



Blue Badge Application Form



Subject to Further Assessment

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. When completing this form you may find the accompanying Guidance Notes are helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Section 1 - Information About the Applicant - 'Subject to Further Assessment'

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 the accompanying Guidance Notes.

Title (*Mr, Mrs, Miss, Ms, other*) _____

First names (*in full*) _____

Surname _____

Surname at birth _____

Gender *Male* *Female* **Date of Birth** / /

Place of Birth *Town* _____ *Country* _____

National Insurance Number/Child Registration Number

/ /

(see Section 1 of the accompanying Guidance Notes)

Driving Licence Number (*if you hold a driving licence*) _____

Current address and contact details _____

Postcode _____

Tel *Home* _____ *Mobile* _____

Email _____

Previous address, 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 you have:

Which local authority issued you with the last badge? _____

What is the serial number on the last badge? _____

What is the expiry date of the last badge? _____

Proof of Your Address (dated within the last 12 months)

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 **and provide original documentation** where relevant:

Either I have enclosed a copy Council Tax bill bearing my name and address, dated within the last 12 months.

or I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.

or I do not pay Council Tax, I am over the age of 16 and submit a copy of my lease as proof of my address.

Proof of Your Identity

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a **certified photocopy** of **one** of the following as proof of your identity. **Do not send original documents as these will not be returned. Please see Guidance Notes.**

Birth certificate/Adoption certificate Marriage/Divorce certificate Passport

Civil Partnership/Dissolution certificate Valid driving licence

Photograph

Please enclose a recent (within 6 months) passport-quality photograph of the applicant. The photograph needs to show the applicant's full face so that the holder can be easily identified. 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 the applicant's name is on the back of the photograph and that you complete Section 4(a) and 4(d) of this form to confirm that the photograph is a true likeness.

Badge Fee

If your application is successful you will receive a telephone call requesting payment of £20 for your badge. Please ensure you have completed your contact details on the previous page.

This payment can be made by debit or credit card securely over the telephone.

Please see enclosure for details.

Please nominate the vehicle registration number(s) 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 'Subject to Further Assessment' Applicants with Walking Difficulties

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 a permanent and substantial disability which means you/they are **unable** to walk or **virtually unable to walk**; or
- have a temporary, but substantial disability, which means you/they are **unable** to walk or **virtually unable to walk** which is likely to last for a period of at least 12 months, but less than 3 years.

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

- I am unable to walk, or virtually unable to walk due to a permanent and substantial disability (Regulation 4(2)(f))
- I am unable to walk, or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years (Regulation 4(2)(g))

Please describe any medical conditions/disabilities which affect your walking. If you know them, please state the medical terms for the condition you have been diagnosed with:

Please describe any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition/disability you have mentioned. Please state when you underwent any relevant surgery or treatment or attended specialist clinics:

Surgeries/courses of treatment/specialist clinics	Dates you received this treatment

What medication do you currently take in relation to the conditions/disabilities you described above?

Medication	Dosage	Frequency

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

Yes No

If 'Yes', please explain what you are taking and how frequently you need it:

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/disabilities described above?*
- *recuperating from surgery in relation to the conditions/disabilities described above?*
- *awaiting treatment for any of the conditions/disabilities described above?*
- *managing your condition/disability since you have been advised it is not expected to improve any further?*
- *None of the above*

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions/disabilities described above:

Name	Job Title	Hospital/Health Centre	Telephone Number

Do you anticipate that your conditions/disabilities will improve in the next 3 years?

Yes No

If 'Yes', please describe how much you expect your conditions/disabilities to improve:

How do the conditions/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 - you can tick more than one box)

- 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 the 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?

Yes No

If 'No', please describe the help you need:

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, eg 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 description above 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 use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box)

- | | | | |
|--|--------------------------|----------------------|--------------------------|
| • 1 elbow crutch | <input type="checkbox"/> | • 2 elbow crutches | <input type="checkbox"/> |
| • 1 walking stick | <input type="checkbox"/> | • 2 walking sticks | <input type="checkbox"/> |
| • Walking frame (Zimmer frame) | <input type="checkbox"/> | • Rollator | <input type="checkbox"/> |
| • Wheelchair | <input type="checkbox"/> | • Powered wheelchair | <input type="checkbox"/> |
| • Other (please describe in the space below) | <input type="checkbox"/> | | |

Were your walking aids...

(Please tick whichever options apply to you)

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| • purchased privately by you? | <input type="checkbox"/> | • provided by Social Services? | <input type="checkbox"/> |
| • prescribed by a healthcare professional? | <input type="checkbox"/> | • Other (please describe below) | <input type="checkbox"/> |

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

(Please state the distance in metres or yards using whichever measure is best for you)

_____ metres _____ yards

When answering this question please note that:

- the average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches;
- if you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards;
- the average double-decker bus is about 11 metres, or 12 yards, long;
- a tennis court is about 24 metres, or 26 yards, long;
- a full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

_____ minutes

Are you able to continue walking after a short rest?

Yes No

If you can continue, roughly how long (in minutes) are you able to walk for in total?

_____ minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

- Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 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 your home, or after dressing? Yes No

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

Section 3 - Questions for 'Subject to Further Assessment' Applicants with a Disability in Both Arms (Regulation 4(2)(e))

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, then 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 medical condition/disability:

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 photocopy of your insurance details verifying this adaptation:

Section 4 - Declarations and Signatures

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

4(a) Mandatory Declarations About the Information You Have Provided and the Application Process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

How We Use Your Personal Information

The information provided by you will be used by Perth & Kinross Council for the administration and enforcement of the Disabled Persons Parking Badge (Blue Badge) Scheme. The information may be shared within this local authority, with other Local Authorities, the Police and Parking Enforcement Officers to detect and prevent fraud and other bodies responsible for auditing or administering public funds for these purposes.

The Council 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 share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection or email DataProtection@pkc.gov.uk or telephone 01738 477933.

Declarations to be completed by **all** applicants

- 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 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 in Scotland: Rights and Responsibilities of a Blue Badge Holder' 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 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.*

4(b) Your Information May be Disclosed to Other

Please read and tick the following optional declarations. 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 local authority's Social Services department on the basis that:*
 - *it can help determine the eligibility for a Blue Badge;*
 - *it can speed up the processing of the application;*
 - *it may enable a decision to be made without the need for a mobility assessment.*
- *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 the badge holder.*

4(c) 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. 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, dated within the last 12 months*
- *A certified photocopy of proof of your identity*
- *A passport-quality photograph of yourself with your name on the back*

Section 3 - Drivers with a Disability in Both Arms

- *A copy of your insurance details if you drive a specially adapted vehicle*

4(d) Your Signature Against the Declarations in Sections 2, 3 and 4

Your signature _____

Date of application

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Please print your name here _____

Please return this form and relevant documents to:

Business Support Team
Blue Badge Section
Housing & Environment
Perth & Kinross Council
Pullar House
35 Kinnoull Street
PERTH
PH1 5GD

If you have any problems completing this form after consulting the guidance notes, please contact us at **BlueBadges@pkc.gov.uk** or please telephone **01738 477211** for advice.

Misuse of the badge is a criminal offence and can lead to a fine.

What Sections of the Application Form Should I Complete?

All individual applicants should complete Section 1 and Section 4.

How We Use Your Personal Information

The information provided by you will be used by Perth & Kinross Council for the administration and enforcement of the Disabled Persons Parking Badge (Blue Badge) Scheme. The information may be shared within this local authority, with other Local Authorities, the Police and Parking Enforcement Officers to detect and prevent fraud and other bodies responsible for auditing or administering public funds for these purposes.

The Council 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 share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection or email DataProtection@pkc.gov.uk or telephone 01738 477933.

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

www.pkc.gov.uk

(PKC Design Team - 2017548)



Blue Badge Application Form

Guidance Notes



Individual applicants will also need to complete:

- Section 2 if they have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking;
- Section 2 if they have a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years, which causes inability to walk or very considerable difficulty in walking;
- Section 3 if they are a driver who has a severe disability in both arms and is unable to operate, or has considerable difficulty operating, all or some types of on-street parking equipment.

Section 1 - Information About You

This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, then you will need to provide their Child Registration Number. This can be found on Child Benefit documentation.

There are questions for those who have already held a Blue Badge or who have a Blue Badge which is due to expire shortly. Applicants should note that only one badge will be valid for one applicant at the same time. The serial number can be found on the front of the badge.

Proof of Your Identity and Address

Address *Proof of address should be in the form of a copy of a Council Tax bill bearing your name and address, dated within the last 12 months.*

If you do not pay Council Tax you must submit a copy of your lease agreement as proof of your address.

If you are completing the application form on behalf of someone under the age of 16, you should give your consent for the local authority to check school records to confirm their address.

Identity *A **certified photocopy** of **one** of the following must be submitted with your application: your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.*

A certified photocopy is a photocopy of a document that has been verified as being true by a person, other than your partner or family member, who has known you for a minimum of two years and is aged 18 or over who holds a certain position of responsibility. The following persons are accepted as being able to verify your true likeness for the purposes of providing proof of identity:

- Council Employee
- Councillor
- Police Officer

- Religious Leader, eg Minister, Vicar, Imam

The individual certifying the documents should include the text "This copy is a true likeness of the original" alongside their signature. They should also print their name and occupation alongside this information.

Badge Fee

If your application is successful you will receive a telephone call requesting the payment of £20 for your Blue Badge.

This payment can be made by debit or credit card securely over the telephone.

If you do not wish to make payment by telephone please ask our advisor when they call to explain the additional payment options.

Your local authority will only issue successful applicants with a Blue Badge once payment of the required fee 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 helps 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 'Subject to Further Assessment' Applicants with Walking Difficulties

Section 2 is to be completed if you have a permanent and substantial disability which means you are unable to walk or virtually unable to walk. A permanent disability is one that is likely to last for the duration of your life. Medical conditions such as asthma, autism psychological/behavioural problems, Crohn's disease/incontinent conditions and Myalgic Encephalomyelitis (ME) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

You are asked to describe the nature of their disability and give an estimate of the maximum distance they 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 one 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 a mobility assessment with a medical professional, such as a physiotherapist or occupational therapist, in order to determine whether you meet the eligibility criteria. You may have had a mobility assessment in the last 12 months which covered your walking ability and

you can give details of this in the final box in Section 2.

Section 2 also applies to those that are unable to walk or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than three years.

Section 3 - Questions for 'Subject to Further Assessment' Applicants with Disabilities in Both Arms

Section 3 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 equipment. You will need to satisfy all three conditions above in order to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.

Section 4 - Declarations and Signatures

Section 4(a)

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.

Section 4(b)

You may wish to tick the option that allows the local authority to disclose information to departments within the local authority where we think there are services which may be of benefit to you.

Section 4(c)

Checklist of documents required.

Section 4(d)

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 Scotland'* 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 www.bluebadgescotland.org

Contact us: *Email* BlueBadges@pkc.gov.uk

Tel 01738 477211

Text 07824 498145