

BLUE BADGE SCHEME – STANDARD APPLICATION FORM

- Complete this form if you are applying for a blue badge for a person aged over the age of 2 who is severely sight impaired or has considerable difficulty in walking.
- If you are completing this form on behalf of someone else, including a child aged over 2 and under 16 years of age, please provide their details in the appropriate sections and sign the form on their behalf.

Please refer to the guidance notes, use block capitals and fill in all parts of the form that apply to you. Mark boxes with an 'x' as appropriate.

SECTION A

Who is the blue badge for?

Surname:

Title: (Mr, Mrs, Miss, Ms)

Forename(s):

Date of birth: (DD/MM/YEAR)

Gender: Male Female

Letters

Numbers

Letter

National Insurance number:

(National Insurance numbers start with two letters, followed by six numbers, then another letter)

Address:

Postcode:

Tel: Email:

Previous address, if different in the last three years

Postcode:

Applying on behalf of someone else

Are you completing this form on behalf of someone else? YES NO

If yes, please tell us who you are and your relationship to the applicant:

Name:

Address:

Postcode:
Tel:
Relationship to the applicant:

Reapplications only:

Badge Number:

Expiry date of current badge:

Confirmation of Address

Please supply a copy of one of the following as proof that you live in the county/borough:

Utility bill Rent book Council Tax bill Other (please specify)

Whichever one you provide, it must contain a date within the last three months.

Confirmation of Identity

Please attach a photocopy of two of the following as proof of your identity:

Birth certificate/adoption certificate Passport

Valid driving licence Other (please specify)

If photocopying a passport, please copy the page with the passport number and photograph.

Photographs

Please enclose two recent passport-style photographs of the applicant.

Please ensure that you print the applicant's name on the back of each photograph and, if you are able to, either sign the back (if you are the applicant) or sign on behalf of the person you are completing the form for.

Fee (where applicable)

Please enclose a cheque/postal order for £2 made payable to Nottinghamshire County Council.

SECTION B

Eligible without further assessment

If you answer YES to any question in this section, please go to Section D. You do not need to complete Section C.

B1. Are you registered as severely sight impaired (blind) under the National Assistance Act 1948?

YES NO

If YES, please tell us which local authority you are registered with and provide a copy of your Certificate of Visual Impairment (CV1)

B2. Do you receive Disability Living Allowance at the higher rate for mobility?

YES NO

If YES, please provide recent evidence that you get the allowance, for example, an official letter confirming the award of the allowance.

Please make sure that the official letter shows your current address and either:

- Gives an end date for the allowance; or
- States that the allowance is 'for life' or 'indefinite' (in this case it must be dated within the last 3 years).

B3. Do you receive War Pensioners' Mobility Supplement?

YES NO

If YES, please provide evidence that you get this supplement, for example, an official letter confirming the award.

The official letter will state the review date for your supplement if it is temporary. If the supplement is 'for life' the letter will not include a review date.

If you have applied for either Disability Living Allowance or War Pensioners' Mobility Supplement and you are waiting to hear the outcome, please mark this box with an 'x':

Answer Yes to either question B2 or B3 if you get a vehicle under the Motability Scheme.

If you have answered NO to all the questions in Section B, please complete Section C

SECTION C

Eligible subject to further assessment

Please read before completing section C

If you have answered NO to all questions in Section B you will only qualify for a badge if you or the person on whose behalf you are applying:

- > is over two years of age and is unable to walk or has considerable difficulty walking due to a permanent and substantial disability.
- > is not eligible to apply for the higher rate mobility component of Disability Living Allowance.

Please read the attached notes for further guidance.

C1. Applicants who are unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability

C1(a) Are you able to walk? (Please mark 'No' if you cannot walk at all)

YES NO

C1(b) Do you have physical problems that restrict your walking?

NB For more information, please read Section C of the guidance notes.

YES NO

If yes, are your problems: Permanent (likely to last at least 3 years)
Temporary (likely to last less than 3 years)
Intermittent

Please give details below:

C1(c) How far can you normally walk (including any short stops) before you feel severe discomfort?

If you are not sure how far you can walk or how long it takes you, it may be useful to measure this so you can give accurate information.

Metres

C1(d) How long, on average, would it take you to walk this far?

If you are not sure how long you can walk for, it may be useful to time this so you can give us accurate information. By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness, or muscle spasms.

Minutes

C1(e) Please mark with an 'x' the box that best describes your walking speed

Normal or moderate (about 51 metres or more a minute)

Slow (about 40 to 50 metres a minute)

Very slow (less than 40 metres a minute)

If there is not a box that describes your walking speed, tell us in your own words about your walking speed:

C1(f) Please mark with an 'x' the box that best describes the way you walk

Normal

Adequate

For example, you walk with a slight limp

Poor

For example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance

Extremely poor

For example, you drag your leg, stagger, use swing through crutches or need physical support.

If there is not a box that describes the way you walk, tell us in your own words about the way you walk:

C1(g) Please mark with an 'x' the walking aid(s) you use

Wheelchair Manual or Powered

Walking stick

Walking frame

Crutches

Swing through two crutches

Artificial limbs

Please give details of use below, (for example when do you use the aid, and do you have any problems with it?).

C1(h) Please provide details of registered health professional who could be asked to assess your mobility (e.g. occupational therapist, physiotherapist, GP)

Name:

Address:

Tel: (if known)

Official title: (if known)

C1(i) Apart from your GP, in the last 12 months, have you seen anyone in connection with your illness or disability?

For example, a hospital doctor or consultant, district or specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, audiologist. Please tell us their professional address where you see them, such as health centre or hospital.

YES NO

Their name:

(Mr, Mrs, Miss, Ms, Dr)

Their profession or specialist area:

The address where you see them:

Their telephone number:

(including the dialling code)

Your hospital record number:

(you can find this on your appointment letter or card)

Which of your illnesses or disability do you see them for?

How often do you usually see them because of your illness or disability?

When did you last see them because of your illness or disability?

If you have seen more than one professional, please tell us their contact details, what they treat you for and when you last saw them:

SECTION D

Driver/passenger status and vehicle registration (to be answered by all applicants)

Will you be a driver or passenger in a car when using a Blue Badge?

Driver Passenger Both

Vehicle Registration Number for principal car in which badge will be used:

(One number should be nominated but other vehicles may be used and the badge transferred when necessary)

SECTION E

Please use this space to tell us anything else you think we should know about your claim that is not covered above

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its 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 proof of entitlement.

Signed:

Date:
(DD/MM/YEAR)

Name:

FOR OFFICE USE ONLY:

Bank paying in slip:

Budget code:

Cheque / postal order no:

Date:

**Please sign in the white box. The box will be cut out and fixed to your badge.
THE BADGE CANNOT BE ISSUED IF THIS BOX IS NOT SIGNED.**

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BLUE BADGE SCHEME - NOTES FOR USE BY APPLICANTS **(Please detach this guidance before returning the completed form)**

Please use these notes to guide you when completing form BB1a.

Section A - Personal details

This asks for your personal details including name, date of birth, national insurance number, address, telephone number and email address (where applicable) and as many fields as possible should be filled in.

This will ask you to provide proof of identity and address.

There is a subsection for those seeking to renew previously issued badges. The expiry date should be within 2 months and two badges will not be valid for one applicant at the same time.

Section B - Eligible without further assessment

You will be eligible for a badge without further assessment if you are more than two years old and meet at least one of the **eligibility criteria in Section B**.

You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of proof of entitlement is proof of payment of the allowance.

Section B1: For registered severely sight impaired (blind) people - asks you to state the name of the local authority or borough with which you are registered. In England and Wales, you should state the county, metropolitan district or London borough councils. In Scotland you should indicate the regional or island council.

In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered as severely sight impaired (blind).

The formal notification required to register as severely sight impaired (blind) is a Certificate of Vision Impairment (CV1), signed by a Consultant Ophthalmologist. However, registration is voluntary.

Section B2: For those who receive the Higher Rate Mobility Component of the Disability Living Allowance (HRMCDLA). An applicant receiving HRMCDLA will have had an award notice letter from the Disability and Carers Service (DCS) or a vehicle with excise duty exemption. If you have lost this the DCS can provide another copy. Phone 0845 712 3456.

Section B3: For those who receive a War Pensioners Mobility Supplement (WPMS). An applicant receiving WPMS will have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. Phone the Veterans Helpline on 0800 169 22 77 for information if necessary.

If you do not receive either of the benefits and you are under the age of 65 with a permanent and substantial disability which causes you considerable difficulty in walking, **it is recommended that you apply for the higher rate mobility component of Disability Living Allowance before you apply for a blue badge. Phone free on 0800 882200 for an application form.**

The Motability Scheme is open to people in receipt of Higher Rate Mobility Component of the Disability Living Allowance or War Pensioners Mobility Supplement. For more information look online at www.motability.co.uk or phone 01279 635999 (minicom 01279 632000).

Any documents sent in as proof of entitlement will be returned to the applicant as quickly as possible, once they are no longer needed by the issuing authority.

Section C – Subject to further assessment

Applications for the higher rate mobility component of Disability Living Allowance can be made on behalf of children aged 3 years and over and by adults up to the day before their 65th birthday. If you have applied for this benefit and your application was not successful, or you have been awarded the lower rate, you will not be assessed under section C. This is because the eligibility criteria used for the higher rate mobility component of Disability Living Allowance and for a blue badge are the same. You are advised to appeal against the benefit decision before applying for a blue badge. A badge will be issued to you if your appeal is successful. You can get advice about appeals from the Nottinghamshire Welfare Rights Service on 0115 977 4018, minicom 01623 845017 or by email at welfare.rights@nottscc.gov.uk

Section C1: Is to be completed if you have a permanent and substantial disability (i.e. a condition that is likely to last at least three years), which means you cannot walk or which makes walking very difficult. People with a behavioural or psychological disorder will not normally qualify unless their impairment causes very considerable difficulty in walking all the time.

Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk without assistance or severe discomfort.

We understand how difficult it can be to accurately work out the distance you can walk. There are several things that can help you:

- > Ask someone to walk with you and pace the distance you walk. The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres.
- > A size 9 shoe is about a third of a metre.
- > The average double-decker bus is about 11 metres long.
- > A full-size football pitch is about 100 metres long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- > The number of steps you can take, and how long, in minutes, it would take you to walk this distance (Section C1(c) - (e)).
- > About your walking speed (Section C1(f)).
- > The way that you walk (Section C1(g)), for example, shuffling or small steps etc.

You may have had a mobility assessment in the last 12 months that covered your walking ability, and you can give details of this in Section C1(j).

Your local authority may ask you to be assessed by a medical professional, such as a physiotherapist or occupational therapist. Please give details in Section C1(i).

Section D - Driver/passenger status

In this section you should state whether you will be a driver or passenger, as well as the registration number of the main vehicle in which the badge will be used; although the badge can be used in any vehicle in which you are travelling.

Section E - For further information

This section should be used to add any further relevant information that has not already been covered elsewhere.

Declaration

All applicants must sign and date the form. Your signature means that you agree to your information being shared with the agencies listed. The legal basis for sharing this information is the Data Protection Act 1998. If you have any questions regarding this matter please ring the Customer Services Centre on 08449 808080.

Checklist

Photographs: These are necessary in order to ensure correct use of the scheme. Photographs do not have to be taken in a photo-booth, but they must be of roughly the same dimensions, showing the applicant's face clearly.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

Signature in the white box: We ask that you sign in the white box provided at the end of the form. The badge cannot be provided if this box is not signed.

Returning the form

Please return your completed form to the address on the accompanying letter. Any queries relating to your application should also be made to this office. If you have downloaded this form from the Nottinghamshire County Council website on the Internet, please return it to the address for the district in which you live (list attached).

You should allow up to 8 weeks for your application to be processed.

For your own records, please use this space to record information about your application. This information will be helpful should you need to contact us with regard to your query.

Date form returned:

Address to which form sent:

Other notes:

Returning your blue badge application form

Please send your completed form to the address for the district in which you live.

If you live in:	Send your form to:
Ashfield	<p>Nottinghamshire County Council Customer Service Centre PO Box 9320 Nottingham, NG15 5BL</p> <p>Telephone 08449 808080 for all queries about the progress of your application.</p>
Bassetlaw	<p>Nottinghamshire County Council Customer Service Centre PO Box 9320 Nottingham, NG15 5BL</p> <p>Telephone 08449 808080 for all queries about the progress of your application.</p>
Broxtowe	<p>Broxtowe Adult Social Care & Health Department, Prospect House Padge Road Boulevard Industrial Park Beeston, Nottingham, NG9 2JR</p> <p>Telephone 0115 917 5800 for all queries about the progress of your application.</p>
Gedling	<p>Nottinghamshire County Council Customer Service Centre PO Box 9320 Nottingham, NG15 5BL</p> <p>Telephone 08449 808080 for all queries about the progress of your application.</p>
Mansfield	<p>Nottinghamshire County Council Customer Service Centre PO Box 9320 Nottingham, NG15 5BL</p> <p>Telephone 08449 808080 for all queries about the progress of your application.</p>
Newark & Sherwood	<p>Newark Adult Social Care & Health Department Welbeck House, Darwin Drive Sherwood Energy Village Ollerton Nottinghamshire, NG22 9FF</p> <p>Telephone 01623 520520 for all queries about the progress of your application.</p>
Rushcliffe	<p>Rushcliffe Adult Social Care & Health Department, The Hall Bridgford Road West Bridgford Nottingham, NG2 6AD</p> <p>Telephone 0115 914 1500 for all queries about the progress of your application.</p>

In addition, all application forms can be requested from and returned to all County Contact points around the county and any social care office.