

**Surrey County Council  
Blue Badge Application Form  
Disabled Person's Parking Badge**



**This form can be used to apply for a new blue badge or to renew an existing blue badge.**

**The fastest and most secure way to apply for a blue badge is to do it online. You can check your eligibility, apply and pay for a blue badge at:**

**[www.gov.uk/apply-blue-badge](http://www.gov.uk/apply-blue-badge)**



**Checklist – This is what you will need to provide.**

**New Applicants only**

**Proof of identity**

**All Applicants**

**Proof of address**

**Photo**

**Payment**

**Evidence of automatic entitlement  
(if applicable)**

**Please keep pages 1 and 2 for your own reference.  
For further details of all these items see last page.**

**Who is eligible for a blue badge?** There are 2 types of eligibility.

1. Eligible without further assessment, or automatic eligibility, see page 5 for details.
2. Eligible subject to further assessment. If you are not automatically eligible you will need to answer all the questions about your mobility on page 6.

You are welcome to provide further supporting evidence from your doctor and we may ask you to attend an independent walking assessment. You can check your eligibility and apply for a blue badge online at [www.gov.uk/apply-blue-badge](http://www.gov.uk/apply-blue-badge)

### **Walking assessment**

There is no charge for a walking assessment and if needed we will arrange this.

### **What happens if I am refused a blue badge?**

You will receive a letter explaining why your application was refused. If you are unhappy with the decision you can ask for it to be reviewed but only if you can provide additional information or your mobility has significantly deteriorated.

### **Can I complete the form on behalf of someone else?**

Yes, you can be the applicant's representative, but all the details, photograph and supporting documents must be of the applicant.

### **How long will it take?**

Please allow a turnaround time of 4 - 6 weeks.

### **What will I receive?**

If your application is successful you will receive a badge, a parking clock and a booklet explaining the rights and responsibilities of a blue badge holder and details of where you can or cannot park.

### **Lost/Stolen badges?**

If your badge has been lost, stolen, or is unreadable, you will need to request a replacement blue badge which will be valid for the same period as the original. The cost is £10. Lost and stolen badges must be reported to the police who will give you an incident or police reference number. You can apply for a replacement online at [www.gov.uk/apply-blue-badge](http://www.gov.uk/apply-blue-badge)

### **What do I do with my old badge?**

Please cut the badge in half and return it to us.

### **Feedback**

If you wish to give feedback you can write to the address below or visit [www.surreycc.gov.uk/contact us](http://www.surreycc.gov.uk/contact-us) Complaints should be addressed to the Blue Badge Team Manager.

Completed application forms should be sent, with all the items required, to:-

Blue Badge Team  
Surrey County Council,  
County Hall,  
Penrhyn Road,  
Kingston upon Thames,  
Surrey KT1 2DN

Tel: 0300 200 1003

July 2015

# Blue Badge Application New or Renewal

Disabled Person's Parking Badge



**Title**

**Surname**

**First names**

**Male**  **Female**

**Current Badge (if applicable)**

Badge Number

Expiry date

Which council issued the badge?

## PART 1. Your Personal Details

Data Protection Act 1998. Please read declaration in Part 8 before completing this form.

Date of birth  Age

Surname at birth

Town of birth

Country of birth

National Insurance No.

Address & Postcode

Home phone No.

Mobile No.

Email   
We use emails or send a text to remind you when your badge is expiring.

Office use only	<b>Fee</b>	<b>Photo</b>	<b>POI</b>	<b>POA</b>	<b>Documents</b>	<b>Signed</b>	<b>DATE</b>	
-----------------	------------	--------------	------------	------------	------------------	---------------	-------------	--

## **PART 2. Details of your representative**

Please complete this **ONLY** if you are applying on behalf of someone else, please give your details

Title

Surname

First names

Address  
& Postcode

Phone No.

Mobile No.

Email

Your relationship to  
the applicant

Correspondence to go to the representative

or the applicant

**Badges will be sent to the applicant.**

## **PART 3. Terminal illness**

Have you been diagnosed with a terminal illness?

Yes

If yes, please give details on a separate sheet with

evidence from your hospice or send a copy of form DS1500

## **PART 4. Vehicle registration**

Please nominate up to 3 vehicle registration numbers for the main cars in which you intend to use the Blue Badge (but any other vehicles can be used)

← 3.5cm →

## **PART 5. Colour photo**

Your photo must have been taken  
in the last 6 months. Please write your name  
on the back of the photo.

(As your photo will be printed on the blue badge  
it must be clear, recently taken and in colour)

↑

4.5cm

↓

Please  
attach your  
photo here

## **PART 6. Eligible without further assessment**

Are you Registered Severely Sight Impaired (Blind)?

Yes

Which local authority are you registered with?

Your registration number:

Please send us a copy of your certificate or BD8 form.

### **B) Do you receive the Higher Rate for Mobility of Disability Living Allowance?**

Yes

Have you been awarded this indefinitely? Yes

If not, when does this benefit end DD/MM/YY

NO other benefits are relevant to this question.

You **must** enclose a copy of the full letter of entitlement issued in the last 12 months Department of Work & Pensions (DWP) can be contacted on Tel: 03457 123456.

### **C) Do you receive Personal Independence Payment (PIP) at 8 points or more for the "Moving Around" criteria?**

Yes  If Yes, when does this benefit end

Please provide a copy of all the pages of the letter of entitlement issued in the last 12 months by the DWP.

### **D) Do you receive War Pensioners' Mobility Supplement**

or a lump sum benefit from the Service Personnel and Veterans Agency (SPVA) within tariffs 1-8 inclusive under the Armed Forces Compensation Scheme, for a permanent and substantial disability causing inability or very considerable difficulty in walking?

Yes  AFIP does not automatically qualify you for a badge  
SPVA can be contacted on 0800 169 2277

If you have answered YES to any of the above you MUST provide a copy of your official letter of entitlement. Please note that we may check this with the DWP

**Now go straight to part 8.**

## **PART 7. Eligible subject to further assessment**

### **7a. Unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability**

#### **Please answer all the questions**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| I can walk well, including recreational walks           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I can walk around the supermarket to do my own shopping | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I can walk and can use public transport for local trips | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I can walk but struggle with longer distances           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I can walk but use a wheelchair for longer trips        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I can climb a flight of 12 stairs                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Can you walk at all?                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you walk with excessive labour?                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please tell us about your condition or disability and how it affects your walking:

Is your condition permanent? (likely to last 3 years or more) Yes  No

Is the stated disability expected to improve on its own or with surgery or therapy? Yes  No

Date of expected surgery/treatment:

Please describe the surgery/treatment, how may it improve your mobility.

Do you get breathless when walking more than a few minutes? Yes  No

Do you get out of breath when walking 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 after dressing? Yes  No

Do you walk with severe breathlessness? Yes  No

Please explain why or what causes your severe breathlessness:

**How do you walk? Please tick the boxes that best describe how you walk.**

**Normal**

**Adequate:** you walk with a slight limp

**Poor:** a heavy limp  a stiff leg  shuffle  balance problems

**Extremely poor:** you drag your leg  or stagger

Please provide further details:

**How far can you normally walk?**

Walking without assistance, including any short stops, before you feel severe discomfort such as severe breathlessness, pain, extreme tiredness, muscle spasms or stress?

I can walk:- ..... metres/yards in .....minutes

What stops you from walking any further?

.....  
.....

(Here is some guidance to help you:-

- The average double-decker bus is about 11 metres/12 yards long.
- A tennis court is about 24 metres/26 yards long

Are you able to continue walking after a short rest? Yes  No

Do you have any adaptations/equipment in your home to aid your mobility such as stair lift, grab rails, level access shower? Yes  No

Please describe what adaptations/equipment you use.

**Do you use any walking aids? Please tick the boxes that apply to you.**

Manual wheelchair	<input type="checkbox"/>	Rollator	<input type="checkbox"/>
Powered wheelchair	<input type="checkbox"/>	1 Elbow crutch	<input type="checkbox"/>
Walking stick	<input type="checkbox"/>	2 Elbow crutches	<input type="checkbox"/>
Walking sticks	<input type="checkbox"/>	Artificial limbs	<input type="checkbox"/>
Walking frame	<input type="checkbox"/>	Always need assistance of another person	<input type="checkbox"/>

Were your walking aids prescribed by a professional? Yes  No

Please describe how dependent you are on these walking aids and how often they are used:

**Do you walk with excessive pain?** Yes  No

**Are you seeing or attending a clinic for pain relief?** Yes  No

**Are you taking pain medication for your medical condition?** Yes  No

Please list the pain medication you are taking and how frequently you need it:

**General Practitioner (GP's) details.**

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>



**Have you seen anyone else in connection with your illness/disability in the last 12 months, other than your GP?**

**e.g. Occupational therapist, physiotherapist, consultant.** Yes  No

Full Name:	<input type="text"/>	
Profession/specialist	<input type="text"/>	
Professional address including postcode	<input type="text"/>	Telephone <input type="text"/>
Last appointment date:	<input type="text"/>	

When you last saw a medical professional which illnesses/disability did you see them about?

If you wish you may provide further information from your doctor or consultant to confirm your mobility problems. Occasionally we may request further information from them.

**7b. Applying on behalf of a child aged under three**

To qualify for a blue badge the child must have one of the following two conditions.

- a condition always requiring transportation of bulky medical equipment **OR** Yes
- a condition that requires that they must always be kept near a motor vehicle in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated. Yes

Please give details about the child's medical condition and provide a supporting letter from a medical professional.

**7c. Applying due to severe disability in both arms – To qualify for a blue badge in this criteria you must satisfy all 3 statements**

1. Do you have a valid driving licence and regularly drive an adapted or non-adapted vehicle? Yes   
If Yes, please provide Driving Licence No.
2. Do you have a severe disability in both arms and Yes
3. Are you unable to operate or have considerable difficulty operating all or some types of parking meter Yes

Please describe your disability/mobility problem giving details of adapted vehicles & explain any difficulties you have operating parking meters/machines on a separate sheet of paper.

## **PART 8. Declaration and signature**

All applicants must read and sign the following:

- **I confirm that as far as I know the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information.**
- I understand that I must not hold more than one valid Blue Badge at any time.
- I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.
- I confirm that the photograph I have submitted is a true likeness of myself.
- I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I will use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme: rights and responsibilities” booklet which will be sent to me with the badge.
- I agree to the local authority contacting an accredited healthcare professional, social worker, care manager if necessary, for the purpose of obtaining further information regarding my application.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
- I/My representative understands that the information supplied on this form may be shared with other authorities and agencies who are involved in ensuring compliance with the blue badge scheme (e.g. parking enforcement agencies, emergency services and the police) in accordance with the Department for Transport's blue badge guidelines and the law.
- I understand that this information will be stored on paper and on computer and the data will be owned by Surrey County Council and will be kept secure and confidential in accordance with the Data Protection Act 1998. I can ask to see information held about me at any time.
- I agree to the disclosure of the information included in this form to other council departments/ service providers so that I can be informed about other council services that may benefit me.
- **I understand that the misuse of a blue badge may constitute a criminal offence leading to prosecution (maximum penalty £1000) and permanent withdrawal of the badge by Surrey County Council.**

Name

Signed

Date

Cont.....

## **PART 9. Checklist**

<p><b>NEW Applicants only must send:</b></p>	
<p><b>Proof of Identity</b> - All <b>NEW</b> applicants must provide <b>one photocopy</b> of an identity document endorsed/signed by a professional person. The person endorsing should write:  <b>“This copy is a true likeness of the original”</b> They must sign, date and state their occupation. Do NOT send originals.</p>	<input type="checkbox"/>
<p><b>ALL Applicants must send:</b></p>	
<p><b>Proof of Address</b> - <b>one photocopy</b> of a document showing current address dated within the last 3 months. This can be a copy of your council tax bill, rent book/tenancy agreement, utility bill, a copy of a prescription or a letter from the pension service.</p>	<input type="checkbox"/>
<p><b>Photo</b> - All applicants must supply a colour photo clearly showing your face. Please write your name on the back of it. The photo must not be older than six months.</p>	<input type="checkbox"/>
<p><b>Payment</b> - The fee is £10. Cheques should be made payable to Surrey County Council the fee is only taken if your application is successful.</p>	<input type="checkbox"/>
<p><b>Evidence</b> - If you have applied under part 6 the automatic entitlement please send in a copy of the official evidence.</p>	<input type="checkbox"/>

**JULY 2015**