



Application for a Blue Badge

Chronically Sick and Disabled Persons Act 1970

The Blue Badge Scheme

Parking Concessions for Disabled and Blind People

This application form should be used to apply for a new Blue Badge or to renew an existing Blue Badge.

When renewing an existing Blue Badge you are advised to apply at least 28 days before the expiry date to allow time for it to be processed. Please be advised that you may not automatically qualify for a renewal.

If your medical condition is terminal, please consult your involved Health Professional, for example, Macmillan Nurse, District Nurse or GP, as you may be eligible for a “fast tracked” application.

Please complete all relevant sections of the application form and provide the following supporting evidence with your application (all proof of evidence should not be more than 12 months old):

- Proof of ID, for example, a birth certificate, marriage certificate, valid driving licence or passport
- Proof of residency, for example, a utility bill, Council Tax bill or tenancy agreement
- One recent passport-standard photograph which must be taken within the month prior to the date of the application
- £10.00 fee (this is refundable if your application is not successful)

- If you answered yes to any question in Part B, further evidence is required:
 - If you are registered blind, a copy of the Certificate of Vision and the name of the local authority with which you are registered
 - If you receive the higher rate mobility component of the Disability Living Allowance, a copy of the official letter confirming how long it has been awarded
 - If you receive 8 points or more under the ‘Moving Around’ activity of the Mobility Component of Personal Independence Payment, a copy of the official letter showing how many points you received and how long it has been awarded
 - For War Pension Mobility Supplement, an official letter confirming award of War Pensioner’s Mobility Supplement
 - If you have been awarded a benefit under the Armed Forces Compensation Scheme please provide a letter from the Service Personnel and Veteran’s Agency confirming that you are in receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation Scheme) Order 2011 and that you have been assessed by the Service Personnel and Veteran’s Agency as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

When providing any of the above evidence please send photocopies. If you do send original documents and would like them to be returned, please let us know. However, the Council cannot accept responsibility for any original documents that are lost in the post.

See overleaf...

Further information about the Blue Badge scheme can be found on the Council's web site www.redcar-cleveland.gov.uk and the Department of Transport web site www.dft.gov.uk.

Telephone enquiries: 01642 774774

Email enquiries: carparking@redcar-cleveland.gov.uk

Postal Address:

Redcar and Cleveland Borough Council, Economic Growth, Licensing & Parking Service, Redcar & Cleveland House, Kirkleatham Street, Redcar, TS10 1RT

Cheques or Postal Orders must be made payable to Redcar & Cleveland Borough Council

Important notes regarding eligibility subject to further assessment

If you answered no to all questions in Part B you may still be eligible for a blue badge, please read the notes below carefully. All applications under Part C are considered carefully. You may be asked to provide medical evidence of your disability, or have a medical assessment.

- You may qualify for a badge if you cannot walk or you can only walk with severe difficulty and would find it otherwise impossible to visit shops, public buildings or other places.
- Badges will not be issued to people who have a severe disability in both arms but who travel solely as a passenger, or if your disability only causes difficulties when carrying objects such as luggage/bags/parcels.
- Only people with permanent disabilities will qualify for a badge. People with temporary disabilities such as a broken leg or waiting for surgery will not qualify for a badge.
- People with a behavioural or psychological disorder will not normally qualify for a badge unless their impairment causes very considerable difficulty in walking all the time due to a physical condition.
- Medical conditions such as asthma, autism, Chron's disease, incontinent conditions and Myalgic Encephalomyelitis (ME) do not in themselves qualify an applicant for a badge. Applicants with these conditions will only qualify if they are in receipt of the higher rate mobility component of the DLA or PIP, or cannot walk, or have severe difficulty in walking in addition to their conditions.

Application Form

Admin Use Only

Receipt No.	
Amount £	
Cheque No.	

Part A - Applicant details

1	Type of application	<input type="checkbox"/> New <input type="checkbox"/> Renewal*	*Expiry Date	<input type="text"/>
2	Existing badge number	<input type="text"/>		
3	Name and title	<input type="text"/>		
4	Address	<input type="text"/>		
		<input type="text"/>		
5	Post code	<input type="text"/>		
6	Telephone number	<input type="text"/>		
7	Email address	<input type="text"/>		
8	Name at birth (if different)	<input type="text"/>		
9	Place of birth (town and country)	<input type="text"/>		
10	Date of birth	<input type="text"/>		
11	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Part B - Eligible without further assessment

1	Are you or your child registered as blind under the National Assistance Act 1948?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2	Do you or your child receive Disability Living Allowance or Personal Independence Payments (refer to the guidance at the front of this form for the level of the award) or do you use a specially supplied motor vehicle?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3	Do you receive War Pension Mobility Supplement?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
4	Have you been awarded a benefit under the Armed Forces Compensation Scheme?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

****If you answered yes to any of the above questions you must provide the relevant supporting evidence as specified in the guidance at the front of this form.***

If you have provided the necessary evidence you do not have to complete Part C, please sign the declaration at Part D.

If you have answered No to the above questions, please continue to Part C.

Part C - Eligible subject to further assessment

Please refer to the 'Important notes regarding eligibility subject to further assessment' at the beginning of this document.

If you consider that you or your child have a permanent and substantial disability, which means that you either cannot walk or have very considerable difficulty in walking, please complete the following questions:

1	What is your, or your child's, disability (please give details)?	
	Details:	
2	Describe the symptoms that you or your child has. Include details such as the help needed with walking or how this affects mobility.	
	Details:	
3	Has your GP/Specialist recommended or booked any joint replacement operations, if yes what date has been set?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date and additional information:	
4	Have you had a joint replacement in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please specify the date.	
	Please specify the name, address and contact number of the GP / Occupational Therapist.	
	Please tick the box to give us permission to contact your GP / Occupational Therapist.	<input type="checkbox"/> Yes

5	Do you or your child use any of the following items to help you walk (tick each box that applies)?
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- Major buggies Walking stick Walking frame Crutches Splints
 Wheelchairs Other (please specify): _____

6	How far can you or your child walk before needing to stop and rest, before feeling severe discomfort or before your child needs to be carries?
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Distance in metres:	
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Note: ask someone without a disability to walk with you or your child to pace the distance you walk – the average adult step is less than one metre. Therefore, 100 steps is approximately 90 metres.

7	Do you or your child generally go out alone or do you need to be accompanied by someone for support (tick one box)?
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<input type="checkbox"/> Go out alone <input type="checkbox"/> Need help from another person
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8	How long do you think your walking difficulties will last (tick one box)?
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<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> Longer

9	Do you have difficulty using stairs or steps, if yes provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details:

10	Do you have any adaptations of special equipment to assist with your activities of daily living, if yes provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details:

11	Can you manage tasks such as housework, shopping or gardening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, who would carry out these tasks for you?	
	If yes, describe what you do and any difficulties that you have:	

You may also qualify if you meet the following criteria

12	Do you regularly drive an adapted vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you have a severe impairment in both arms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Do you have considerable difficulty operating some types of parking meters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes to question 12, 13 or 14 please describe your disability and the difficulty it causes you:	

Your child may qualify if they are less than 3 years of age and meet the following criteria

15	Does your child have a medical condition that requires you to transport bulky medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Does your child have a medical condition that requires you to remain close to a vehicle in order to administer urgent treatment to your child inside of the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Does your child have a medical condition that requires you to remain close to a vehicle in order to drive urgently to access a place of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **yes** to question 15, 16 or 17 please describe your child's disability/illness and their symptoms, equipment and treatment:

If you think there is any further information that will support your application, please state in the box below

Part D - Declaration

This authority is under a duty to protect the public funds it administers, and to this end may use the information you provide on your application form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I declare that to the best of my belief all statements and information given on this form are true.

Sign: _____ Date: _____

Please PRINT name:

If you are signing on behalf of the applicant, please state in what capacity you are authorised to act on their behalf: (e.g. Attorney, Deputy)

HOW WE COLLECT AND USE INFORMATION

The information collected on this form, and from supporting evidence, by Redcar and Cleveland Borough Council will be used to process your application. The information may be passed to the Department of Social Security, Employment Service and Inland Revenue as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities.

We will not disclose information about you to anyone outside Redcar and Cleveland Borough Council nor use information about you for other purposes unless the law permits us to. Redcar and Cleveland Borough Council is the Data Controller for the purposes of the Data Protection Act 2018. If you want to know more about what information we have about you, or the way we use your information, you can ask at; Licensing & Parking, Redcar & Cleveland House, Kirkleatham Street, Redcar, TS10 1RT.