



The Blue Badge Scheme

Application for persons aged over 3 years **Improving life for local people**

Official Use Only:

Serial Number _____ Date Received ____/____/____

Data Protection Act 1998

The personal information on this form is to be kept safe, and is protected by Law.

This means that:

- We only use it for the purpose given on the form
- We only share it with people who need to know it
- We only keep it for as long as we have to
- You have the right to see the information we hold about you

Section A

Personal Details - (Please complete all of this section with the applicants details)

First name: _____ Surname: _____

Surname at Birth: _____ Date of Birth: ____/____/____

Town of Birth: _____ Country of Birth: _____

*Mr/Master/Mrs/Miss/Ms or Other: _____ (*delete as appropriate)

Address Line1: _____

Address Line2: _____

Town: _____ Postcode: _____

Daytime or mobile telephone no: _____

National Insurance Number: _____

Confirmation of Address: Please supply a PHOTOCOPY of **one** of these as proof of address issued within the last twelve months: Utility Bill, Driving Licence, Council Tax Bill, Bank Statement, Pension Book or Medical Card **(this documentation will not be returned)**

Confirmation of Identity: Please supply a PHOTOCOPY of **one** of these as proof of identity Passport, Driving Licence, Gold Card (bus pass), Marriage, Birth or Adoption certificate. **(this documentation will not be returned)**

Photographs: Please enclose a passport style photograph of the Blue Badge Applicant. Photos older than three years are not acceptable.

Please note: should you have difficulty in obtaining any of the above information then please contact Call Derbyshire on 01629 533190 who will be able to assist.

Section B - Automatic Eligibility (without further assessment)

Anyone who is able to provide evidence to confirm that they meet any of the following 4 criteria will automatically be entitled to a Blue Badge.

1.

People who are severely sight impaired (blind)				
Are you registered as blind (severely sight impaired)?	Yes:		No:	
If YES, please state which local authority you are registered with:				
If YES, do you give consent to us to check the local authority's register of blind people to see whether your disability is already known to the council?	Yes:		No:	

If you are not registered with Derbyshire County Council then please send a copy of your registration card to the address shown on the back page of this form

2.

People who receive the <u>Higher Rate</u> Mobility Component of Disability Living Allowance				
Do you receive the <u>Higher Rate</u> Mobility Component of Disability Living Allowance?	Yes:		No:	
If YES, have you been awarded this benefit indefinitely?	Yes:		No:	
If NO, when is your award of this benefit due to end?				
If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance, you must enclose a copy of the original letter of entitlement to this benefit issued within the last twelve months				
A copy of this letter can be obtained by contacting the DWP on 03457 123456				
I have enclosed proof of my award for the <u>Higher Rate</u> Mobility Component of Disability Living Allowance	Yes:		No:	

3.

People who receive the Personal Independence Payment (PIP) and you have been awarded at least 8 points for 'moving around' (standing and walking), your PIP award letter should show details of the points awarded and length of award.				
Do you receive the mobility component of the Personal Independence Payment.	Yes:		No:	
If YES, have you been awarded this benefit indefinitely?	Yes:		No:	
If NO, when is your award of this benefit due to end?				
If you are in receipt of the mobility component of the Personal Independence Payment, you must enclose a copy of the original letter of entitlement to this benefit issued within the last twelve months. A copy of this letter can be obtained by contacting the DWP on 03457 123456				
I have enclosed proof of my award for the mobility component of the Personal Independence Payment.	Yes:		No:	

4.

People who receive the War Pensioner's Mobility Supplement				
Do you receive the War Pensioner's Mobility Supplement?	Yes:		No:	
If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a copy of an original letter of entitlement to this benefit. 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.				
People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme				
Do you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?	Yes:		No:	
If you are in receipt of the above mentioned awards under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will issue you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose a copy of the original 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 questions 1, 2, 3 or 4, please read and sign the **DECLARATION (Section D)** and then go to the **CHECKLIST (Section E)**

If you have answered **NO** to all questions above you may still be eligible for a badge subject to further assessment. To apply under the further assessment process please complete section C (overleaf) and the remainder of the form.

Section C

If you do not qualify for a Blue Badge under **section B** then you must complete this section.

We will contact you by telephone during office hours to obtain further information about your disability; we may also refer you for an independent assessment. If there are any reasons why we cannot contact you by telephone or **if you would prefer us to contact someone on your behalf then please provide this information in the box below:**

- **Please state the main cause of your disability in the box provided below. To qualify for a Blue Badge you must have a permanent and substantial disability that means that you cannot walk or that you have considerable difficulty walking (for example, Arthritis) or regularly drives an adapted or non-adapted vehicle and has a severe disability in both arms and is unable to operate, or has considerable difficulty operating, all or some types of parking meter**
- **Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease/incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible for a badge, but only if they are in receipt of Higher Rate Mobility Component of Disability Living Allowance on account of their condition or are unable to walk or have very considerable difficulty in walking, in addition to their condition.**

Section D

Declaration

1. I declare that, to the best of my knowledge, all of the information I have provided is correct
2. I understand that I must let Derbyshire County Council know of any changes that could affect the applicants entitlement to a Blue Badge **as soon as possible**
3. I agree to Derbyshire County Council contacting an accredited health professional (i.e Consultant, Specialist), if necessary, for the purpose of obtaining information to support the applicants application and I am authorised to consent to Derbyshire County Council sharing the information provided with the applicants application to the health professional.
4. I agree to Derbyshire County Council sharing information on this form with other local authorities responsible for Blue Badge schemes and with parking enforcement agencies for the purpose of preventing and detecting crime.
5. I agree to pay a fee of £10.00 should my application be successful. Details of how to pay this charge are provided in a letter which is sent to successful applicants.

Signed_____

Date_____

Please complete the section below if you are completing this application form on behalf of the applicant

I.....am filling in this form on behalf of the applicant with their consent, where this is possible. I am satisfied that this application is in the applicants best interests. I have explained (where possible) to the applicant what I am doing and I know of no objection to the uses of information proposed in the form.

Please sign your name:

Date

Section E

Checklist

I have enclosed: -

Evidence of applicants address

Evidence of applicant's identity

Evidence of applicant's Higher Rate of the Mobility Component of Disability Living Allowance/Personal Independence Payment, War Pensioners' Mobility Supplement (where applicable) or receive a benefit under the Armed Forces and Reserve Forces (Compensation Scheme) (**only if applicable**)

A passport style photograph of the applicant (Photos older than three years old are not accepted) with name printed and signed on the back

Applications **WILL NOT** be dealt with in person

Photographs

The photograph needs to show the applicants full face so that the holder can easily be identified.

No one else should be in the photograph.

Please return this form to:

**Blue Badge Section, Adult Care,
County Hall, Matlock, DE4 3AG**

**Please
attach
photo
here**

Data Protection Law

Data Protection Law requires us to tell you how we will use the information you have provided as part of your application. The information we ask for helps us decide whether you are entitled to a disabled person's car badge, unless otherwise stated. Derbyshire County Council will hold the information you have given.

The Chronically Sick and Disabled Persons Act 1970 forms the basis of identifying what information we collect to enable a decision to be made. This process is covered by section 21 of the Act and regulations made under it.

Derbyshire County Council is under a duty to protect the public funds we administer, and to this end may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.