

Blue Badge Application Form

Apply for yourself or someone else, a Blue Badge will cost £10.

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

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

Local authority use:

Who are you applying for?

- Myself (The badge is for you)
- Someone else (A relative or somebody you care for)

Fill in the answers and sign the form on their behalf. Where the form says “you”, it is referring to the applicant.

If you're applying for somebody else, we'll ask for your name and your relationship to the applicant.

Information about the applicant

Do you already have a Blue Badge?

- Yes – Please enter the badge number (6 digits)

- No

If you don't know the badge number, leave it blank and your local authority should be able to find the badge using your details.

Full name (First name and Last name)

Should be the full name of the person the badge is for.

Has your name changed since birth?

- Yes - please enter your full name at birth

- No

If you are applying on behalf of somebody else

Who should be contacted about this application?

(If you're the contact, put your full name here)

Your relationship to the applicant

For you or the person you're applying for

Which of these are you providing as proof of identity?

(Choose one, to attach as a certified copy)

- Birth or adoption certificate
- Marriage / Civil partnership / Dissolution or Divorce certificate
- Passport
- Driving licence

Do you give the local authority permission to check their records to prove your address?

- Yes
Which records should we check? (Choose one)

Council tax / Electoral roll / School records

- No
You must provide a copy of your proof of address

Recent photograph of the applicant

You'll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.



Make sure it:

- Has a plain, light, background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness or taken within the last 6 months

Attach a **certified copy** of the proof of identity to this application.

If you don't give us permission. You must attach a copy of either:

- Council tax
- Utility bill
- Driving licence
- School records
- Benefit letter

It's best to get somebody else to take the photo.

The photo should have the applicant's name and a signature on the back.

A photograph can be emailed to Tameside MBC Blue badge team.

Badge issue fee £10

Payment will only be taken if the application is successful. Please indicate your preferred payment method.

- Cheque or Postal Order, please enclose with your application form and write your name and address on the back of the cheque. Please make your cheque payable to Tameside MBC.
- By Debit/Credit Card. We will contact you by phone to take payment when your application has been approved.

Section 2 – Benefits or severely sight impaired

You may automatically qualify for a Blue Badge if you either:

- Are severely sight impaired (blind)
- Received 8 or more points in the “moving around” part or 10 points in the “planning and following journeys” part of a mobility assessment for Personal Independence Payment
- Receive the higher rate of the mobility component for Disability Living Allowance
- Receive the War Pensioners’ Mobility Supplement
- Receive a qualifying award under the Armed Forces Compensation Scheme

If none of these apply to you, go to **Section 3**. Otherwise, you should complete the relevant section below and then go to **Section 8**.

Severely sight impaired (blind)

Are you registered as severely sight impaired (blind) and do you give us permission to check the register at the local authority?

- Yes
Enter the name of the local authority

- No
Enclose a copy of your Certificate of Vision Impairment (CVI)

Unless you are registered as severely sight impaired (blind), you will need to attach a copy of the proof of your benefit to this application.

If you are not registered as severely sight impaired (blind) and you would like to be, let the local authority know. The local authority will be able to add you to the register if you have your Certificate of Vision Impairment.

Disability Living Allowance (DLA)

Were you awarded the higher rate of the mobility component?

Yes

If your award has an end date, enter the end date

No

You should answer the questions in **Section 3**

If you were awarded the higher rate of the mobility component, you need to attach a copy of the letter from DWP, dated within the last 12 months. This certificate of entitlement should confirm your mobility rating.

Make sure you send a copy of the award letter with this application.

Please note that we may also check with the Department for Works and Pensions that you are in receipt of this benefit

Personal Independence Payment (PIP)

Did you score 8 points or more in the “moving around” part of the mobility assessment?

Yes

How many points were scored?

If your award has an end date, enter the end date

No

Answer the next question under “PIP”

If you did score 8 points or more in the “moving around” part of the mobility assessment, you need to attach a copy of every page from the award letter from DWP. It should show your entitlement to PIP, assessment scores (including the mobility scores).

Make sure you send a copy of all of the pages from the award letter with this application.

Please note that we may also check with the Department for Works and Pensions that you are in receipt of this benefit and your score.

Personal Independence Payment (PIP)

Did you score this specific points descriptor in the “planning and following a journey” part of the mobility assessment?

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

- Yes
If your award has an end date, enter the end date

- No
You should answer the questions in **Section 3**

If you did 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 show your entitlement to PIP, assessment scores (including the mobility scores).

Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 to 8 of the scheme?

and

Have you been certified as having a permanent and substantial disability?

- Yes
Enclose the original letter from Service Personnel and Veterans Agency (SPVA) as proof.

- No

War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

- Yes
If your award has an end date, enter the end date

- No

Make sure you send a copy of all of the pages from the award letter with this application.

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

You must enclose the **original** version of your 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

You must enclose the **original** version of your letter as proof of entitlement.

Section 3 – Walking difficulties

If you answered “yes” to any of the questions in section 2, go straight to **Section 7**.

Do you have a condition or disability which means you cannot walk or find walking very difficult?

Yes

Continue answering the questions in this section

No

Go to **Section 4**

Please describe any health conditions or disabilities that affect your walking

(Try to use the correct medical terms, if you know them)

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Be as descriptive as possible, but we’ll ask you some more questions after this about how your walking is affected and things like medication.

How does your health condition make walking difficult for you?

Please tick all boxes that apply

Excessive pain

Describe the pain you get when walking. How severe is the pain?

Breathlessness

Balance, coordination or posture

Describe how the way you walk is affected by your condition

(For example, if your posture is affected or you struggle to take full steps)

Have you seen a healthcare professional for any falls in the last 12 months?

Yes

No

This question continues on the next page.

Only fill in the extra text-boxes if you've ticked the checkbox.

It's dangerous to my health and safety
Describe how your condition makes walking dangerous

Only fill in the extra text-boxes if you've ticked the checkbox.

Do you have a chest, lung or heart condition / epilepsy?

Yes No

Something else - what is it about your condition that causes you difficulty walking?

Answer this if you ticked "Breathlessness"

If you didn't tick "Breathlessness", don't answer this section.

When do you get breathless?

(You can choose more than one)

- Walking up a slight hill
- Trying to keep up with others on level ground
- Walking on level ground at my own pace
- Getting dressed or trying to leave my home
- Other
Describe when you get breathless

Also known as shortness of breath, this could be described as an intense tightening in the chest, or a feeling of suffocation.

Help to get around

| What is this aid or support? (For example, a walking stick, wheelchair, crutches or a member of your family) | When do you need this help? (For example, to get to the shops) | If it's an aid, how was it provided? (For example, Hospital or bought privately) |
|--|--|--|
| | | |

How long can you walk for without stopping?

(If you listed an aid, then your answer should be when using that aid)

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

If you cannot walk, go to section 7

How far would you estimate you are able to walk, using your walking aid before you feel discomfort? (in meters/yards)

Describe somewhere you can walk from and to
(Be specific and use place names or house numbers)

How long does it take you? (For example, 8 minutes)

You can now go to: **Section 7 – Treatments, medication, healthcare professionals & supporting documents**

Section 4 – Invisible (hidden) disabilities

If you answered “yes” to any of the questions in section 3, go straight to **Section 7**.

Do you have an invisible (hidden) condition or disability, causing you to severely struggle with journeys?

- Yes – Please continue answering the questions in this section
- No - Go to **Section 5**

Please state what your condition or disability is.

“Stopping” could be to take a rest or to catch your breath.

Only tick one.

If you use an aid to get around, then your answer should be whilst using that aid

For example, “from my home to Tesco” or “from my home to No. 36 on my street”

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Please ensure you provide any relevant documents relating to your diagnosis or condition from a medical professional.

What affects you taking a journey?

(Tick all that apply)

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

When are you a risk?

Sometimes Regularly Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks

I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys Every journey

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

Please describe the kinds of incidents that have happened or are likely to happen on journeys

If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.

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

(Describe your needs, in detail)

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

What steps are currently taken to try to improve journeys for you?

(List the steps taken to try to improve journeys)

How effective are they?

Section 5 – Disability that affects both arms

If you answered “yes” to any of the questions in section 4, go straight to **Section 7**.

Do you have a disability in both arms?

Yes

Continue answering the questions in this section

No

Go to **Section 6**

Do you drive regularly?

Yes

Continue answering the questions in this section

No

Go to **Section 6**

Name any health conditions or disabilities that affect your arms and describe how this affects your day to day life

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Do you struggle to operate parking machines?

Yes

Describe how you struggle to operate parking machines

No

Do you drive an adapted vehicle?

Yes

Describe how it has been adapted for you. You should also attach copies of insurance details which verify this.

No

Attach copies of your insurance details as supporting documents.

Section 6 – Children under 3 years old

This section is for people applying on behalf of a child that is under 3 years old.

Are you applying for a child under 3 years old?

Yes

Continue answering the questions in this section

No

Go to **Section 7**

Which of these applies to the child under 3?

They have a condition requiring them to be accompanied by bulky medical equipment at all times

They need to be near a vehicle on account of their condition to receive or be taken for treatment quickly

Neither of these

Name any health conditions or disabilities that affect the child and what equipment or treatment is given

You should enclose a letter from any healthcare professionals that are involved in the child's treatments, which confirms the details of the condition.

Section 7 – Treatments, medication, associated professionals & documents

This section is for if you have answered any of the questions in sections 3, 4, 5 or 6. Otherwise, go to **Section 8**.

Treatments

Has your condition required any treatment(s)?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.

Yes

Add the treatment details below

No

Go to **“Medication”**

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Treatments

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.

Date of the treatment

If it's in the future – Do you expect the condition to improve afterwards?

Medication

Do you take any medication for your condition/disability?

(include any pain relief you currently take for your condition)

Yes

Add the medication details below

No

Go to “**Associated professionals**”

Medication

| Name of this medication or pain relief And is it prescribed? | How much do you take at a time? (Dosage) | How often do you take this? |
|---|--|--------------------------------|
| | | |

Associated or healthcare professionals

Do you currently see any professionals for your condition?

(Or have you in the last 3 years)

Yes

Add their details below

No

Go to **“Supporting documents”**

Associated or healthcare professionals

Name and role of the professional

(This should be in addition to your GP)

Where do they work?

(Include contact details if possible)

| Name and role of the professional (This should be in addition to your GP) | Where do they work? (Include contact details if possible) |
|--|--|
| | |

Supporting documents

Are you attaching supporting documents to this application?

Yes

Please list the documents you are attaching below.

No

Go to **Section 8**

It's especially important to attach documents where we've asked for you to provide proof or verification. For example, diagnosis letters.

What documents are you attaching?

(Attach copies of the documents, where possible)

Diagnosis letter

Prescriptions

Appointment letters

Other

List the documents you are attaching to this application

Section 8 – Declaration

Information supplied as part of this application will be dealt with in line with the EU General Data Protection Regulations (GDPR) and UK Data Protection Law and will be shared with external agencies and other Government Departments, where necessary, for the operation and administration of the Blue Badge scheme. All documents relating to this application may be shared within the Local Authority, with other Local Authorities, the Police and parking enforcement officers to detect and prevent fraud. Medical information that you have supplied to support this application is deemed, under the EU General Data Protection Regulations (GDPR) and UK Data Protection Law, to be 'sensitive personal data' and will only be disclosed to third parties as necessary to validate proof of entitlement or as otherwise required by law.

In order to comply with the amended regulations, we will be submitting applicant information, where necessary, to the central database which will be held by Valtech Limited. The badges will then be centrally printed, personalised and distributed by a third party supplier, APS group, from the information held in the central Blue Badge database

Read the declaration carefully and only sign it once you are clear.

Please sign one of the following two sections.

Applying for yourself

By submitting this application you agree that:

- you have read and understand the rules for using a Blue Badge
- the details provided are complete and accurate
- you won't hold more than one Blue Badge at any time
- you will tell your local authority about any changes that may affect your eligibility
- you 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 England' leaflet which will be given to me with my badge

You also agree that your local authority may:

- contact you if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for you
- check your eligibility with the information they hold
- suggest other benefits or services that you may be eligible for
- take action against me if I have provided false information on this form

Signed

Date of Signature

____ / ____ / ____

Applying on behalf of somebody else

By submitting this application you agree on behalf of the applicant that:

- the rules for using a Blue Badge have been read and understood
- you have the authority to submit this application
- the details provided are complete and accurate
- they won't hold more than one Blue Badge at any time
- your local authority will be told about any changes that may affect their eligibility
- you must not allow any other person to use the badge for their benefit and that the badge must only be used in accordance with the rules of the scheme as set out in the 'Blue Badge Scheme: rights and responsibilities in England' leaflet which will be given with the badge

You also agree that your local authority may:

- contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for the applicant
- check their eligibility with the information they hold
- suggest other benefits or services that they may be eligible for
- take action against me if I have provided false information on this form

I agree to this declaration

Signed

Date of Signature

____ / ____ / ____

Please return your completed form to:

Blue Badge Team

Tameside One
Market Place
Ashton-under-Lyne
Tameside
OL6 6BH

Additional information:

Any photographs or documentation can also be emailed to customer.services@tameside.gov.uk

Please ensure your email clearly states the name and address of the applicant.

Read the declaration carefully and only sign it once you are clear.