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Blue Badge Application Form

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

If you are or receive:

Registered severely sight impaired or blind	Only complete sections 1, 2(a) and 6.
Disability Living Allowance Higher Rate Mobility Component (Not Attendance Allowance)	Only complete sections 1, 2(b) and 6.
Personal Independence Payment including score of 8 or more under the Moving Around descriptor	Only complete sections 1, 2(c) and 6.
War Pensioners' Mobility Supplement	Only complete sections 1, 2(d) and 6.
Armed Forces Compensation Scheme	Only complete sections 1, 2(e) and 6.
Attendance Allowance	Only complete sections 1, 3 and 6.

If you do not receive any of the above, but have:

A permanent disability causing very considerable difficulty in walking	Only complete sections 1, 3 and 6.
A disability affecting both your arms	Only complete sections 1, 4 and 6.

If you are applying on behalf of:

A child aged 2 and above who a) is blind or receives the Disability Living Allowance Higher Rate Mobility Component; or b) has very considerable difficulty in walking	Only complete sections 1, 2(a)/(b) and 6. Only complete sections 1, 3 and 6.
A child aged under 3 who needs to be accompanied by bulky medical equipment or needs to be kept near a vehicle to ensure medical treatment can be given quickly	Only complete sections 1, 5 and 6.

- If you are applying for someone who is unable to apply themselves and you have power of attorney, please enclose proof of this.
- People with temporary disabilities lasting or likely to last less than 3 years are not eligible for the Blue Badge scheme.
- You will need to send copies of documents that prove identity and address. We prefer copies because we do not accept responsibility if original documents are lost during the application process. Address proof should be dated within the past 12 months.

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, Mx, other):

First names (in full):

Surname:

Surname at birth:

Gender: Male Female

Date of Birth (DD/MM/YYYY): /

Place of Birth: Town:

Country:

National Insurance Number:

(see Section 1 of the accompanying guidance notes)

Current address and contact details:

Your full postal address including postcode:

Home Tel:

Mobile Tel:

Email:

Please tick here if you would like to receive updates on your application by text message. Please ensure you have provided your mobile number

Alternative contact details: *You can give here someone else's contact details if you wish, in case we are unable to get in touch with you, or someone else is dealing with this application for you.*

Contact's name and address:

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:

If Yes:

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?

Please tick here if you would like us to check your details online using our online validation system. This is supplied by Call Credit, and is only used for the purpose of the application process.

Alternatively you can provide copy documents to us of the following:

Proof of your address, dated within the last 12 months:

You should enclose one of the following showing your current address:

- a copy of a Council Tax bill bearing your name and address, dated within the last 12 months;
- a housing benefit (or other type of benefit) award letter dated within the last 12 months;
- an award letter from Service Personnel and Veterans Agency;
- a benefit award letter from the Department for Work and Pensions;
- a confirmation letter from Social Services or another local authority service that a person is resident;
- a pensions letter from The Pensions Service;
- a copy of a valid driving licence;
- confirmation letter from the school that the child attends that school, if under 16;
- a copy of a utility bill dated within the last 12 months.

Proof of your identity:

You must attach a copy of **one** of the following as proof of your identity (copy documents are not returned to you unless you specifically request it but are destroyed securely once we have finished with them):

- | | | |
|--|--|---|
| <input type="checkbox"/> Birth certificate / adoption certificate | <input type="checkbox"/> Marriage / Divorce certificate | <input type="checkbox"/> Certificate of British nationality |
| <input type="checkbox"/> Civil Partnership / Dissolution certificate | <input type="checkbox"/> Identity card for foreign nationals | <input type="checkbox"/> Passport |
| <input type="checkbox"/> HM forces ID Card | <input type="checkbox"/> Valid driving licence | |

Photograph:

Please enclose a recent passport-style colour photograph of the applicant. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the **applicant's name is on the back of the photograph** and that you complete Sections 6(a) and 6(c) of this form to confirm that the photograph is a true likeness.

Badge issue fee:

- There is a fee of £10 for the issue of a Badge.
- Payment will only be taken if your application for a Blue Badge is successful. Do not enclose payment with this form. We will contact you for payment if your application is successful.
- You will only be issued with a Blue Badge once your payment has been received.

Section 2 – Questions for ‘without further assessment’ applicants

These questions are intended for people who may qualify for a Blue Badge automatically.

If you are unsure whether these questions apply to you, 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)?

Note: People registered as partially sighted (sight impaired) cannot qualify for a Blue Badge unless they also have walking difficulties, in which case Section 3 of this form should be used.

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 or the VISTA 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 your entitlement to the Higher Rate Mobility Component of Disability Living Allowance is less than 3 years, your Blue Badge entitlement will match this period).

(DD/MM/YYYY): / /

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose a copy of a letter of entitlement to this benefit issued within the last twelve months or a copy of your annual uprating letter.

2c) People who meet a “Moving Around” descriptor for the Mobility Component of Personal Independence Payment

Does your “Moving Around” descriptor for the Mobility Component meet/match any of the following statements?

- You can stand and then move unaided more than 20 metres but no more than 50 metres. [This gives you a score of 8.]
- You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. [This gives you a score of 10.]
- You can stand and then move more than 1 metre but no more than 20 metres. [This gives you a score of 12.]
- You cannot stand or move more than 1 metre. [This gives you a score of 12.]
- None of the above

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

Yes

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

(DD/MM/YYYY): / /

If you have ticked one of the above statements (a score of 8, 10 or 12) for the ‘Moving Around’ descriptor of the Mobility Component of PIP, you must enclose a copy of a letter of entitlement to this benefit issued within the last twelve months. Please send us a copy of the whole letter, not just the first page.

2d) People who receive the War Pensioners’ Mobility Supplement

Do you receive the War Pensioners’ 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?

(DD/MM/YYYY): / /

You must provide a copy of your letter of entitlement to the War Pensioners’ Mobility Supplement. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

2e) 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 or Veterans UK as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes: No:

The Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) 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. You must enclose a copy of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

If you have answered “Yes” to any of the questions in Section 2 please go straight to Section 6.

Section 3 – Questions 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 and/or disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.

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:

Dates you received this treatment:

What medication do you currently take in relation to the conditions/disabilities you described above (including pain relief)? Please state the name of the medication, dosage and frequency to be taken.

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

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	Telephone number

Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate).

Yes: No: Don't know:

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:

Please tick all options that apply to you.

- 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 below:

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 give the name of a place or landmark which could be found on a map, e.g. the name of a shop, street address or park.

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- 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, swing through two crutches or need physical support.

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

- | | |
|---|---|
| <input type="checkbox"/> 1 elbow crutch | <input type="checkbox"/> 2 elbow crutches |
| <input type="checkbox"/> 1 walking stick | <input type="checkbox"/> 2 walking sticks |
| <input type="checkbox"/> Walking frame (Zimmer frame) | <input type="checkbox"/> Rollator |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> 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 below.

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 using whichever measure is best for you.

: metres : yards

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.
- 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 (in minutes) are you able to walk for in total?

: minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Are you troubled by shortness 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 – Questions 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, parking meters.**

If you are unsure whether these questions apply to you, 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 as it relates to your upper limbs:

Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes: No:

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

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 – Questions 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. A child aged 2 can qualify under this Section or under Section 3. It is better to apply for a child aged 2 under Section 3 if that section applies, and only to use Section 5 if Section 3 does not apply.

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 what type of equipment is 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 your GP or paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below:

Section 6 – Declarations and signatures

These questions should be answered by all applicants for a Blue Badge.

6a) Mandatory declarations about the information you have provided and the application process

General Data Protection Regulation (GDPR) statement

All documents relating to this application will be dealt with in line with the General Data Protection Regulation 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 General Data Protection Regulation, 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. Your information may be checked against information already held by the local authority in order to help determine your eligibility, speed up your application and/or to enable a decision to be made without the need for an Independent Mobility Assessment. For further information on how this data will be processed, please see the Fair Processing Notices on our website at: www.leicestershire.gov.uk/about-the-council/data-protection-and-privacy/fair-processing-notices.

- I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may refuse my application if I have not provided adequate evidence that I meet the eligibility criteria. I realise that you may take action against me if I have provided false information in this application form. I have read and understood the above confidentiality statement.
- 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.
- 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 applications are firstly assessed by Leicestershire County Council Customer Service Centre, but that I may be required to undertake an assessment with an independent healthcare professional in order to determine my eligibility for a Blue Badge. An assessment with a Mobility Assessor can take up to 3 weeks from the application being received. Appointments are held at venues across the county.

6b) 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 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.

6c) Your signature against the declarations in section 6a and 6b

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print your name here:	
If you are signing on behalf of the applicant, please state your relationship to the applicant here:	

Paying for your Blue Badge

A Blue Badge costs £10.

Please do not send the fee with your application. If your application is successful we will contact you to collect the fee. Payment can be made over the phone by credit/debit card or online.

Please send your completed application, including all supporting documentation to:

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