes your level of breathlessness:

|  |  |
| --- | --- |
|  | No signs of shortness of breath when walking |
|  | Mild signs of shortness of breath (rigorous activity or going uphill) |
|  | Moderate signs of shortness of breath (walking on level ground) |
|  | Significant shortness of breath (keeping pace with others of a same age, require frequent rest stops when walking) |
|  | Severe shortness of breath (too breathless for most day to day activities, too breathless to leave bed) |

Please select which best describes your level of pain:

|  |  |
| --- | --- |
|  | No pain, able to complete daily activities |
|  | Mild pain (1– 3 out of 10 on pain scale) Pain is manageable |
|  | Moderate pain (4 or 5 on pain scale) Some effect on day to day activities |
|  | Severe signs of pain (6 – 8 on pain scale) May cause breathlessness |
|  | Excessive pain ( 8 – 10 on pain scale)  Unable to walk and talk due to pain, a severe level of breathlessness, pain would be described as unbearable |

Please select which best describes the way you walk:

|  |  |
| --- | --- |
|  | Confident, very little difficulty |
|  | Mild difficulty – for example walking with a slight limp, occasionally stumble, sometimes need a walking aid |
|  | Able to ‘walk and talk’ but with more pronounced signs of discomfort/effort – for example, walking with a heavy limp, stiff leg, slower pace, abnormal breathing, needing to rest often. Will use walking stick/two walking sticks/crutches for most mobility needs |
|  | Unable to walk or very considerable difficulty walking and talking. Slow pace, may drag legs or need physical support to be able to walk. May use a wheelchair or be housebound |

Please select which best describes your ability on stairs

|  |  |
| --- | --- |
|  | Confident on stairs, may use hand rail |
|  | Slower on stairs, needs to use a hand rail or walking aid to climb stairs |
|  | Difficulty using stairs. May only go a few steps before needing a rest due to breathlessness/pain. Will need to use hand rail, support or a walking aid. |
|  | Virtually unable, or unable to use the stairs. |

Please select the distance that you are able to walk:

|  |  |
| --- | --- |
|  | 100m or over |
|  | 80 – 100m with some difficulty |
|  | 30 – 80m |
|  | 0 – 30m |

|  |
| --- |
| How long would it take you to walk this distance in minutes?  Minutes |

Where in the local area can you comfortably walk to from your home?

Please state a specific location or landmark that can be found using google maps including a postcode or street – for example a shop, post office or park.

|  |
| --- |
|  |

Do you use any of the following walking aids? - Please select all options that 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 describe below) |

**How were these walking aids provided?**

|  |  |
| --- | --- |
|  | Purchased privately by me |
|  | Provided by Social Services |
|  | Prescribed by a health care professional |
|  | Other |

**Please note:**

**Applications will be unsuccessful if the information/evidence provided**

**does not clearly support your application.**

**Condition/Disability Description -** Helpful medical evidence includes letter of

diagnosis, consultation report, EHCP and/or treatment plans. Please attach any medical reports or hospital letters that would support your application. **Letters from your** **GP usually incur costs and are not required unless you already have one in your possession.**

**End of section**

# Section Three - Non-visible (hidden) conditions

Do you have a non-visible (hidden) condition, causing you to severely struggle with journeys between a vehicle and your destination?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No – please continue to **Section 6.** |

What affects you taking a journey – tick if applicable?

|  |  |
| --- | --- |
|  | **I am at risk near vehicles, in traffic or car parks** |

When are you at risk?

|  |  |
| --- | --- |
|  | Almost never |
|  | Sometimes |
|  | Almost every journey |
|  | Every journey |

Please give examples of when you have been at risk near vehicles in traffic or car parks.

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | **I struggle to plan or follow a journey** |

What journeys does this apply to?

|  |  |
| --- | --- |
|  | Unfamiliar journeys |
|  | Every journey |

|  |  |
| --- | --- |
|  | **I find it difficult or impossible to control my actions and lack of awareness of the impact they could have on others** |

How often does this happen?

|  |  |
| --- | --- |
|  | Almost never |
|  | Sometimes |
|  | Almost every journey |
|  | Every journey |

Please describe the kinds of incidents that have happened or likely to happen on journeys.

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | **I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control** |

How often does this happen?

|  |  |
| --- | --- |
|  | Almost never |
|  | Sometimes |
|  | Almost every journey |
|  | Every journey |

**Please give examples of the situations that cause temporary loss of behavioural control**

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | **I can become extremely anxious or fearful of public/open spaces** |

When do you become extremely anxious / fearful?

|  |  |
| --- | --- |
|  | Almost never |
|  | Sometimes |
|  | Almost every journey |
|  | Every journey |

Please describe the levels of anxiety

If there is anything else that affects you taking a journey and is not covered in the questions already answered, please detail below.

|  |
| --- |
|  |

How would a Blue Badge improve taking a journey between a vehicle and your destination for you? – Describe your needs in detail below.

|  |
| --- |
|  |

What measures are currently taken to try to improve journeys for you between a vehicle and your destination? – List the measures taken to try to improve journeys below.

|  |
| --- |
|  |

How effective are they?

|  |
| --- |
|  |

**Please note:**

**Applications will be unsuccessful if the information/evidence provided**

**does not clearly support your application.**

**Condition/Disability Description -** Helpful medical evidence includes letter of

diagnosis, consultation report, EHCP and/or treatment plans. Please attach any medical reports or hospital letters that would support your application. **Letters from your** **GP usually incur costs and are not required unless you already have one in your possession.**

# Section Four - Disability that affects both arms

If you answer NO to the first question in this section but YES to any of the questions in section 3 or 4 you can go straight to section 6.

|  |  |  |
| --- | --- | --- |
| Do you have a disability in both arms? | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| Do you drive regularly? | **Yes** | **No** |

Name any health conditions or disabilities that affect your arms – Try to use the correct medical terms if you know them.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Do you struggle to operate parking machines? | **Yes** | **No** |

Describe how you struggle to operate parking machines below.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Do you drive an adapted vehicle? | **Yes** | **No** |

If YES – describe how it has been adapted for you. You should also attach copies of insurance details and vehicle registration document which verify this.

|  |
| --- |
|  |

# Section Five - Children under 3 years old

*This section is for people applying on behalf of a child that is under 3*

**Are you applying for a child under 3 years old?**

|  |  |
| --- | --- |
|  | Yes – continue answering questions in this section |
|  | No – go to section 7 |

**Which of these applies to the child under 3?**

|  |  |
| --- | --- |
|  | They need to be accompanied by bulky medical equipment |
|  | They need to be near a vehicle to receive or be taken for treatment |
|  | Neither of the above |

**Name any health conditions or disabilities that affect the child – try to use the correct medical terms if you know them.**

**You should enclose a letter from any healthcare professionals that are involved in the child’s treatments, which confirms the details of the condition**

|  |
| --- |
|  |

**Treatments, medication, associate professional and documents**

Please describe any medical conditions and/or disabilities which affect your mobility. If you know them, please state the medical terms for the conditions/disabilities with which you have been diagnosed.

|  |
| --- |
|  |

**Please describe any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition/disability you have mentioned.**

\* Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

|  |  |
| --- | --- |
| **Surgery, treatment or clinic** | **Date (DD/MM/YYYY** |
|  | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

What medication do you currently take in relation to the conditions/disabilities you described above?

|  |  |  |
| --- | --- | --- |
| **Medication** | **Dosage** | **Frequency** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please describe any pain relief you are taking in relation to the medical conditions/disabilities you mentioned above and the frequency you need it.

|  |
| --- |
|  |

# Section Six - Proof of identity and address

*To reduce the potential for fraudulent applications for a Blue Badge, we will need to check your identity and your address.*

Please provide a copy of the following:

* **1** from **Section A** as proof of identity
* **1** from **Section B** bearing your name and address unless otherwise indicated

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Section A** |  | **Section B** |
|  | Birth certificate / adoption certificate |  | Council Tax bill bearing my name and address, dated within the last 12 months. |
|  | Marriage/Divorce certificate |  | Award letter from Service Personal and Veterans Agency. |
|  | Passport |  | Benefit award letter from the Department for Work and Pensions. |
|  | Civil Partnership/Dissolution certificate |  | Confirmation letter from Social Services or another local authority service that the person is resident. |
|  | Certificate of British Nationality |  | Confirmation letter from the school that the child attends that school, if under 16. |
|  | Copy of a valid driving license |  | Copy of a valid driving license. |
|  | HM Forces ID card |  | Housing benefit (or other type of benefit) award letter dated within the last 12 months. |
|  | Identity card for foreign nationals |  | Pensions letter from The Pensions Service. |

# Section Seven - Further information and declarations

Is there anything else you can add that you think is relevant in support of your application for a Blue Badge?

|  |
| --- |
|  |

Please read the following mandatory declarations and tick all relevant boxes to indicate that you have read, understand and agree with each declaration.

Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.

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 application form. |
|  | I understand that I must not hold more than one valid Blue Badge at any time. |
|  | I understand that I must promptly inform any issuing authority of any changes that may affect my entitlement to a badge. |
|  | I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application. |
|  | I confirm that the photograph I will submit with my application is a current and true likeness of the applicant. |
|  | I understand that I may be required to undertake a mobility assessment with a healthcare professional that is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge. |
|  | I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that 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 in England” leaflet which will be sent to me with the badge. |
|  | I confirm that I am the applicant, or that I am applying on behalf of the applicant. |

## Please read and tick the following optional declarations that you consent to.

## By sending this application you agree that:

|  |  |
| --- | --- |
|  | The details I have provided are complete and accurate. |
|  | I will 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 with the badge. |
|  | I will inform the Local Authority of any changes that may affect my entitlement to a badge. |
|  | The Local Authority may contact an accredited healthcare professional if they need further information in support of my application. |

**Ticking these boxes will help improve the service we can offer you.**

**I consent to the local authority checking any information already held by the local authority’s Social Services department on the basis that:**

* + - It can help determine my eligibility for a Blue Badge
    - It may speed up the process 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/service providers so that I can be informed about other council services that may be of benefit to me.**

|  |
| --- |
| **Data Protection Privacy Statement:** All documents relating to this application will be dealt with in line with the Data Protection Act 2018 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 you have provided 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 I have read the Privacy Statement. |

# Section Eight - Paying for the badge

The cost of a blue badge is £10.

*We do not require payment from you if you can provide us with a DS1500.*

You can pay for a Blue Badge in the following ways:

* A £10 cheque or postal order made payable to ‘Buckinghamshire Council’ with the applicants name clearly printed on the back.
* £10 cash at either our Aylesbury or our Amersham Council Access Points (see addresses at bottom of this page).
* Credit / Debit card – we will email you a link when your application has been approved

**Please check that you have included**

|  |  |
| --- | --- |
|  | A signed passport size photo, signed on the reverse. |
|  | A photocopy of my proof of eligibility (where applicable). Please see page 1. |
|  | Photocopies of proof of medical condition (if applying under the subject to further assessment). |
|  | A photocopy of my proof of address as ticked on page 18. |
|  | A photocopy of my proof of identity as ticked on page 18. |
|  | A cheque or postal order for £10 made payable to **Buckinghamshire Council** with the applicants name clearly printed on the back. |

**Please send photocopies and not originals, as these cannot be returned.**

|  |  |  |  |
| --- | --- | --- | --- |
| \* Signed: |  | Date: |  |
| Return your completed form to: | | You can visit us at: | |
| **Blue Badge Applications**  **Buckinghamshire Council**  **5th Floor**  **Walton Street**  **Aylesbury**  **Bucks**  **HP20 1UA** | | **Buckinghamshire Council**  **King George V House**  **Amersham**  **Bucks**  **HP6 5AW** | |
| Email: bbt@buckscc.gov.uk | | Website: www.gov.uk/apply-blue-badge | |