

DISABLED PERSON'S PARKING BADGE (BLUE BADGE)

APPLICATION FORM

PLEASE READ THE GUIDANCE NOTES BEFORE COMPLETING THE FORM

Write clearly in BLOCK CAPITALS and tick relevant boxes

Section A — Details of applicant - Those questions marked * MUST be completed

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.

*Surname:					*Surname at birth:				
*Forenames (in full)									
*Main <u>Contact</u> Phone number:					*Mobile Number:				
*Address:									
*Post Code:									
*Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/>					*Date of Birth:				
*Town:									
*Place of Birth:					*Country:				
*National Insurance Number or Child Registration									
*E-Mail Address									
Do you already hold a blue badge? Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
If Yes , which Council issued the badge:									
Badge No.					Date of expiry:				

For office use only

Date application received:		Scan No.	<u>Proof of Address</u>
Receipt No:			<u>Proof of Identity</u>
Badge number:		TBR: Y <input type="checkbox"/> Y.1YR <input type="checkbox"/> N <input type="checkbox"/>	
APPROVED			
NOT APPROVED		Date of expiry:	
Evidence submitted:			
Submitted for printing to APS:	START DATE:		

<p>If you are applying on behalf of someone else who should be contacted?</p> <p>Name:</p> <p>Contact email:</p> <p>Contact Number:</p> <p>Relationship to Applicant:</p>

Please give your previous address, if it was different when you last applied for a badge:

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*****PLEASE READ THE FOLLOWING STATEMENT BEFORE
COMPLETING THE FORM**

Please note that only fully completed application forms will be accepted along with all relevant documentation. **Incomplete forms will be returned to applicants for completion and this will delay your application.** We recommend that you **apply 8 weeks** before your current badge expires. The application process **takes up to 6 weeks** from the date we receive your application at Inspire Community Trust.

Please complete all relevant sections of the application form and supply **copies ONLY** of the appropriate documents to confirm your address, identity and evidence of eligibility. **We will not copy or return original documents.** We may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Badges will be posted direct to the applicant if successful.

We advise that you carefully **read** through the **guidance notes** before you fill out the form. These will assist you with the application.

<p>Do you drive yourself or do you normally travel in a specific Motor Vehicle?</p> <p>Yes / NO</p>	<p>If 'yes' enter Registration Here:</p>
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Section 1 — Information for Determining Eligibility

Part 1 only applies if you are in receipt of Personal independence Payment (PIP) or Disabled Living Allowance (DLA)

PLEASE NOTE ATTENDANCE ALLOWANCE IS NOT AN AUTOMATIC ENTITLEMENT TO A BLUE BADGE. Please complete **Part 2 sections** if you have this. You may be required to attend a mobility assessment

YES NO

(i) I am in receipt of **8 points or more** for 'Moving around' descriptor of the Mobility component of PIP

I am in receipt of **10 points specifically** for **Descriptor E** of Planning and following a Journey – 'You cannot undertake any journey because it would cause overwhelming psychological distress'

ANY OTHER POINTS OR DESCRIPTORS ARE NOT AN AUTOMATIC ENTITLEMENT. YOU WILL NEED TO COMPLETE PART 2 OF THE APPLICATION

I am in receipt of the **Higher Rate Mobility Component** of DLA

If **Yes**, to any of the above is the benefit award indefinite? Yes: No:

If **No**, when does it end? _____

If in receipt of the above, you must enclose a Full copy of your entitlement to the benefit issued and it must be dated within the last year, it must also have at least 8 months of the award left to run, on receipt at Inspire.

(If you do not have a letter, please phone the Disability Service Centre helpline (0800 121 4433))

(ii) Are you registered **Blind**? Yes: No:

If you have NOT been registered Blind with Inspires' Sensory Impairment Team, please send us a copy of your Certificate of Visual Impairment.

(iii) Do you receive a War Pensioner's Mobility Supplement or the Armed Forces (Compensation Scheme within tariffs 1 – 8 inclusive) and have been certified by the SPVA as having a permanent and substantial disability causing very considerable difficulty walking Yes: No:

If you have answered **Yes** to this question, you must enclose a copy of a document from the Service Personnel and Veterans Agency **dated within the last year** to confirm this. A copy can be obtained by ringing 0800 169 22 77

If you have answered **YES** to any of the questions in section 1, you now only need to complete and sign section 6 – Declaration.

If you have answered **NO** to ALL the questions in section 1, you may still qualify. **YOU MUST NOW COMPLETE FULLY ALL sections in Part 2**

Part 2 — Disability and Mobility Eligibility by Assessment

These questions are intended for people who have answered **NO** to all questions in Part 1. You may be required to attend an assessment by our independent expert assessor so that we can see how your disability affects your walking from a vehicle to your destination.

Section 2 – Walking difficulties

If you answered “yes” to any of the questions in section 1, go straight to **Section 5 ‘supporting documents’**.

Do you have a condition or disability which means you cannot walk or find walking very difficult?

Yes

Continue answering the questions in this section

No

Go to **Section 3**

Name any health conditions or disabilities that affect your walking

(Try to use the correct medical terms, if you know them)

How does your health condition make walking difficult for you?

Excessive pain

If you didn't tick "Excessive Pain", don't answer this section.

How would you describe the pain you experience, when walking? (You can choose more than one)

- When I take my pain relief medication I am able to cope with the pain
- Even after taking pain relief medication I have to stop and take regular breaks
- Even after taking pain relief medication the pain makes me physically sick
- Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable
- Other
Describe the pain

Breathlessness

If you didn't tick "Breathlessness", don't answer this section.

When do you get breathless?

(You can choose more than one)

- Walking up a slight hill
- Trying to keep up with others on level ground
- Walking on level ground at my own pace
- Getting dressed or trying to leave my home
- Other
Describe when you get breathless

- Balance, coordination or posture
Describe how the way you walk is affected by your condition

(For example, if your posture is affected or you struggle to take full steps)

How would you describe your balance or coordination, when walking?

(You can choose more than one)

- I can walk around a supermarket, with the support of a trolley
- I can walk up/down a single flight of stairs in a house
- I can only walk around indoors
- I can walk around a small shopping centre
- Other
Describe your balance or coordination, when walking

Have you seen a healthcare professional for any falls in the last 12 months?

- Yes No

It's dangerous to my health and safety

Describe how your condition makes walking dangerous

Do you have a chest, lung or heart condition / epilepsy?

Yes

No

Something else

What is it about your condition that causes you difficulty walking?

Help to get around

What is this aid or support?

(For example, a wheelchair, crutches or a member of your family)

When do you need this help?

(For example, to get to the shops)

If it's an aid, how was it provided?

(For example, Hospital or bought privately)

What is this aid or support? (For example, a wheelchair, crutches or a member of your family)	When do you need this help? (For example, to get to the shops)	If it's an aid, how was it provided? (For example, Hospital or bought privately)

How long can you walk for without stopping?

(If you listed an aid, then your answer should be when using that aid)

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

Describe somewhere you can walk from and to

(Be specific and use place names or house numbers)

How long does it take you?

(For example, 8 minutes)

You can now go to: **Section 4 – Treatments, medication, healthcare professionals & supporting documents**

Section 3 – non-visible (hidden) conditions

If you answer "no" to the first question in this section, but "yes" to any of the questions in section 2, you can skip this section and go straight to **Section 4**.

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

Yes

Continue answering the questions in this section

No

Go to **Section 4**

What affects you taking a journey?

(Tick all that apply)

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

When are you a risk?

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 or are 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

Something else

Please describe what affects you taking a journey

How would a Blue Badge improve taking a journey between a vehicle and your destination for you?(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 they?

Section 4 – Treatments, medication, associated professionals & documents

This section is for if you have answered any of the questions in sections 2 or 3 . Otherwise, go to **Section 5**.

Treatments

Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.

Yes

Add the treatment details below

No

Go to "**Medication**"

Treatments

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.

Date of the treatment

If it's in the future – Do you expect the condition to improve afterwards?

Medication

Do you take any medication for your condition?

(Any medication or pain relief you currently take for your condition)

Yes
Add the medication details below

No
Go to **“Associated professionals”**

Medication

Name of this medication or pain relief And is it prescribed?	How much do you take at a time? (Dosage)	How often do you take this?

Associated or healthcare professionals

Do you currently see any professionals for your condition?

(Or if you have seen any in the last 3 years)

Yes

Add their details below

No

Go to Section 5 **“Supporting documents”**

Associated or healthcare professionals

Name and role of the professional

(This cannot only be your GP)

Where do they work?

(Include organisation name, address, email and telephone number if possible)

Section 5 - Supporting documents

You must now provide supporting documents

Mandatory Documents

- £10 Payment by cash, cheque or card at a library or Inspire
- Cheques to be made payable to 'Inspire Community Trust'
- Passport compliant photo in colour taken within 12 months. Digital images can be emailed to BlueBadgeScheme@bexley.gov.uk
- Proof of Address dated **within 3 months** – Utility Bill, Bank Statement, Benefit Letter or current Council tax Bill, Driving licence (one only)
- Proof of Identity – Birth/Adoption/Marriage/Divorce Certificate, Valid Driving Licence, Passport (one only)

For Automatic entitlement you must also provide

- PIP Decision/DLA letter (full copy) – Dated within 12 months from DWP

OR

- War pension Mobility Supplement letter – dated within last 12 months

OR

- Certificate of Visual impairment (CVI) for confirmation you are registered severely sight impaired (blind)

Supporting Medical Information/proof of eligibility for further assessment applicants from professionals involved in applicants care. (examples)

- Diagnosis Letter from GP
- Encounter Report from GP/Medical Summary
- MRC Breathlessness Scale/Grade
- Letter from Hospital Consultant
- EHCP report/Educational Psychologists report
- Psychiatrist/Psychologist Report

Any other information deemed relevant to the reason for applying for a Blue Badge

Section 6 – Declaration

Sign one of the these sections.

Applying for yourself

By submitting this application you agree that:

- you have read and understand the rules for using a Blue Badge
- the details provided are complete and accurate
- you won't hold more than one Blue Badge at any time
- you will tell Inspire about any changes that may affect your eligibility
- You understand that all documents relating to the application will be dealt with in line with Data Protection Act 2018 & GDPR 2018 and we may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud

You also agree that Inspire Community Trust may:

- contact you if there are any issues with this application or to prevent badge misuse
- if required, arrange an in-person assessment for you
- check the information held by the Council and contact any Health Care professional you have listed above for extra information
- suggest other benefits or services that you may be eligible for

I agree to this declaration

Signed

Date of signature

Applying on behalf of somebody else

By submitting this application you agree on behalf of the applicant that:

- the rules for using a Blue Badge have been read and understood
- you have the authority to submit this application
- the details provided are complete and accurate
- they won't hold more than one Blue Badge at any time
- Inspire will be told about any changes that may affect their eligibility
- You understand that all documents relating to the application will be dealt with in line with Data Protection Act 2018 & GDPR 2018 and we may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud

You also agree that Inspire Community Trust may:

- contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse
- if required, arrange an in-person assessment for the applicant
- check the information held by the Council and contact any Health Care professional you have listed above for extra information
- suggest other benefits or services that they may be eligible for

I agree to this declaration

Signed

Date of signature