

Customer Service Centre, County Hall, Glenfield,  
 LEICESTER LE3 8ST  
 Telephone 0116 305 0001  
 Fax 0116 305 0006  
 Minicom: 0116 305 0007  
 Email: CSCBlueBadge@leics.gov.uk  
 Web: www.leicestershire.gov.uk



## Blue Badge Application Form

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

You can apply for yourself, on behalf of somebody else. Organisations should complete the form designed for organisations.

If you are or receive:

<b>Registered severely sight impaired or blind</b>	Only complete sections 1, 2a and 7.
<b>Disability Living Allowance Higher Rate Mobility Component (Not Attendance Allowance)</b>	Only complete sections 1, 2b and 7.
<b>Personal Independence Payment with a score of 8 or more under the Moving Around activity</b>	Only complete sections 1, 2c and 7.
<b>Personal Independence Payment with a score of 10 points ONLY for “Planning and Following Journeys” and only where the description states you cannot undertake any journey because it would cause overwhelming psychological distress to you</b>	Only complete sections 1, 2c and 7.
<b>War Pensioners’ Mobility Supplement</b>	Only complete sections 1, 2d and 7.
<b>Armed Forces Compensation Scheme</b>	Only complete sections 1, 2e and 7.

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

<b>A disability affecting both your arms</b>	Only complete sections 1, 3 and 7.
<b>A permanent or enduring disability causing very considerable difficulty when walking – including physical, visible and non-visible (hidden) disabilities</b>	Only complete sections 1, 5, 6 and 7.

If you are applying on behalf of:

<b>A child aged 2 and above who</b> <b>a) is blind or receives the Disability Living Allowance Higher Rate Mobility Component; or</b> <b>b) has very considerable difficulty when walking</b>	Only complete sections 1, 2a/2b and 7.  Only complete sections 1, 5, 6 and 7.
<b>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</b>	Only complete sections 1, 4 and 7.

- 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.

### **Before you start**

This form will ask you a number of questions about certain benefits you may receive or further questions about your disability or health conditions. Please read all the questions carefully and answer them as fully as you can. Disabilities and health conditions are very wide ranging and the same condition can affect people differently. The council needs to ask these questions in order to determine whether you are eligible or not. The number of questions that you are asked will depend on the effect that your disability or health condition has on your ability to walk or complete a journey.

In this application form, the following terms are used:

- “walking” refers to the physical aspect of being able to “put one foot in front of other”
- “journey” refers to the part of any journey between a vehicle (e.g. car) and your destination, e.g. into a shop, hospital, doctor’s surgery etc. It does not refer to the part of the journey undertaken in the vehicle.
- It is noted that the term “disability” may not be appropriate for everyone, therefore the term “condition” may be used to cover a range of terms including (but not limited to) “disability”, “health condition” (physical and/or non-visible (hidden)), “learning disability”, “medical condition” and “long term illness”.
- “care giver” may be used describe someone who is with the applicant when making a journey who may actually be their parent, spouse, partner, sibling, son or daughter, friend, carer or personal assistant of the applicant.

You will need to provide documentation to support your application; without this your application cannot be processed. The document types that are required include:

- proof of identity (the list of accepted documents is included in that section)
- proof of address - dated within the last 12 months (the list of accepted documents is included in that section)
- a colour photo of you / the applicant **taken in the last month**, including face and shoulders (further information about photo criteria is given in that section, but should be passport standard).

You may also need (depending on your application route or your disability or condition)

- proof of benefit - dated within the last 12 months (if applicable)
- your National Insurance number (if you have one)
- information about any medication you are currently taking (including dose)
- information about any treatments or surgery you have had that relate to your condition (including dates)
- official diagnosis letter from a medical specialist or consultant
- any other relevant information or reports that are relevant to your application that demonstrate, or help to demonstrate, your eligibility.

## 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

I identify in a different way

**Date of Birth** (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"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

**National Insurance Number:**

(see Section 1 of the accompanying guidance notes)

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

**Applicant's 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

If you are applying on behalf of someone else, please provide your contact details here.

**Contact's name and address:**

**Home Tel:**

**Mobile Tel:**

**Email:**

**Relationship to applicant:**

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

**Previous address of applicant, 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?

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

What is the serial number on the last badge?

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

What is the expiry date of the last badge?

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

- 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;
- if under 16, a letter from the school confirming that the child attends that school and the child's address.

**Proof of your identity:**

You must attach a photocopy 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 **taken in the last month**. 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. **Your application will be refused if you send the same photograph that is currently displayed on your Blue Badge.** Further guidance on photographs can be found on the website or in the guidance notes.

Please ensure that the **applicant's 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.

## 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 Sections 5 and 6 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 (severely sight impaired):

Yes:  No:

### 2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance (DLA)

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 have specific scores for the “Moving around” or “Planning and following journeys” activities for the Mobility Component of Personal Independence Payment (PIP)

**If you are not in receipt of PIP, do not complete this section**

**Please read your PIP benefit award letter carefully as the eligibility criteria are very specific.**

Turn to the page in your PIP award letter where your mobility scores are displayed. The first arrow is where to find your “Planning and following a journey” points and the second arrow is where to find your “Moving around” points. The third arrow shows where to find whether your benefit is indefinite or has an expiry date.

Mobility - for the 2 mobility activities you scored:

Planning and following a journey (scored out of 12)	10
Moving around (scored out of 12)	10

Your total score for the mobility part of PIP is 20 points.  
You've been awarded the enhanced rate from 1 January 2019 to 1 January 2022.

### **Activity 11 - Planning and Following a Journey**

How many points did you score in the “Planning and following a journey” activity of your assessment and which description has been used to describe the number of points? Please note that your description may not have this exact wording, but should be something **very** similar.

- 10 points (*You cannot undertake any journey because it would cause overwhelming psychological distress to you*) - If this is your score and description, you **are** automatically eligible under this section. 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.**

Please note that if 10 or 12 points have been awarded in this category, with wording that relates to the ability to follow the route of a journey, these are different descriptions and **do not** result in automatic qualification for a Blue Badge however you **may** still be eligible for a Blue Badge subject to further assessment if you do not qualify under Activity 12.

### **Activity 12 – Moving Around**

How many points did you score in the “Moving around” activity of your assessment?

- 12 points (*You cannot stand or move more than 1 metre*) - If this is your score and description, you **are** automatically eligible under this section. 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.**
- 12 points (*You can stand and then move more than 1 metre but no more than 20 metres*) - If this is your score and description, you **are** automatically eligible under this section. 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.**
- 10 points (*You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres*) - If this is your score and description, you **are** automatically eligible under this section. 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.**

- 8 points (*You can stand and then move unaided more than 20 metres but no more than 50 metres*) - If this is your score and description, you **are** automatically eligible under this section. 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.**

If you have not been awarded one of the points listed above, you **may** still be eligible for a Blue Badge subject to further assessment. **Please complete Sections 5, 6 and 7.**

Please note that the eligibility is based on the number of points and the points descriptors in certain activities, not the amount of money you get or whether the rate is described as “higher” or “lower”.

**Have you been awarded this benefit indefinitely?** Yes:  No:

**If NO, when is your award of this benefit due to end?**   /   /      
(DD/MM/YYYY)

## 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) or Veterans UK. If you have lost this letter, then Veterans UK can be contacted via the enquiry number: 0808 1914 218.

## 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) or Veterans UK 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 Veterans UK can be contacted via the enquiry number: 0808 1914 218.

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

### Section 3: 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 condition / disability as it relates to both 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 4: 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 may qualify under this Section or under Section 5.

**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:**

## Section 5: Questions for ‘subject to further assessment’ applicants with physical or non-visible (hidden) disabilities and health conditions

These questions are intended for people who have answered NO to all of the questions in Sections 2, 3 and 4.

Please note that you will only qualify for a Blue Badge under this section if the applicant is over two years of age and has been certified by an expert assessor as having an enduring and substantial disability which causes them, during the course of a journey, to:

- **Be unable to walk;**
- **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.**

For this application form, “walking” means the physical action of putting one foot in front of the other. “A journey” refers to the part of any journey between a vehicle (e.g. car) and your destination, e.g. into a shop, hospital, doctor’s surgery etc. It does not refer to the part of the journey undertaken in the vehicle.

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

**What makes walking or completing a journey difficult for you?** Tick all the boxes that apply to you.

<input type="checkbox"/> I cannot walk at all or I cannot walk without help from someone else or using walking aids	Complete sections <b>5a to 5g</b>
<input type="checkbox"/> Walking is very difficult due to pain, breathlessness or the time it takes (speed of walking)	Complete sections <b>5a to 5g</b>
<input type="checkbox"/> Walking is dangerous to my health (e.g. due to a chest, lung or heart condition or severe uncontrolled epilepsy)	Complete sections <b>5a to 5g</b>
<input type="checkbox"/> Completing a journey is dangerous to the health and safety of myself or others (this may also include conditions such as epilepsy if you are prone to absences when walking)	Complete sections <b>5a and 5h</b>
<input type="checkbox"/> Completing a journey causes me severe psychological distress, anxiety or other behavioural issues	Complete sections <b>5a and 5h</b>
<input type="checkbox"/> None of these reasons.	It is unlikely that you are eligible

## 5a) Health conditions – general questions

### Describe any health conditions that affect your ability to walk or complete a journey

This information will be used, along with your answers to the rest of the questions, to help us make a decision about this application. The more information you provide, the more we can understand how your condition affects you. Please list any diagnoses that you have, however eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition but the information that you give will be used by our assessors to understand all the conditions that affect you. You may wish to add brief information as to how these conditions affect you, however you will be asked further questions about how your health condition affects your ability to walk or complete a journey later in the form.

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

Disability/diagnosis	Has this been formally diagnosed by a doctor/specialist? Yes/No	How does it affect you (particularly with regard to walking or completing a journey)	How often does it affect you i.e. how many “good days” versus “bad days”, how frequently do you have flare ups and how long does each episode last?

Is your health condition likely to improve within the next 3 years?

Yes:  No:

If no, please describe why not:

**Describe how your health conditions mean that your ability to walk or to complete a journey is different to that of someone of the same age without those health conditions. If you are applying for a child or young person, please describe what developmental achievements have been met if different to someone of a similar age, for example the age at which they learned to walk.**

If you have selected above that the reason for your difficulties when walking is due to you being unable to walk at all, your walking speed is slow, or you have pain or breathlessness, or that the act of walking may bring on a heart attack, seizure or other medical event), please complete Sections 5b to 5g.

### **5b) Walking ability – general questions**

Please note that in this section, “walking” refers to the physical aspect of being able to “put one foot in front of other”

**How does your health condition make walking difficult for you?** Please tick all of those that apply.

- It is painful
- I get breathless/struggle to breathe
- I have problems with my balance or co-ordination
- It takes me a long time to walk anywhere (speed of walking)
- It's dangerous to my health e.g. the act of walking may bring on a seizure or other medical event such as a heart attack or stroke (note that this does not apply to people who have no awareness of danger)
- None of these
- Something else

Give a description:

**Do you use any mobility aids or have support when walking or completing a journey?**

List any mobility aids such as wheelchairs, scooters, zimmer frames or crutches that you use. If you use the support of a person, such as a member of your family or a care giver, list them here too.

Description of the walking aid (e.g. walking stick(s), crutches, walking frame, a person)	When do you use your walking aid/support (do you use it when walking indoors/outdoors and how frequently do you use it?)	How was walking aid provided? (e.g. prescribed, provided by a hospital, physiotherapist etc., social care services, or purchased yourself)

**How long can you walk for without stopping?**

- Unable to walk at all (not able to put one foot in front of the other)
- Less than a minute
- A few minutes
- More than 10 minutes

**Describe somewhere you can walk to and from**

For example, “from my home to the Post Office on the High Street”. Rather than just say “To the shops”, please be specific and note what street the shop is on, and if possible, the name of the shop. Alternatively, please provide the street address. We will use this information to measure the distance using specialist computer mapping software. Compare good days and bad days.

	On a “good day”:	On a “bad day”:
Where can you walk from and to?		
How long does it take you (in minutes)?		
Are you able to continue walking after a short rest?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Can you walk straight back from that place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

	On a “good day”:	On a “bad day”:
<p>If you are not able to give a location you can walk to, how far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?</p> <ul style="list-style-type: none"> <li>• The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.</li> <li>• The average double-decker bus is about 11 metres, or 12 yards, long.</li> <li>• A tennis court is about 24 metres, or 26 yards, long.</li> <li>• A full-size football pitch is about 100 metres, or 110 yards long.</li> </ul>		
How long does it take you (in minutes)?		

### 5c) Walking Ability - Manner of walking:

#### How do you describe the way you walk?

- Normal
  Adequate
  Poor
  Extremely Poor

How would you describe your ability to walk? Please tick all those that apply.

- I can walk around a supermarket  
 I can walk up/down a single flight of stairs in a house  
 I can walk up/down a few steps e.g. into a building  
 I can only walk around indoors  
 I can walk around a small shopping centre  
 I struggle on uneven ground  
 Other

Describe your balance or co-ordination, when walking

### 5d) Walking Ability - Breathlessness due to a health condition:

Do you get breathless when walking for more than a few minutes? 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 home, or after dressing? Yes:  No:

Is there anything else you would like to tell us about concerning any breathlessness you have? Yes:  No:

Please provide details

### 5e) Walking Ability - Pain:

Are you seeing specialists or attending clinics for pain relief? Yes:  No:

Are you regularly taking pain medication? Yes:  No:

If Yes:

- 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 sometimes 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

Do you find it too painful when walking for more than a few minutes? Yes:  No:

Is your pain:

- There all the time       Only while you walk       After you walk

Is there anything else you would like to tell us about the pain you have?

**5f) Walking Ability - Balance, co-ordination and posture:**

Are you seeing specialists or attending clinics for concerning your balance, co-ordination or posture? Yes:  No:

Are you taking medication to manage the issues with your balance, co-ordination or posture? Yes:  No:

Do you experience dizziness, blackouts, fainting or seizures when walking? Yes:  No:

How frequently do these events occur when walking?

Do you experience falls when walking (that are not related to dizziness, blackouts, fainting or seizures)? Yes:  No:

How frequently do the falls occur when walking?

What was the approximate date of your last fall?

Is there anything else you would like to tell us about the balance, co-ordination or posture issues you have?

**5g) Further treatment advice**

Has a healthcare professional advised you to take regular walks as part of your treatment/ongoing therapy? Yes:  No:

If yes, please advise how far you have been advised to walk, how frequently and whether you are achieving this



## 5h) Hidden and non-visible conditions

**If you have selected above a non-visible (hidden) reason for your difficulties when walking (for example health and safety of yourself or others, or psychological distress, anxiety or behavioural issues), please complete this section.**

Please note that in this section, “a journey” refers to the part of any journey between a vehicle (e.g. car) and your destination, e.g. into a shop, hospital, doctor’s surgery etc. It does not refer to the part of the journey undertaken in the vehicle

**How does your health condition make walking or completing a journey difficult for you?**

Please tick all those that apply.

- I may be a risk to myself or others near vehicles, in traffic or in car parks
- I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others
- I have intense and overwhelming responses to situations causing temporary loss of behavioural control
- I can become extremely anxious or fearful in public/open spaces
- Something else

Give a description

**Please give further details as to how you are a risk to yourself or others near vehicles, in traffic or car parks. The harm may be accidental or self-harm such as biting or hitting. Please list the risks giving further information.**

Risk	To whom (self/others)	Likelihood (how often does it occur)

If you have selected any of the following options, above:

- I find it difficult or impossible to control your actions and lack awareness of the impact they could have on others,
- I have intense and overwhelming responses to situations causing temporary loss of behavioural control,
- I can become extremely anxious or fearful in public/open spaces, or
- something else,

please explain how your health condition affects your ability complete a journey and how often this affects you. This may include experiences, emotions or behaviours such as anxiety, agitation, disorientation, psychosis, fatigue, agoraphobia, impulsiveness, seizures.

<b>Experience, emotion or behaviour:</b>	<b>Frequency:</b> e.g. Occasionally/once a month/once a week/every day/every journey	<b>What happens/has happened</b>	<b>Are there any specific triggers?</b>

Government guidance states that local authorities need to be satisfied that such difficulties cannot otherwise be managed through reasonable coping strategies, therefore we need to understand what coping strategies you or your care giver use to help you (the applicant) manage these feelings, emotions or behaviours.

**What coping mechanisms have you tried so far?** Please state how effective these coping strategies are and/or how often they help the situation. This may include behavioural coping strategies or medication.

<b>Coping Strategy</b>	<b>How effective is it?</b>	<b>How often does it help the situation?</b>

If you have a social care plan, please enclose a copy with your application.

If you have an Education Health and Care Plan (EHCP) please enclose a copy with your application.

## Section 6: All applicants who are 'subject to further assessment' (who have completed Section 5)

### Healthcare Professionals

Give the details of all the main healthcare professionals involved in the treatment of your condition. For example, surgeons, consultants, physiotherapists, GP.

Name of healthcare professional	Profession (GP/consultant/physio etc.)	Location (hospital, clinic, surgery etc.)	Approximate date last seen

### Treatments

#### Have you had any treatments for your condition?

List any surgeries, treatments or clinics you have attended for your condition. This includes any hip or knee replacement operations, heart surgery, psychologist or psychiatric clinics, counselling services, crisis team support etc.

Please also include details of any **medical events** such as heart attack, stroke, accidents or severe episodes.

Treatment/surgery/clinic/support description	When did you have this treatment/support? Please provide approximate dates.	Result: What was the outcome of this treatment/support?

**Are you due to have any treatments for your condition in the future?**

List any surgeries, treatments or clinics you are due to for your condition, giving dates if known, or whether you are on a waiting list etc. This includes any hip or knee replacement operations, heart surgery etc.

<b>Treatment/surgery description</b>	<b>When are you due have this treatment? (exact or approximate dates if known)</b>	<b>Expected outcome</b>

**Medication**

**Do you take any medication for your condition?**

List any medication or pain relief you currently take for your condition, even if you only take it “as and when required”.

<b>Medication name</b>	<b>Is the medication prescribed? Yes/No</b>	<b>How much do you take at a time? (Dosage)</b>	<b>How often do you take the medication?</b>

## Additional information

**How would having a Blue Badge improve making a journey between a vehicle and your destination?** Remember, when we are referring to “you” this is the applicant, and not your care giver/person accompanying you. Government guidance states that a Blue Badge should not be issued for any purpose other than to assist the recipient when undertaking journeys. In what way would a Blue Badge improve journeys for you.

**Please provide any additional information that you feel is relevant that has not been covered by the questions above**, for example, if you have been offered a treatment or surgery to help your condition but you are unable to have this for some reason. **You may also use this space to describe in your own words what happens when you make a journey.** Try to focus on the part of the journey between the vehicle and destination. What happens? What do you try to do to help make it better?

Please enclose photocopies (not originals) of documentation you wish to submit in support of your application, which may include:

- Repeat prescriptions
- Summary medical record
- Diagnosis letters
- Recent regular clinic attendance (e.g. memory clinic, physiotherapy etc.)
- Letters from doctors/specialists confirming how the condition affects your ability to complete a journey (e.g. how far you can walk, frequency of behavioural issues, the impact etc.)
- Social care plan
- Education and Health Care Plan (EHCP)

Applicants **MUST** have consent from any third parties (such as Doctors) whose information is used to support the application **BEFORE** it is submitted to the County Council.

## Section 7: Declarations and signatures

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

### 7a) 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](http://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 an Assessor can take up to 3 weeks from the application being received (although may be longer at peak times). Appointments are held at venues across the county.

## 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 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 against the declarations in sections 7a and 7b

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

## Paying for your Blue Badge

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.

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 copies of all supporting documentation (please do not send originals as we cannot return them) to:

Blue Badge Applications  
Customer Service Centre  
County Hall  
Glenfield  
LEICESTER  
LE3 8ST