

### Blue Badge Application Form

If you require this form in any other format or need support completing this form please contact - Blue Badge Applications Service, Torbay and South Devon NHS Foundation Trust on **01803 217700**

**The current waiting time for a decision on applications can be up to 12 weeks.**

**Please Complete in BLOCK CAPITALS, using black ink.**

Personal details of Applicant for Blue Badge		
Title:	Surname:	
First name(s):		
Date of Birth:	Surname at Birth: (if different)	
Town of Birth:	Country of Birth:	
Current Address:	Previous address if less than 3 years:	
Post code:	Post code:	Date of move:
Telephone No:	e-mail:	
<u>National Health Service Number:</u>  <i>(Found on a letter from your GP/Hospital -10 digits)</i>	<u>National Insurance Number:</u> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 2px;"></div> </div> <i>(National insurance number starts with 2 letters followed by 6 numbers, then another letter)</i>	
<b>Please complete this Section if you are completing the form on behalf of the applicant. This information is necessary should we need to contact you with any queries in relation to the application.</b>		
Title:	Surname:	First name(s)
Your relationship to applicant:		Telephone no:
The person who needs the Blue Badge is a child <input type="checkbox"/>		
The person who needs the Blue Badge is unable to complete the form <input type="checkbox"/>		

### Proof of Identity and Permanent Address

Please provide a **photocopy** of **ONE** item from List 1 **plus** **ONE** item from List 2 as proof of identity and address.

Both should be in the name of the person who the Blue Badge is for. Please **do not send original documents** as we cannot guarantee safe return.

If you have difficulties providing a copy please contact the Blue Badge Service on Tel. no. 01803 217700

### List 1 – Photo Identity

Photo side of driving licence ☐      Bus pass ☐      Passport ☐

**Non-photo I.D. (only required if none of the above photo Identity enclosed)**

Birth Certificate/Adoption Papers ☐ **and** Marriage Certificate (if name is different to birth name) ☐

**List 2 – Address** (this must be dated within the last twelve months (see notes below))

Utility bill ☐ Council Tax bill ☐ Letter from **DWP/PIP** benefit or Pension entitlement ☐

**Application for child – Child Benefit** ☐

**Notes:**

**Identity** – The proof of identity should have a current photo of you on it. Proof of identity for children must be proof of **their identity**, not the identity of their parents. **If you have problems supplying one from the listed proofs of identity please contact the Blue Badge Department.**

**Address** – Your proof of address must be dated within the last **twelve** months (unless you pay your bills by direct debit payment schedule, for the coming year), to show that the holder of the Blue Badge lives in **Torbay**. If the application is for a **child** the proof of address should be supplied by the parent/carer and should be the address at which the child benefit is paid. The Blue Badge must be shared in situations where parents are living separately. Two badges cannot be issued for the same child.

## CHARGES

Following a review of the cost of administering the scheme, including centralised printing of Blue Badges and compliance of the scheme, it has been necessary for Torbay and South Devon NHS Foundation Trust and Torbay Council to set an administration charge for the issuing of Blue Badges.

This charge has been set at **£10.00.**

Payment by cheque - made payable to **TSDFT**

**If you wish to pay by DEBIT card complete the following section (we cannot accept credit cards)**

**CARD NUMBER**

**EXPIRY DATE**

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**Name on card:** \_\_\_\_\_ **SECURITY CODE**

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**Please note:** Payment will only be taken at the process stage of your application.

Automatic Criteria (Section A) - can take up to 2 weeks to process.

Discretionary /Invisible Criteria (Section B/ B2) - can take up to 12 weeks to process- cheque will be returned to unsuccessful applicant.

**To be answered by all Applicants**

Please give your G.P. (Doctor's) name:

Please give address and telephone number of your GP Surgery:

**Section A – Automatic Criteria**

1	<p>Do you receive the <b>higher rate</b> of the mobility component of Disability Living Allowance (HRMCDLA) or Personal Independence Payment (PIP) <b>minimum of 8 points</b> for "Moving around"</p> <p><b>Do you receive 10 points under Planning a Journey with the following descriptor only: "unable to undertake any journey because it would cause them overwhelming psychological distress"</b></p> <p><b>Importantly, no other descriptor under 'Planning and following a journey' is eligible for an automatic Blue Badge. The below descriptions and points under, 'Planning and following a journey' are <u>not accepted</u>.</b></p> <ul style="list-style-type: none"> <li>- Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid (10 points).</li> <li>- Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid (12 points).</li> </ul> <p><b>If Yes, please enclose a <u>copy</u> letter (PIP letter – <b>MUST SHOW POINTS AWARDED</b> and should show your <b>CURRENT</b> address, and be dated within the last 12 months:-</b></p> <p><b>Department for Work and Pensions (DWP) to confirm you are in receipt of the higher rate mobility component.</b> This letter can be obtained by telephoning <b>DWP</b>:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	<p>Do you receive War Pensioner's <b>Mobility</b> Supplement (WPMS) <b>or</b> Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.</p> <p><b>If Yes, please enclose a <u>copy</u> letter with your current address.</b> This letter can be obtained by telephoning Veterans Helpline on 0800 169 22 77.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to questions 1 or 2 above, what date does the benefit run out?		<b>DATE:-</b> .....	
3	<p>Are you registered Severely Visually Impaired (Blind) under the National Assistance Act 1948?</p> <p><b>If Yes, please provide a copy of your Certificate of Visual Impairment, signed by your Consultant Ophthalmologist (CVI)</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If you have answered <b>yes</b> to any of the above questions, there is no need to complete Section B. Please complete pages 8,9,10.</p>			

**Section B - Discretionary Criteria (Physical)**

Please complete this part if you consider you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking and the condition is likely to last for at least 3 years.

- 1 What is the medical diagnosis you have been given by your GP or Consultant that affects your physical ability to walk? **There is no need for you to ask your GP for this information; you can complete this section yourself.**

Is this condition expected to improve on its own or with surgery, treatment or therapy?

Yes ☐ No ☐

If yes, please describe the expected surgery, treatment or therapy and how it may improve your mobility. Please give a timescale, if known.

- 2 Please tick the walking aid(s) you regularly use:

Wheelchair: Manual <input type="checkbox"/>	Powered <input type="checkbox"/>	Walking stick <input type="checkbox"/>
Crutches <input type="checkbox"/>		Walking frame <input type="checkbox"/>
Artificial limb(s) <input type="checkbox"/>	Require help of another person to assist walking <input type="checkbox"/>	
Other <input type="checkbox"/>	None <input type="checkbox"/>	

Please give details below:

- 3 How far can you normally walk, on the level, using any of the above walking aid(s) before you feel severe discomfort, and would need to stop and rest? Symptoms, such as severe breathlessness, pain, extreme tiredness, muscle spasms?  
**Please tick one box below:**

Less than 27 metres <input type="checkbox"/>	27-64 metres <input type="checkbox"/>	64/100 metres <input type="checkbox"/>
100-150 metres <input type="checkbox"/>	151-199 metres <input type="checkbox"/>	200 + metres <input type="checkbox"/>

Examples of distances to help you complete above:-

- An average double-decker bus is 11 metres (12 yds) in length.
- 12 average size cars, parked end-to-end with a small gap between them, would be at least 50 metres (55 yards).
- The average adult step is just under 1 metre.

4	Medicines prescribed and currently taking ( <b><i>please enclose a copy of your most recent, 'prescription repeat form', issued by your Doctor</i></b> ) Any medication you are taking, that is not on your repeat prescription, please list on a separate piece of paper.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Are you on oxygen therapy at the present time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Severe disability in <u>both</u> arms</b>			
Please complete this part if you hold a valid driving licence and have a severe disability in <u>both</u> upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob. <b>Please provide a photocopy of <u>both</u> sides of your Driving Licence (you may have previously provided a photocopy of the photo side, in list 1 page 2)</b>			
6	Do you <b>drive</b> a vehicle regularly that has been adapted for your needs? If Yes, please state the type of adaptation below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	What is the nature of your disability?		
8	Please explain the difficulties you have operating parking meters and Pay and Display machines.		
<b>Applying on behalf of a child aged under three:</b>			
9	Does the child have a condition requiring transportation of bulky medical equipment at all times? (If yes please give details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Does the child have a condition, which requires them to be kept near a motor vehicle at all times, in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated? (If yes please give details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section B2 - Invisible (hidden disabilities)

**ONLY** complete this part if you have an enduring (lasting several years) and substantial disability which causes you, during the course of a journey to:

**Experience very considerable difficulty whilst walking, which may include considerable psychological distress or**

**Be at risk of serious harm when walking; or pose a risk of serious harm to any other person**

**What affects you taking a journey? Tick all that apply**

☐ I am at risk to myself or others near vehicle, in traffic or car parks

When are you at risk?

☐ Sometimes    ☐ Regularly    ☐ Every Journey

What journeys does this apply to

☐ Unfamiliar journeys    ☐ Every journey

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

**What affects you taking a journey? Tick all that apply**

☐ I find it difficult or impossible to control my actions and lack of 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 likely to happen on journeys in traffic /car parks

☐ I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control(meltdown)

How often does this happen?

☐ Sometimes    ☐ Regularly    ☐ Every journey

Please give examples of the situations that cause meltdowns

☐ I can become extremely anxious or fearful of public/open spaces

When does this happen?

☐ Sometimes    ☐ Regularly    ☐ Every journey

Please describe the level of anxiety and where they occur

How would a Blue Badge improve taking a journey between a vehicle and the destination for you?

Does having a familiar person (family, friend, or carer) present assist in improving your condition?

☐ Yes    No

Please give details

What are your coping strategies? How effective are your coping strategies?

Please give details

11	<p>In exceptional circumstances we may need to contact your Doctor. Are you willing for us to contact your doctor to determine the extent of your disability for the purpose of obtaining information to support your Blue Badge application?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                      No <input type="checkbox"/> (<i>This may affect the issue of a Blue Badge</i>)</p>
12	<p><b>Apart from your GP have you consulted with anyone else in connection with the illness/disability that affects your mobility?</b> (For example, a Hospital Doctor or Consultant, District Nurse or Specialist Nurse, Occupational Therapist, Physiotherapist, Audiologist, etc.)</p> <p>Yes <input type="checkbox"/> If yes, please give details below                      No <input type="checkbox"/></p>

<b>Title</b> Mr, Mrs, Miss, Ms, Dr. <i>(please circle one of the above)</i>	<b>Name</b>
<b>Profession or specialist area</b>	
<b>Address where consultation took place, if possible, please include telephone number</b>	

**Which of your illnesses or disability do you consult them for?**

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**How often do you usually consult them because of your illness or disability?**

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**When did you last consult them because of your illness or disability?**

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**Extra information:**  
 It would be useful if you could provide supporting documentation i.e. Consultant letters to support the above.  
 If we cannot validate the information you provide, it will be necessary for you to undertake a mobility assessment, to confirm that you meet the Blue Badge criteria, as laid down by the Department for Transport.

**Section C - Most Important**

<input type="checkbox"/>	<p>I enclose <b>one</b> recent, passport standard photograph. Please ensure you sign your name on the back of the photograph, to indicate it is a true likeness of yourself.</p> <ul style="list-style-type: none"> <li>The photograph should be in <b>colour</b> with a plain background, showing your full face, so the holder can be easily identified. No one else should be in the photo.</li> <li>Size required: 1.37 inches (35mm) wide by 1.77 inches (45mm) high.</li> </ul> <p>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.</p>
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## **DECLARATION /CONSENT**

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 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
- We will check any care records which we hold to verify information for those who do not meet the automatic criteria in section A.
- Contact other service providers in connection with your application so that relevant information may be shared and gathered

☐ I agree to this declaration and give my informed consent.

**Signed**

**Date of signature**

## **CHECK LIST : Have you enclosed ( if applicable)**

- **PIP Evidence – Complete award MUST include points**
- **DLA Evidence**
- **Colour passport photograph**
- **Cheque or provided debit card details on page 2**

Ethnic origins Category			Please tick appropriate box		
White British	<input type="checkbox"/>	A1	Pakistani	<input type="checkbox"/>	C2
White Irish	<input type="checkbox"/>	A2	Bangladeshi	<input type="checkbox"/>	C3
Any other White background	<input type="checkbox"/>	A3	Any other Asian Background	<input type="checkbox"/>	C4
Mixed White/ Black Caribbean	<input type="checkbox"/>	B1	Caribbean	<input type="checkbox"/>	D1
Mixed White/ Black African	<input type="checkbox"/>	B2	African	<input type="checkbox"/>	D2
Mixed White./ Black Asian	<input type="checkbox"/>	B3	Any other Black Background	<input type="checkbox"/>	D3
Any other Mixed Background	<input type="checkbox"/>	B4	Chinese	<input type="checkbox"/>	E1
Indian	<input type="checkbox"/>	C1	Any other Ethnic Group	<input type="checkbox"/>	E2
	<input type="checkbox"/>		Not Stated	<input type="checkbox"/>	06

**PLEASE RETURN YOUR COMPLETED FORM TO:**

BLUE BADGE DEPARTMENT,  
CASTLE CIRCUS HEALTH CENTRE,  
ABBAY ROAD,  
TORQUAY, TQ2 5YH

**Telephone Phone Lines open 9.30 – 3.30  
TUESDAY/WEDNESDAY/THURSDAY ONLY**