

# Blue Badge Application/Renewal Form



For office use only

Method of payment	Prescription	P&C	A&I
Refusal	Appeal Fail	Incomplete	DWP
Applicant ID	CC	P&S	Carefirst

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

We may refuse to issue a badge if you do not provide adequate evidence that you meet the criteria.

Please note applications usually take 8-10 weeks to process.

## Section 1

### Information about you the blue badge applicant

If you are completing the form on behalf of a child who is aged 16 years or under, please provide their details in appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in the guidance notes enclosed with this application form.

Title (Mr, Mrs, Miss, Ms)	<input type="text"/>
First name(s) (in full)	<input type="text"/>
Surname	<input type="text"/>
Surname at birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Identify in a different way
Please state the gender you identify with:	<input type="text"/>
Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Place of Birth (Town and Country)	<input type="text"/>
National Insurance Number	
(National Insurance Numbers start with two letters, followed by six numbers then another letter.)	
<input type="text"/>	
Driving Licence Number (If you hold a driving licence)	
<input type="text"/>	

## Current address

Address

Postcode

Home Phone

Mobile

Email

## Previous address (if different in the last three years)

Address

Postcode

## Do you currently hold a Blue Badge?

Yes

☐

No

☐

## If you already have a Blue Badge:

Which local authority issued you with the badge?

What is the serial number on the current badge?

What is the expiry date of the current badge?

## Proof of your address

**We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options:**

☐

I give consent to the local authority to check my personal details on the local authority's database so that I do not need to submit proof of address.

**Or,**

**Please supply a photocopy of ONE of the following which is dated within the last three months as proof that you live at the address stated.**

☐

Council Tax bill for the **current** year only

☐

Utility Bill

☐

Mortgage statement

☐

Signed Tenancy Agreement

☐

Solicitors letter of Completion of Sale

☐

Benefits / Pension Book

☐

Latest Pay slip from current employer IF name and address is shown.

☐

Letter from Inland Revenue or DSS

☐

Letter from local council Tax or Benefits Office

☐

Bank Statement

Whichever one you provide, it must be **dated within the last three months** to show that it is your current address.

## Proof of your identity

You must attach a photocopy of one of the following as proof of your identity this must show your current name:

- ☐ Photo style driving licence (current or expired)
- ☐ Passport (current or expired)
- ☐ Marriage / Divorce certificate
- ☐ Civil Partnership/Dissolution certificate
- ☐ Birth certificate/adoption certificate - **If your birth certificate does not show your current name you will need to provide a copy of another document listed**
- ☐ Change of Name by Deed Poll Certificate)

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge.

## Photographs

Please enclose one colour passport style photograph of yourself taken within the last 6 months. The photograph needs to show the applicants full face so that the badge holder can be easily identified and no one else should be in the photograph. 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 your name is on the back of the photograph and you complete Section 7(b) of the application form to confirm that the photograph is a true likeness. You can also take a photograph on a digital camera or smartphone and email it to [bluebadgeparking@brighton-hove.gov.uk](mailto:bluebadgeparking@brighton-hove.gov.uk).

- ☐ Please tick here if you are emailing a photograph

## Badge issue fee

Payment of £10.00.

(Cheques or Postal orders should be made payable to Brighton & Hove City Council and you may also pay with cash if the application form is handed into the Customer Service Centre at Hove Town Hall).

See section 1 of the accompanying Guidance Notes

Please nominate the vehicle registration number for the main cars in which you intend to use the Blue Badge:


(Up to three registration numbers should be nominated, but please remember that other vehicles can be used)

## Section 2

### Questions for ‘without further assessment’ applicants

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
- receive Higher rate of the Mobility Component of Disability Living Allowance;
- receive the appropriate components of Personal Independence Payment;
- receive a War pensioner's Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

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

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 Severely Sight Impaired register 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 Mobility Component of Disability Living Allowance

Do you receive the Higher Rate 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 provide a photocopy of a letter showing entitlement to this benefit issued within the last **twelve months**. If you need a new letter please contact the DWP on 03457 123456. Failure to provide this documentation will cause a delay to your application.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

I have enclosed proof of my award for the Higher Rate Mobility Component of Disability Living Allowance.

Yes

☐

No

☐

## 2c) To be completed by people who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Do you receive 8-12 points in the 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)?

Yes

☐

No

☐

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 that you receive 8-12 points for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose a photocopy letter of entitlement to this benefit issued within the last 12 months. If you need a new letter please contact the Department for Work and Pensions (DWP) on 0345 850 3322. Failure to provide this documentation will cause a delay to your application. Please note we may check that you are in receipt of this award with the DWP.

## 2d) To be completed by people who score the specific points stated below in the 'Planning and Following' a journey descriptor of the Mobility Component of Personal Independence Payment (PIP)

Do you score **10 points** in the 'Planning and Following a journey' descriptor for the Mobility Component of Personal Independence Payment. **Because you specifically 'Cannot undertake any journey because it would cause overwhelming psychological distress'**

Yes

☐

No

☐

Have you been awarded this benefit for an ongoing period?

Yes

☐

No

☐

If no, when is your benefit due to end?

DD / MM / YYYY

If you do score the 10 points outlined above in the "planning and following journeys" part of the assessment, you need to attach a copy of every page from the award letter from DWP. It should be dated in the past 12 months and show your entitlement to PIP, assessment scores (including the mobility scores). If you need a new letter please contact the Department for Works and Pensions (DWP) on 0345 850 3322. Failure to provide this documentation will cause a delay to your application. Please note we may check that you are in receipt of this award with the DWP.

## 2e) 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 photocopy of the letter of entitlement to this benefit dated **within the last 12 months**. 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.

## 2f) 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 the original 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 this section please go to section 7 on page 17.**

## 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 an enduring and substantial disability which means you are **unable to walk**; or you have **very considerable difficulty whilst walking**;

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

Do you have a medical condition or disability that affects your ability to walk?

☐

**Yes** - Please provide independent verification of your disability or condition.

This could be a letter from your GP, Consultant, a hospital report with your diagnosis or a patient summary which can be obtained from the Receptionist at your GP surgery. We prefer existing letters but if you do not have any of the above and request a new letter please note your GP may charge you. Please include as much information as possible.

☐

**No** – Blue Badges are only issued to people who:

- Cannot walk or have very considerable difficulty whilst walking
- Suffer very considerable psychological distress whilst walking, are at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person - if this applies to you please complete section 4.

Please describe:

- Any medical conditions or disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.

Medical conditions / disabilities

Please describe:

- Any surgeries, courses of treatment or specialist clinics you have undergone in relation to each medical condition or disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment.

Surgeries / courses of treatment / specialist clinics

Dates you received this treatment

Do you take medication?

☐

**Yes - Please provide us with a full copy of your current prescription.** This can either be a photocopy of the list which is provided each time you get a new prescription or a print out from your surgery.

☐

**No - Please provide independent verification of your disability or condition.**

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes ☐ (please explain what you are taking and how frequently you need it, below) No ☐

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 described above?

☐

Recuperating from surgery in relation to the conditions described above?

☐

Awaiting further treatment for any of the conditions described above?

☐

Managing your condition or disability since you have been advised it is not expected to improve any further?

☐

None of the above

Do you anticipate that your condition 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 condition to improve...

How do the conditions or disabilities you described above affect your ability to walk?



**Please tick whichever of the following statements describe your general walking ability:**  
(Please tick whichever options 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 my 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?**

(Please tick the option which applies to you)

Yes

☐

No

☐

(please describe the help you need in the space below)

**Where, in your local area, can you comfortably walk to from your home?**

(Please state a specific location or landmark which could be found on a map, e.g. 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.

☐

Other

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

Do you usually use any of the following when you are walking?

(Please tick whichever options apply to you)

☐

1 elbow crutch

☐

Walking frame (Zimmer frame)

☐

2 elbow crutches

☐

Rollator

☐

1 walking stick

☐

Wheelchair

☐

2 walking sticks

☐

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):

Please Tick the statement that applies)

### How far can you walk before you feel severe discomfort?

- |  |  |
|--|--|
| <input type="checkbox"/> I cannot walk at all  | <input type="checkbox"/> I can walk 100 metres which is the length of a full size football pitch                             |
| <input type="checkbox"/> I can walk 11 metres which is the length of a double-decker bus | <input type="checkbox"/> I can walk 150 metres which is the size of the perimeter of an Olympic swimming pool                |
| <input type="checkbox"/> I can walk 23 metres which is the length of a tennis court      | <input type="checkbox"/> I can walk 500 metres   |
| <input type="checkbox"/> I can walk 31- 40 metres which is the size of a bowling green   | <input type="checkbox"/> I can walk 1 mile or 1600 metres which is the distance between the West pier site and Brighton pier |
| <input type="checkbox"/> I can walk 41- 65 metres  | <input type="checkbox"/> I have no difficulty walking distance   |
| <input type="checkbox"/> I can walk 66- 99 metres  |  |

### What speed do you walk at?

- |   |  |
|---|--|
| <input type="checkbox"/> I walk at a brisk pace of over 90 metres a minute                    | <input type="checkbox"/> I walk at a slow pace of 40 – 50 metres within one minute |
| <input type="checkbox"/> I walk at a normal pace of 90 metres a minute                        | <input type="checkbox"/> I walk extremely slow of 30 – 40 metres within one minute |
| <input type="checkbox"/> I walk at a slow to average pace of 60 – 70 metres within one minute | <input type="checkbox"/> I cannot walk at all                                      |

### Do you suffer from breathlessness?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No - Please go to Section 6 |
|------------------------------|--|

### What medical condition have you been diagnosed with that causes breathlessness?

### What medication do you take in relation to your breathlessness?

### If you do not take any medication please provide verification of this diagnosis

Please tick all the boxes below that best describe how breathlessness affects you.

- |  |  |
|--|--|
| <input type="checkbox"/> You are prescribed medication for breathlessness which controls it adequately                     | <input type="checkbox"/> You have to stop for breath, even when walking on your own at a slow pace on level ground |
| <input type="checkbox"/> You are troubled by shortness of breath when hurrying on level ground or walking up a slight hill | <input type="checkbox"/> You get breathless when moving around your own home                                       |
| <input type="checkbox"/> You get short of breath when walking with other people of your own age on level ground            | <input type="checkbox"/> You get too breathless to leave your home   |
|  | <input type="checkbox"/> The effort of getting dressed causes you to become breathless                             |

## Section 4

### Questions for 'subject to further assessment' for applicants with hidden or non-physical disabilities.

Section 4 should be completed if you, or the person on whose behalf you are applying, experience:

- Any 'non-physical' disabilities (such as very considerable psychological distress) which cause very considerable difficulty whilst walking as part of a journey.
- When walking as part of a journey, you pose a risk of serious harm to yourself or others.

Do you have a 'hidden' or 'non-physical' condition or disability causing you to struggle with journeys?

☐

Yes - continue to answer the questions in section 4 **and please provide independent verification of your disability or condition, this could be: a diagnosis letter, care plan, patient summary or educational health care (EHC) plan.**

☐

No - please continue to section 7.

- Please explain in your own words how your condition or disability affects you whilst walking during the course of a journey. If you know them, please state the medical conditions you have been diagnosed with.

Which of the following affects you while taking a journey? Please tick whichever options that apply to you.

☐

I am at risk near vehicles, in traffic or in car parks

When are you at risk?

☐

Sometimes

☐

Regularly

☐

Every journey

☐

I struggle to plan or follow a journey

Which does this apply to?

☐

Every journey

☐

Some journeys

☐

Unfamiliar journeys

☐

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

How often does this happen?

☐

Sometimes

☐

Regularly

☐

Every journey

☐

I regularly have intense responses to situations I find overwhelming causing temporary loss of behavioural control

How often does this happen?

☐

Sometimes

☐

Regularly

☐

Every journey

☐

I can become extremely anxious or fearful of open/public places?

How often does this happen?

☐

Sometimes

☐

Regularly

☐

Every journey

☐

Other

If you have responded 'other,' or some of the above do not apply to you please use the box below to explain, in as much detail as possible, how your disability or condition affects you.

Are you currently receiving any treatment or support to help manage your disability or condition?

Please use the box below to explain any treatments you have had and when you have received it.

- This could include a course of medication or therapy sessions.

If you know them please state the names and contact details of any health and social care practitioners involved in your diagnosis or ongoing treatment.

What coping strategies do you currently use to try and improve your journeys?

Please use the box below to list the strategies and how effective they are.

How would a Blue Badge improve taking a journey for you?

Please use the box below to describe these improvements.

## Section 5

### Questions for 'subject to further assessment' applicants with a disability in both arms.

These questions are intended for people who have answered NO to all of the questions in section 2, 3 and 4. Please note that you will only qualify for a Blue Badge under this criterion if you or the people on whose behalf you are applying:

- 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, then please consult the guidance notes enclosed with this application form.

Under this criterion Blue Badges are only issued to a person who meets all of the following: (a) drives a vehicle regularly; (b) has a severe disability in both arms; and (c) is unable to operate, or has considerable difficulty in operating, all or some types of parking meter'.

Do you **drive regularly**?

Yes

☐

No

☐

Do you have a **severe disability in both arms**?

Yes

☐

No

☐

Please **describe your medical condition**

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 6

### 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.
- 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 at the vehicle or taken quickly in the vehicle to a place where they can be treated.

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

**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 at 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

**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 7

### Further information, declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge.

#### 7a) Further information

Please include additional sheets if there is any further information you wish to provide which you feel is relevant to support your Blue Badge Application.

#### 7b) Mandatory declarations about the information you have provided and the application process

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 in this application form.

I confirm that the photograph I have submitted with my application is a true likeness.

I confirm that I do not currently hold a Blue Badge that has been issued by a different local authority.

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.

I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other local authorities, the police and civil enforcement officers to detect and prevent fraud.

I understand that the medical information I have supplied to support this application is deemed to be “sensitive personal data” and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.

I agree to the local authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake an eligibility assessment with an expert assessor who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme: rights and responsibilities” leaflet which will be sent to me with the badge.

## 7c) Optional declarations about the information you have provided and the application process

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 consent to the local authority checking any information already held by the Council's Social Care department on the basis that:

- It can help determine my eligibility for a Blue Badge
- It may speed up the processing of my application
- It may enable a decision to be made without the need for an eligibility assessment.

☐

I agree to the disclosure of the information included in this form to other council departments/serviceproviders so that I can be informed about other council services that may be of benefit to me.

## 7d) Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed because they are relevant to you. We have provided a checklist below to help remind you of what you need to enclose.

### Section 1 – Information about you

☐

Proof of your address or consent to check the local authority's database

☐

A photocopy of your proof of identity

☐

One recent passport-style photograph of yourself with your name on the back

☐

Cash, cheque or postal order for £10

### Section 2a – People who are severely sight impaired

☐

A copy of your ophthalmologists report/ CVI/BD8 form (if you have not given us consent to check the blind register)

### Section 2b – People who receive the Higher Rate Mobility Component of Disability Living Allowance

☐

A photocopy of your entitlement letter for Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months.

### Section 2c – People who receive the 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

☐

A photocopy of your entitlement letter for the 'Moving Around' Descriptor of Personal Independence Payment issued within the last 12 months.

**Section 2d - People who score 10 points in the 'Planning and Following a journey' descriptor for the Mobility Component of Personal Independence Payment. Because you specifically 'Cannot undertake any journey because it would cause overwhelming psychological distress**

☐

A photo copy of your entitlement letter for the 'Planning and Following a Journey' Descriptor of Personal Independence Payment issued within the last 12 months.

**Section 2e – People who receive the War Pensioner's Mobility Supplement**

☐

A photocopy of the letter of entitlement for the War Pensioner's Mobility Supplement

**Section 2f – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme**

☐

A photocopy of your award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

**Section 3 – People who are assessed for a blue badge because they do not automatically qualify**

☐

A photocopy of your current prescription or independent verification of your condition or disability.

**Section 6 – Children under the age of three**

☐

A letter from a healthcare professional that has been involved in the child's treatment; giving details of condition and type of medical equipment needed.

**7e) Your signature against the declarations in section 7b and 7c**

Your signature:\*

Date of application:

\*If you are signing on behalf of an adult, please provide proof that you are entitled to do so e.g. a power of attorney.

Please print your name here:

Did anyone help you fill in this form? If you are happy for us to contact them with any further questions please provide their details here:

Name

Phone Number

Relationship

Once complete please place the form backwards in the envelope provided so the address of the blue badge office is showing through the window. Unfortunately postage is not included.

**Please ensure you use the correct postage**

# Blue Badge Application Form - Guidance Notes

## Contact details:

**Address:** Blue Badge Team, Hove Town Hall, Norton Road, Hove, BN3 3BQ

**Email:** bluebadgeparking@brighton-hove.gov.uk | Phone: 01273 296270

**Website:** www.brighton-hove.gov.uk

## Section 1 - Information about you

This section asks for your personal details including name, date of birth, National Insurance number, address, telephone number and email address (where applicable). All fields should be completed.

There is a question for those who already have a Blue Badge which is due to expire shortly. The expiry date should be in the relatively near future, and two badges will not be valid for one applicant at the same time.

### Proof of your identity and address

You are required to provide proof of identity and address, in your current name.

Proof of identity will be in the form of a photocopy of your birth/adoption certificate, marriage/divorce certificate, photo driving licence or passport. A photocopy of one form of identity is required to be submitted with your application.

Proof of address will be in the form of a photocopy of one of the listed documents bearing your name, address and **dated within the last three months** unless you are supplying a current Council Tax bill.

If you have given consent for the local authority to confirm your address by searching on the local authority's database you **do not** need to supply proof of address.

### Blue Badge Issue Fee

Payment of £10.00. Cheques or Postal orders should be made payable to Brighton & Hove City Council.

You may bring £10 cash and your application form into the Customer Service Centre at Hove Town Hall.

Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received.

### Other information

You should also provide the Vehicle Registration Numbers of the three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information aids local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.

## Section 2 - Questions for 'without further assessment' applicants

You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2.

You will need to provide the appropriate documentation to prove eligibility under one of the criteria.

**Section 2a):** for those registered as severely sight impaired (blind) - you are asked to state the name of the local authority or borough with which you are registered. You should state the county, metropolitan district or London borough council.

In many cases, you will be registered with the same authority to which the application for a badge is being made. The formal notification required to register as severely sight impaired (blind) is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist. However, registration is voluntary.

**Section 2b):** for those who receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). An applicant receiving HRMCDLA will have had an award notice letter from the Department for Work and Pensions (DWP). In addition, recipients of HRMCDLA are sent an annual uprating letter, stating their entitlement and this letter can be used as proof of receipt of HRMCDLA if the award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your up-rating letter, then please contact the DWP for a current award letter on: Telephone: 0345 712 3456 Textphone: 0345 604 5312. This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: [http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG\\_10011925](http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG_10011925)

**Section 2 c):** People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP) you must score a minimum of 8 points to automatically qualify for a Blue Badge. An applicant receiving this award will have an award notice letter from Department for Work and Pensions (DWP). If you have not received or have lost your award letter please contact the PIP helpline on Telephone: 0345 850 3322 Textphone: 0345 601 6677 This helpline is open from Monday to Friday, 8am to 6pm.

**Section 2 d):** for those who receive a Personal Independence Payment (PIP) and your decision letter states that you meet the following 'Planning and Following a Journey' descriptor within the Mobility Component:

- You cannot undertake any journey because it would cause overwhelming psychological distress (10 points)

Your decision letter can be used as proof of receipt of the relevant PIP award. If you have lost your PIP decision letter, then please contact DWP for a PIP decision letter by telephone: 0345 850 3322, textphone 0345 850 3322

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: <https://www.gov.uk/pip>

**Section 2e):** for those who receive a War Pensioner's Mobility Supplement (WPMS). An applicant receiving WPMS will have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

**Section 2f):** for those who receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You will have been issued with a letter from the Service Personnel and Veterans Agency 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 the original 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.

## **Section 3 - Questions for 'subject to further assessment' applicants in respect of 'physical' disabilities**

Section 3 is to be completed if the questions in Section 2 do not apply to you and if you have an enduring and substantial disability which means, during the course of a journey, you cannot walk, or you experience very considerable difficulty whilst walking. An enduring disability is one that is likely to last for a minimum period of three years. Eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition.

All applicants who may be eligible 'subject to further assessment' are asked to provide as much information as they can about themselves, any difficulties they experience whilst walking as part of a journey, and details of any enduring and substantial disabilities with which they have been diagnosed.

Please complete this section if you have a physical disability that affects your ability to walk as part of a journey, or because you experience pain whilst walking / as a result of walking.

You are asked to describe the nature of your disability and give an estimate of the maximum distance that you can walk without assistance from another person or severe discomfort. It can be difficult to accurately work out the distance you can walk. There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under 1 metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres (or 100 yards).
- The average double-decker bus is about 11 metres (or 12 yards) long.
- A full-size football pitch is about 100 metres (or 110 yards) long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance;
- About your walking speed;
- The way that you walk, for example, shuffling or small steps etc.

Your local authority may ask you to have an assessment with a professional, such as a physiotherapist or occupational therapist, to determine whether you meet the eligibility criteria. You may have had an assessment in the last 12 months which covered your walking ability and you can give details of this in the final box of Section 3.

Eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition.

## **Section 4 - Questions for 'subject to further assessment' applicants in respect of 'non-physical disabilities'**

Section 4 should be completed if you experience any 'non-physical' disabilities (such as very considerable psychological distress) which cause you very considerable difficulty whilst walking as part of a journey. You should also complete this section if, when walking as part of a journey, you pose a risk of serious harm to yourself or others.

Please provide as much detail as you can about the nature of the difficulty you experience whilst walking as part of a journey, and any coping strategies you use to help manage that difficulty. Travelling with another person – such as a parent/guardian/carer/personal assistant – is an example of a form of coping strategy.

## **Section 5 - Questions for 'subject to further assessment' applicants with disabilities in both arms**

Section 5 should be completed by applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking meters. You will need to satisfy all three conditions above to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.



## Section 6 - Questions for ‘subject to further assessment’ applicants under the age of three

Section 6 should be completed on behalf of:

- Children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- Children under three years of age who have a medical condition which means that they must always be kept near a vehicle, so that, if necessary, treatment for that condition can be given in the vehicle, or the child can be taken quickly in the vehicle to a place where such treatment can be given.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- Ventilators;
- Suction machines;
- Feed pumps;
- Continuous oxygen saturation monitoring equipment; and
- Casts and associated medical equipment for the correction of hip dysplasia.
- Parenteral equipment;
- Syringe drivers;
- Oxygen administration equipment;

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty. Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- Tracheostomies;
- Severe epilepsy/fitting;
- Highly unstable diabetes; and
- Terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

## Section 7 - Declarations and signatures

The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, since not ticking those that are relevant to your applicant may result in your local authority being unable to accept your Blue Badge application.

You may wish to tick the optional declarations to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

All applicants must sign and date the form prior to submitting it.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

If your badge application is successful, the leaflet “The Blue Badge scheme - rights and responsibilities in England” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. The leaflet can be viewed at:

<https://www.gov.uk/government/publications/the-blue-badge-scheme-rights-and-responsibilities-in-england>

Blue Badge Services  
Hove Town Hall  
Norton Road  
Hove  
BN3 3BQ

Email: [bluebadgeparking@brighton-hove.gov.uk](mailto:bluebadgeparking@brighton-hove.gov.uk)  
Phone: 01273 296 270  
Website: [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk)

Translation? Tick this box and take to any council office.

ترجمة؟ ضع علامة في المربع وخذها إلى مكتب البلدية.	Arabic <input type="checkbox"/>
অনুবাদ? বক্সে টিক চিহ্ন দিয়ে কাউন্সিল অফিসে নিয়ে যান।	Bengali <input type="checkbox"/>
需要翻譯? 請在這方格內加剔, 並送回任何市議會的辦事處。	Cantonese <input type="checkbox"/>
ترجمه؟ لطفاً این مربع را علامتگذاری نموده و آن را به هر یک از دفاتر شهرداری ارائه نمایید.	Farsi <input type="checkbox"/>
Traduction? Veuillez cocher la case et apporter au council.	French <input type="checkbox"/>
需要翻譯? 請在這方格內划勾, 并送回任何市议会的办事处。	Mandarin <input type="checkbox"/>
Tłumaczenie? Zaznacz to okienko i zwróć do któregoś z biura samorządu lokalnego (council office).	Polish <input type="checkbox"/>
Tradução? Coloque um visto na quadrícula e leve a uma qualquer repartição de poder local (council office).	Portuguese <input type="checkbox"/>
Tercümesi için kareyi işaretleyiniz ve bir semt belediye bürosuna veriniz	Turkish <input type="checkbox"/>
	other (please state) <input type="checkbox"/>

**This can also be made available in large print, Braille, or on CD or audio tape**

For office use only

Date of issue	Badge no.	Rec'd on	Expiry date