



Blue Badge Application Form



Mental Disorder/Cognitive Impairment Criteria

This form is only for people wanting to make an application for a Blue Badge under mental disorder/cognitive impairment eligibility criteria in Perth and Kinross. These criteria apply to those with a diagnosed mental disorder, who receive specified social security benefits at specified rates (listed at page 3) who lack awareness of danger from traffic and are likely to compromise their safety or the safety of others.

If you are completing the form on behalf of an applicant who is under 16, or who cannot complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf at the end.

Section 1 - Information About the Applicant

Please complete the following boxes.

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

First names (in full) _____

Surname _____

Surname at birth _____

Gender Male Female Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
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Place of Birth Town _____ Country _____

National Insurance Number or NHS Number (if under 16)

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(see Section 1 of the guidance notes)

Current address and contact details _____

Postcode _____

Tel Home _____ Mobile _____

Email _____

Previous address, if different in the last three years

Postcode _____

School details (if applicant under 16)

School name _____

Address _____

Tel _____

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

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

or I do not pay Council Tax, I am over the age of 16 and give consent to the local authority to check my address on the electoral register.

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.

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:

Birth certificate/Adoption certificate Marriage/Divorce certificate Passport

Civil Partnership/Dissolution certificate

To get a photocopy certified, you should get someone other than a family member who's known you and who is over 18 years old to write on the photocopy that it's a true likeness of the original. They should print their name, occupation and contact details alongside this statement.

Photograph

Please enclose a recent 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.

Badge Issue Fee

Your 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. Please don't make payment now.

Section 2 - Checking the Applicant Meets the Qualifying Criteria

Please complete all the following sections.

To be eligible under this pilot, you must have a diagnosed mental disorder. We use this expression because it's a specific legal term. It encompasses all mental health problems, personality disorders and learning disabilities, however caused or manifested.

What is the condition you have been diagnosed with?

You need to get proof from a healthcare professional that you have been diagnosed with this condition. You should attach a letter confirming the diagnosis to this form. If you are re-applying for a Badge on the basis of the same diagnosis, and the condition is not going to improve, you don't need to send in another letter.

2(a) Receiving Social Security Benefits

To be eligible under this pilot, you need to receive one of the following social security benefits, at the specified rates.

Tick the box next to the benefit you currently receive.

You get the higher rate of the care component of the Disability Living Allowance.

You get the middle rate of the care component of the Disability Living Allowance.

You get the higher rate of Attendance Allowance.

You get the lower rate of Attendance Allowance.

You get Personal Independence Payment and have been awarded a total of at least 12 points in respect of the following:

- section 7 (communicating verbally);*
- section 8 (reading and understanding signs, symbols and words);*
- section 9 (engaging with other people face-to-face).*

You get Personal Independence Payment and have been awarded a total of at least 8 points in respect of the following:

- section 7 (communicating verbally);*
- section 8 (reading and understanding signs, symbols and words);*
- section 9 (engaging with other people face-to-face).*

You must enclose an original letter of entitlement to this benefit dated within the last 12 months. If you're enclosing a Personal Independence Payment letter of entitlement, you have to enclose a letter showing the breakdown of points you receive. We may also check that you are in receipt of this award with the Department for Work and Pensions.

2(b) Background to Your Condition and Why You Require a Badge

Providing information about your condition will help the local authority make a full assessment of your application.

Please describe:

- *any courses of treatment you have undergone or specialist clinics you have attended in relation to the condition you have mentioned above;*
- *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 condition you described above?

Medication

Dosage

Frequency

<i>Medication</i>	<i>Dosage</i>	<i>Frequency</i>

Why do you require a Blue Badge? How is a Blue Badge going to help you?

Please describe what benefit you seek to get from having a Badge. You may want to give examples.

Do you anticipate that your condition will improve in the next three years?

Yes

No

Don't know

If you ticked 'Yes', please describe how much you expect your condition to improve.

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(continued)

Section 3 - Counter Signatory Questionnaire

These questions are intended for a healthcare, social work or teaching professional who has seen the applicant at some time over the last 12 months and **who is not the applicant's GP**.

They are designed to gather information about whether the applicant meets the Blue Badge criteria of **being someone who, because of a diagnosed mental disorder, lacks awareness of danger from traffic and is likely to compromise their safety, or the safety of others**.

You should therefore pass this part onto a healthcare or social work professional, who should complete the questions, **providing examples to support their answers**, and then sign this section.

Professional contact details

Name _____

Job title _____

Registration number _____

Organisation _____

Tel _____

Email _____

Can the applicant follow the route of a familiar journey on their own? Yes No Sometimes

Please explain your answer with reference to examples. In particular, if the answer is 'No', does the applicant show any evidence of being able to learn this?

Can the applicant follow the basic instructions such as "slow down", "stay here" or "stop"? Yes No Sometimes

Please explain your answer with reference to examples. In particular, please indicate how the applicant responds when given such instructions.

(continued over)

Does the applicant wander off when exiting a vehicle, causing danger to themselves or others? Yes No Sometimes

Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic? Yes No Sometimes

Please explain your answer with reference to examples. In particular, if the answer is 'Yes', please give an example of what has happened.

Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that normally required for children of that age)? Yes No Sometimes

Please explain your answer with reference to examples. In particular, if the answer is 'Yes', please give an example of what has happened when the applicant did not receive this supervision.

Can the applicant deal with unexpected changes in their journey? Yes No Sometimes

Please explain your answer with reference to examples. In particular, if the answer is 'No', please describe any behaviours that are putting the applicant or others at risk as a result of unexpected change.

Please explain your answer. In particular, if the answer is "Yes", please give an example of what has happened.

If the applicant is a child, has an NHS buggy been provided?

Yes No Not applicable

If the answer is 'Yes', please give the reasons for receiving it. In particular, was it provided for difficulties in keeping the child safe?

What coping strategies are currently in place to ensure the applicant's safety?

In your professional opinion, having considered the **actual** risk to this individual applicant, not the **potential** risk associated with the condition, does the applicant regularly place themselves or others in danger?

Yes No

Please explain your answer, and provide any other information that might be useful.

Your signature _____

Date of signature

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

Please print your name here _____

Section 4 - Declarations and Signatures

- 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.

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.

Any medical information that you have supplied to support this application is sensitive personal data and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

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: Rights and Responsibilities in Scotland" 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 contact the NHS, school or social care services 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.

Optional declaration about using your information

Please read and tick the following **optional** declaration. Ticking these boxes will help to improve the service we can offer you.

- 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 me.

Your signature against the declarations that you have ticked above:

Your signature _____

Date of application

D	D	/	M	M	/	Y	Y	Y	Y
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Please print your name here _____

If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.

Please indicate your relationship to the applicant _____

Checklist of Documents You 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.

- *Proof of your address, dated within the last 12 months, if you haven't given consent for us to check Council Tax or electoral register or school records.*
- *A certified copy of proof of your identity.*
- *A passport standard photograph of the applicant with your name on the back.*
- *An original letter from a healthcare professional confirming your diagnosis, unless you are re-applying and the condition you have will not improve.*
- *An original benefit decision letter dated within the last 12 months.*

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.

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 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 - 2017679)



Blue Badge Application Form

Guidance Notes



These notes have been produced to help you complete the application form.

Section 1 - Information About You

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

The form asks for a National Insurance Number or in the case of children under 16, the NHS number. This can be found on an NHS Medical Card or you can ask the child's GP for it.

While you're asked to provide information about up to three vehicles in which the Blue Badge will be used, you can use a Blue Badge in other vehicles too. This information helps local authorities with enforcing the rules of the Blue Badge Scheme.

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. For this reason, the local authority needs to check your identity, and information is given on the form about how to provide the necessary information. The local authority may ask to see your identity documents to be sure they're valid.

Section 2 - Checking the Applicant Meets the Qualifying Criteria

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

To be eligible under this pilot scheme, you must be in receipt of the social security benefits at the rates listed in this section. If you don't claim these benefits, talk to your Council's Blue Badge service as you might be eligible under other criteria.

*If you need to check the benefits you currently receive, or need a specific letter to be issued again, call the Department for Work and Pensions disability benefits helpline on **0345 712 3456** if you were born after 8 April 1948, or **0345 605 6055** if you were born on or after 8 April 1948.*

Section 3 - Counter Signatory Questionnaire

This section should be completed by a healthcare or social work professional who has seen the applicant at some point over the last 12 months and is not the applicant's GP.

You should get one of the following kinds of professional to complete the form:

- A doctor with a current licence to practice*
- An Arts Therapist*
- An Occupational Therapist*
- A Practitioner Psychologist*

- *A Speech and Language Therapist*
- *A nurse who is a Specialist Practitioner in Mental Health nursing (SPMH)*
- *A nurse who is a Specialist Practitioner in Learning Disability nursing (SPLD)*
- *A nurse who is a Specialist Practitioner in Community Mental Health nursing (SPCMH)*
- *A nurse who is a Specialist Practitioner in Community Learning Disabilities nursing (SPCLD)*
- *A social worker registered with the Scottish Social Services Council*
- *A class teacher registered with the General Teaching Council for Scotland*

If you can't get someone on this list to complete the questionnaire, talk to your Council's Blue Badge service. It may still be possible to make an application.