

Blue Badge application form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility, where applicable.

Please do not submit original documents.

When completing this form you may find the accompanying guidance notes helpful.

Please return your completed form:

By Post: **Wandsworth Council
Supported Travel Team
PO Box 519
Twickenham
TW1 9PG**

In Person: **Wandsworth Council
Customer Centre
Wandsworth High Street
London
SW18 2PU**

FOR OFFICE USE ONLY

Name of applicant

Photograph

Fee paid

Expiry date old badge

Flare Number

Authorised by

Date

Refused

Date

Date submitted

Expiry date new badge

Badge Number

Interview/paper assess

Interview date

Interview time



Section 1 Information about the applicant

If you are completing the form on behalf of an applicant who is under 16, or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance notes.

Title (Mr, Mrs, Miss, Ms, other):

Gender: Male Female

First names (in full):

Surname:

Surname at birth:

Date of Birth: / / **Age** (Years):

Place of Birth (Town): (Country):

National Insurance Number or **Child Registration Number:**
(see Section 1 of the accompanying guidance notes)

Driving Licence Number:
(If you hold a driving licence)

Current address and contact details: _____

_____ Postcode: _____

Home Tel:

Mobile Tel:

Email:

Previous address, if different in the last three years: _____

_____ Postcode: _____

**Do you currently hold a Blue Badge,
or have you held a Blue Badge before?**

Yes No

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

Proof of your address

Please supply a copy of **one** of the following, dated within the last 12 months, as proof that you live within the borough of Wandsworth:

- | | |
|---|--|
| <input type="checkbox"/> Pension letter from The Pensions Service | <input type="checkbox"/> Council tax bill |
| <input type="checkbox"/> Benefit letter | <input type="checkbox"/> Valid driving licence |
| <input type="checkbox"/> Award letter from Veterans UK | |

Is the address provided your sole or principal residence? Yes No

If you cannot provide any of the above, tick below to give consent to the local authority to check your personal details on the:

- | | |
|---|---|
| <input type="checkbox"/> Local authorities council tax database | <input type="checkbox"/> Electoral register |
|---|---|

Proof of your identity

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a photocopy of **one** of the following as proof of your identity, which must confirm your current name:

- | | |
|---|--|
| <input type="checkbox"/> Birth certificate / adoption certificate | <input type="checkbox"/> Marriage / divorce certificate |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Valid driving licence (Photocard) |
| <input type="checkbox"/> Certificate of British nationality | <input type="checkbox"/> HM Forces ID card |
| <input type="checkbox"/> Identity card for foreign nationals | <input type="checkbox"/> Civil partnership / dissolution certificate |

Vehicles

Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge.

Up to three registration numbers should be nominated, but please remember that other vehicles can be used.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 2 For 'without further assessment' applicants

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

- are severely sight impaired (blind);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive a qualifying Personal Independence Payment (PIP);
- receive the War Pensioner's Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes enclosed with this application form.

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:

If "Yes", do you give consent to us to check the local authority's register of blind people to see whether your disability is already known to the council? Yes No

If "No", then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind Yes No

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

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance? Yes No

If "Yes", have you been awarded this benefit indefinitely? Yes No

If "No", when is your award of this benefit due to end? / /

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose a copy of your letter of entitlement to this benefit issued within the last 12 months. Please note that we may also confirm that you are in receipt of this award with the Department for Work and Pensions. If you have lost this letter, then the agency can be contacted via the freephone enquiry number: 0800 121 4600

2c People who receive the War Pensioner's Mobility Supplement

Do you receive the War Pensioner's Mobility Supplement? Yes No

If "Yes", have you been awarded this benefit indefinitely? Yes No

If "No", when is your award of this benefit due to end? / /

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a copy of your letter of entitlement to this benefit. You should have an award letter from Veterans UK. If you have lost this letter, then the agency can be contacted by: Telephone: 0808 1914 218 (UK only) Email: veterans-uk@mod.uk

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 are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, you must provide a copy of your letter issued by Veterans UK, confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

If you have lost this letter, then the agency can be contacted by: Telephone: 0808 1914 218 (UK only) Email: veterans-uk@mod.uk

2e People who meet the 'Moving Around' category for the Mobility Component of Personal Independence Payment (PIP)

Does your 'Moving Around' award for the Mobility Component meet or match any of the following statements?

You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)

You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. (10 points)

You can stand and then move more than 1 metre but no more than 20 metres. (12 points)

You cannot stand or move more than 1 metre. (12 points)

No. (If you did not tick any statement above, please tick the 'no' box)

If you have ticked a statement above (8, 10 or 12 points), have you been awarded this benefit for an ongoing period?

Yes

No If "No", when is your award of this benefit due to end?

/ /

If you have ticked one of the above statements (8, 10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose a copy of your letter of entitlement to this benefit issued within the last 12 months. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 121 4433.

Did you score this specific point "Descriptor E" under the "planning and following a journey" activity, on the grounds that you are unable to undertake any journey as part of the mobility component?

Example: Descriptor E (10 Points): Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.

Yes No

If "Yes", when is your award of this benefit due to end?

/ /

If you have ticked the above statement (10 points) for the Planning and following a journey, as part of the Mobility component "Descriptor E", you must enclose a copy of your letter of entitlement to this benefit issued within the last 12 months.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 121 4433

Please note that we may also check with the Department for Work and Pensions that you are in receipt of this award.

If you have answered "Yes" to any of the questions in Section 2 please go straight to Section 7.

Section 3

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 read the guidance notes enclosed with this application form.

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for your conditions.

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.

Surgeries / courses of treatment / specialist clinics	Date

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

Medication	Dosage	Frequency

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

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 above:

Name	Job title	Hospital / Health Centre	Tel number

Do you anticipate that your conditions / disabilities will improve in the next 3 years?

Yes No

If you ticked "Yes", please describe how much you expect your conditions / disabilities to improve:

How do the conditions / disabilities you described above affect your ability to walk?

Please tick whichever of the following statements describe your general walking ability.

You can tick more than one.

I am able to walk well, including recreational walks.

I am able to walk around the supermarket to do my own shopping.

I am able to walk and can use public transport for some of my local trips.

I am able to walk but struggle with longer distances or hills.

I am able to walk but get breathless if I walk for more than a few minutes.

I am able to walk but find it too painful to walk for more than a few minutes.

I am able to walk but use a wheelchair for longer trips outside the home.

I am able to walk around my home but am unable to climb the stairs.

I am unable to walk at all.

Other (please describe).

Are you able to walk outside without help?

Yes No

If "No", please describe the help you need:

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

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

Please describe in as much detail as possible the way you walk:

Do you use any of the following walking aids?

Please tick whichever options apply to you. You can tick more than one box.

1 elbow crutch.

2 elbow crutches.

1 walking stick.

2 walking sticks.

Walking frame (Zimmer frame).

Rollator.

Wheelchair.

Powered wheelchair.

Other (please describe in the space below).

Were your walking aids...

Please tick whichever options apply to you.

Purchased privately by me.

Prescribed by a healthcare professional.

Provided by Social Services.

Other (please describe).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

(Please state the distance in metres **or** yards).

(metres)	(yards)
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When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres or 100 yards.
- The average double-decker bus is about 11 metres or 12 yards long.
- A tennis court is about 24 metres or 26 yards long.
- A full size football pitch is about 100 metres or 110 yards long.

Roughly how much time would you estimate it takes you to walk this distance? (minutes)

Are you able to continue walking after a short rest? Yes No

If you can continue, roughly how long are you able to walk for in total? (minutes)

Please answer 'Yes' or 'No' to each of the following questions:

Do you get short of breath when hurrying on level ground or walking up a slight hill? Yes No

Do you get short of breath walking with other people of your own age on level ground? Yes No

Do you have to stop for breath when walking at your own pace on level ground? Yes No

Do you get too breathless to leave your home or after dressing? Yes No

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

Section 4

For 'subject to further assessment' applicants with a disability in both arms

These questions are intended for people who drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating on-street parking equipment.

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

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 all or some types of on-street parking equipment due to your upper limb disability?

Yes No

If "Yes", please describe the difficulties you have:

Do you drive a specially adapted vehicle?

Yes No

If "Yes", please describe how the vehicle has been adapted for you and enclose a copy of your insurance details verifying this adaptation:

Section 5

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 motor 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 so treated.

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

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 state the type of equipment required:

Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must be always kept near a motor 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 of the questions above, please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example their GP or paediatrician) giving details of their medical condition and the type of medical equipment they need. Alternatively, provide the healthcare professional's contact details below:

Section 6 | Invisible (Hidden) Disabilities

For people who do not automatically qualify under 2e Please complete this section if you experience very considerable difficulty whilst walking, which may include very considerable psychological distress or be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

IMPORTANT: In order for your application to be considered, you will need to provide comprehensive Supporting Evidence, please ensure it is dated as requested. Documents can include:

- A letter of diagnosis, as up-to-date as possible
- Evidence of the progression of the condition over time, dated within the last 2 years
- Evidence of prescribed medication relevant to your condition, dated within the last 2 years
- Confirmation of ongoing treatments/clinic attendances, or referral for such, dated within the last 2 years
- Evidence of prescribed medication relevant to your condition, dated within the last 2 years
- Evidence of specialist consultations, or referral for such, dated within the last 2 years
- Your Patient Summary or Summary Care Records, dated within the last 2 years
- Education Health and Care Plans (EHCP), dated within the last 2 years
- Care Plans from social care teams, dated within the last 2 years
- Social housing letters/assessment reports from a local authority dated within the last 2 years
- Letters from other professionals involved in your care, dated within the last 2 years
- Personal Independence Payment (PIP) decision letters, dated within the last 12 months
- Evidence of other benefits received, dated within the last 12 months
- Contact details of professionals who can support your application, dated within the last 2 years

6a What affects you taking a journey between a vehicle and your destination?

Please tick all that apply.

If you need to, please supply additional information on a separate A4 sheet.

I am a risk near vehicles, in traffic or car parks

almost never

sometimes

almost every journey

every journey

Please give an example of when you have been a 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 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 on journeys:

I regularly have intense and overwhelming responses to 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 situation 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:

Something else:

How would a Blue Badge improve taking a journey between a vehicle and your destination?

Please describe your needs in detail:

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:

How effective are these measures?

Section 7 | Declarations and signatures

7a Mandatory declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood 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.

All documents relating to this application will be dealt with in line with the 2018 Data Protection Act 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. Full details of the council’s data protection policy are available on the council website using ‘Data Protection Policy’ to search for information.

Declarations to be completed by all applicants

- 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 promptly inform my local authority of any changes that may affect my entitlement to a badge.
- I confirm that the photograph I have submitted with my application is a true likeness.
- 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 understand that I must not hold more than one valid Blue Badge at any time.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3, 4 or 5)

- 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 understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment in order to determine my eligibility for a Blue Badge.

7b Your consent to use your information to improve the service you receive

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 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 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 local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

7c Your signature

I confirm that I have read and understood Declarations 7a and 7b.

Your signature:

Date of application: / /

Please print your name here:

Section 8 Photograph / issue fee / ethnicity

8a Photograph

Please enclose one recent passport-style photograph. In order to ensure that your photograph meets the standard required read Section 8 in the accompanying guidance notes.

Please ensure that your name is on the back of the photograph and that you complete Sections 7a and 7c of this form to confirm that the photograph is a true likeness.

8b Badge issue fee £10

You will only be issued with a Blue Badge once your payment has been processed.

Cheque / postal order (made payable to Wandsworth Council)

Credit / debit card (if you wish to pay by card an officer from the Supported Travel Team will call you on the number provided to take payment once your application has been approved)

Home Tel:

Mobile Tel:

8c Ethnic origin (optional)

1. White

British

Irish

Any other white background e.g. European (please specify):

2. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please specify):

3. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify):

4. Black or Black British

Caribbean

African

Any other Black background (please specify):

5. Chinese or other ethnic group

Chinese

Any other (please specify):

Please return your completed form:

By Post: **Wandsworth Council
Supported Travel Team
PO Box 519
Twickenham
TW1 9PG**

In Person: **Wandsworth Council
Customer Centre
Wandsworth High Street
London
SW18 2PU**

Equalities Act 2010: Should you require a reasonable adjustment or assistance to complete an application for a Blue Badge, or if you need it in an alternative format (e.g. large print) please contact us

Supported Travel Team

Tel: (020) 8871 8871

Fax: (020) 8871 6264

Email: concessionarytravel@wandsworth.gov.uk

www.wandsworth.gov.uk

Wandsworth Council has to protect the public money it deals with and may use the information you have given to prevent and detect fraud. For this reason, it may also share this information with other organisations dealing with public money.