Blue Badge Application Form

You can now apply and pay on-line at [www.hertfordshire.gov.uk/bluebadge](http://www.hertfordshire.gov.uk/bluebadge)

Please read the attached guidance notes before completing this form.

☐ Terminal illness: We may be able to fast track your application if your illness seriously limits your mobility and you are receiving hospital treatment or are linked to a hospice. Please tick the box and complete sections A, F, G and H. Please tell us about your illness in box F.

| A Applicant’s details | | |
|------------------------|------------------------|
| **Title:** | ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: |
| **Surname** | **First name(s)** | **Surname at Birth** |
| **Address** | | **Post Code** |
| **Date of birth** | **Gender** | ☐ Male ☐ Female |
| **National Insurance Number / Child Registration Number** | | |
| **Town of Birth** | **Country of Birth** | |
| **Telephone Number** | **Mobile Number** | **Email** |

Please enclose a recent standard passport size photograph of yourself or the applicant. Proof of your identity and address will be required. Do NOT send original documents. Please see guidance notes for details about what we are able to accept.

| | |
| **Previous address if different in the last 3 years** | **Post Code** |
| **Driving Licence Number (if you hold a driving licence)** | |

Please record the registration numbers of up to three cars in which you will use the badge. However, please note that the badge can be used in any car in which you are a passenger or the driver.
B Qualify without further assessment (automatic entitlement)
Please read page 2 of the guidance notes before completing this section

<table>
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<th>Are you registered as severely sight impaired (Blind)?</th>
<th>☐ Yes ☐ No</th>
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<td>If Yes, with which authority are you registered?</td>
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<td>registration number:</td>
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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, please tell us when your award is due to end

OR

Do you receive the mobility component of personal independence payment because you meet a descriptor from the ‘moving around’ activity with a score of 8 or more points? ☐ Yes ☐ No

If yes which statement below matches the descriptor as set out in your decision letter.

- You can stand and then move unaided more than 20 metres but no more than 50 metres (8 points) ☐ Yes ☐ No
- You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres (10 points) ☐ Yes ☐ No
- You can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided (12 points) ☐ Yes ☐ No
- You cannot stand or move more than 1 metre (12 points) ☐ Yes ☐ No

If yes, have you been awarded this benefit for an ongoing period ☐ Yes ☐ No
If no, please tell us when your award is due to end

War pensioners’ mobility supplement? ☐ Yes ☐ No

A lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) ☐ Yes ☐ No

If you answered yes above please complete Section C if applicable and continue to Section F
If you or the person you are applying for have answered NO to all the questions in Section B you will only qualify for a Blue Badge if you are over two years of age and

• have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking or
• drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, all or some types of parking meters

We may telephone you for additional information and you may be asked to attend a face to face assessment

Please answer the questions in D1 or D2

D1. Walking disability or difficulties

Do you have a permanent and substantial disability which means you are unable to walk; or you have very considerable difficulty in walking?  □ Yes  □ No

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

What treatment are you receiving or expect to receive for the medical conditions/disabilities mentioned above. Include any surgery you have had or expect to have.

Please tell us what medication you are on and whether you take any pain killers

Do you have physical problems that restrict your walking?  □ Yes  □ No

It is important you give us a clear picture of your walking ability. See guidance notes.
How far can you normally walk (including any short stops) before you feel discomfort?

For how many minutes can you walk before you feel severe discomfort?

Please tick the box that best describes your walking speed

- Normal (more than 60 metres a minute)
- Slow (40 to 60 metres a minute)
- Very slow (less than 40 metres a minute)

If none of these describes your walking speed, please tell us about it in your own words.

Does the exertion of walking constitute a danger to your life, or is it likely to lead to a serious deterioration in your health?  

Yes  No  If yes please tell us about it below:

Please put a tick against any of the following aids you may use to help with your mobility out of doors

- Walking stick
- Crutches
- Companion support
- Rollator
- Walking frame
- Scooter
- Wheelchair
- Powered wheelchair

D2. Severe disability in both arms

Please see attached guidance notes.

Do you regularly drive a vehicle and have a severe disability in both arms that makes it difficult to operate all or some types of parking meters?  

Yes  No

Please explain the nature of your disability and the difficulties you have operating parking meters:

Do you drive a specially adapted vehicle?  

Yes  No

If yes and you have registered this with the DVLA please enclose a certified copy of both sides of your photo card driving licence for verification. Alternatively please provide certified photocopies of any insurance documents detailing statements to this effect.

The Department for Transport advises us that only a very small number of people are expected to qualify under this criterion. For example: disabled people with a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease or a condition of comparable severity.
E  Children under 3 years old

Please see attached guidance notes.

Are you applying on behalf of a child aged under 3 years who:
Has a condition requiring transportation of bulky medical equipment?  □ Yes  □ No
Has a condition that requires them to be kept near a motor vehicle at all times to be treated for that condition or needs to be taken to a place where they can receive treatment?  □ Yes  □ No
If yes please describe the child’s medical condition

Please provide a letter from the child’s paediatrician or medical professional with details of the medical condition and any equipment needed.

F  Additional information

Please add any information regarding your mobility to support your application:
Please continue on a separate sheet if necessary.

G  Doctor’s details

We may need to contact your GP or other medical professionals for additional information.

Please give contact details of your GP or other professional

Dr. ___________________________  Telephone No. ___________________________

Address


# Declarations and Data Protection notice

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 not hold more than one valid Blue Badge at any time.

I understand that I must promptly inform Hertfordshire County Council 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 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.

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 within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.

I accept that Hertfordshire County Council is not responsible for any original or other documents that may get lost in the post.

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 assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

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.

Please sign and date this form to show that you have read, understood and agree with each declaration.

Please note: we do not send out acknowledgements and it can take up to 6 weeks to make a decision on eligibility to a badge.

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<th>Your signature or your representative’s signature:</th>
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<td>Date of application:</td>
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<td>Please print your name here:</td>
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Checklist of Documents
Please tick the relevant boxes to ensure you have enclosed all the necessary documents to support your application. See guidance notes for more details.

**Section A Information about you**
We must see proof of your identity and address in 2 separate documents. If you are sending us a certified photocopy of a benefit letter showing the applicant’s name and current address, this will also be sufficient to verify address but we must also see evidence of identity as detailed in the guidance notes.

- [ ] A certified photocopy of proof of your address, dated within the last 12 months.
- [ ] A certified photocopy of proof of your identity e.g. birth/adoption certificate; marriage/civil partnership certificate; divorce/dissolution certificate; driving licence.
- [ ] A standard passport photograph of yourself taken within the month prior to this application with your name and date of birth printed on the back. (Please do not use sticky tape, glue or staples)

**Section B People who are severely sight impaired**

- [ ] Blind Registration No or copy of CVI.
- [ ] People who receive the Higher Rate Mobility Component of Disability Living Allowance
  - [ ] A certified copy of your original letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months/year original annual uprating letter.
  - NB Attendance Allowance does not give automatic entitlement to a badge.
- [ ] People who receive the Mobility Component of Personal Independence Payment with a score of 8 points or more from the moving around activity
  - [ ] A certified photocopy of your original letter of entitlement/or annual uprating letter issued within the last 12 months.
- [ ] People who receive the War Pensioners’ Mobility Supplement
  - [ ] A certified copy of your original letter of entitlement for the War Pensioners’ Mobility Supplement.
- [ ] People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme
  - [ ] A certified copy of your original 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 E Children under the age of three**
- [ ] A letter from a healthcare professional who has been involved in the child’s treatment, giving details of condition and type of medical equipment needed.

**Payment**
If your application is successful we will send you a letter with details of how to make a payment using a Debit or Credit card by phone to our Customer Services Centre. The cost of a badge is £10. Please do not send cheques or postal orders with your application.

**Representative**
Please write the name, address and contact number of your representative

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Guidance notes for completing a blue badge application

Please read these notes carefully while you are completing your application for a Blue Badge. If we do not receive all the required information we will not be able to process your application, in which case the form, any payment and other supporting documents will be returned to you.

You can now apply and pay on line at www.hertsdirect.org/bluebadge. If you choose this option you will still be required to send us proof of your identity, your address and a certified photocopy of your original documentation relating to automatic entitlement to a Blue Badge. Where no automatic entitlement exists we will still need to do an assessment and this may be with an independent mobility assessor. Please note that if you have previously had a badge this may not automatically be renewed. You can also visit your local library where you will receive support to access the online application. You can book to use the internet via your local library on 0300 123 4049.

If you have any difficulties with completing the form or with obtaining the required documentation you can visit our website at www.hertsdirect.org/bluebadge or call us on 0300 123 4042.

Please note: Attendance allowance at any rate does not mean you get automatic entitlement to a Blue Badge. Only the benefits listed in section B and detailed below will give automatic entitlement to a badge. If you get any other benefits not listed below you will need to be assessed under the criteria listed in section D or section E if the application is for a child aged under 3.

Terminal illness
We are able to fast track applications for people who are terminally ill. Please tell us what your illness is in section F and how it affects your mobility. We will then need confirmation from your GP, hospice, MacMillan nurse, or a cancer specialist. If you are not sure about this or you want to apply on behalf of someone else, ring us on 0300 123 4042 and ask to speak to the Blue Badge team and explain why you think the application should be fast tracked. In some circumstances we can proceed without a photo or signature.

Section A Information about you or the person you are applying for
Please state the surname, first name, date of birth and national insurance number or child registration number of the applicant. If you are not the applicant please complete your details in the representative’s box. National insurance numbers can be found on letters from the tax office, on pay slips, or on pension or benefit entitlement letters from the Department for Work and Pensions. Child registration numbers can be found on letters from the revenue office (HMRC) about child benefit or tax credits.

Section B Qualify ‘without further assessment’
(automatic entitlement to a Blue Badge)
You will automatically qualify for a badge if you are aged over two years old, satisfy the residency and identity conditions and satisfy at least one of the eligibility criteria listed in Section B.
Registered as severely sight impaired (Blind)
We will check our Register but if you are registered with another local authority we will need to
check your details with them. If you haven’t registered then please send us a certified photocopy
of your Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist.

Please note your Certificate of Visual Impairment (CVI) must be for ‘severely sight impaired
(Blind)’. If you are certified as partially sighted or sight-impaired this will not give you automatic
entitlement to a badge. If you have other mobility problems then please complete section D of
the application form as you may qualify for a badge subject to ‘further assessment’.

Getting higher rate mobility component of Disability Living Allowance
(HRMCDLA) - Not attendance allowance
Please send us a certified copy of your award of benefit issued within the last 12 months
showing the expiry date or a certified copy of the original annual uprating letter. If you don’t
have any of these you can ring the Pension, Disability and Carers’ Service (PDCS) and ask
for a replacement letter. Telephone 08457 123 456; textphone 08457 22 44 33;
e-mail DCPU.Customer-Services@dwp.gsi.gov.uk

Getting Personal Independence Payment mobility component, with a
score of 8 points or more from the ‘moving around descriptor.
Please send us a certified photocopy of the decision letter showing the descriptor under which
you have been awarded the mobility component.

To get automatic entitlement to a blue badge under the Personal Independence Payment, the
mobility component must include one of the descriptors from the ‘moving around’ activity listed
on page 2 of the form. Tick the yes or no box against the descriptor which will be on your deci-
sion letter from the Department for Work and Pensions (DWP). Please note that the decision
letter may not show how many points you have been awarded but it will tell you under which
descriptor in the ‘moving around’ activity the mobility component has been awarded. Only the
descriptors listed on the application form can count for automatic entitlement.

You also need to tell us if you have been awarded this benefit for an on-going period or tell us
when your award is due to end.
If you cannot match any of the descriptors then you will need to complete section D of the form.

Getting War Pensioners’ Mobility Supplement (WPMS)
Please send a certified copy of your official letter of entitlement from the Service Personnel
and Veterans Agency (SPVA)

Getting a lump sum benefit under the Armed Forces and Reserve
Forces (Compensation) Scheme within tariff levels 1-8 (inclusive).
Please send a certified copy of the official letter stating that you have been awarded this benefit
and have been assessed and certified as having a permanent and substantial disability which
causes inability to walk or very considerable difficulty in walking. If you have lost either of the
above letters then contact the agency on free-phone 0800 169 22 77.

If you have answered yes to any of the questions in Section B and have automatic entitlement
then please complete Section C if you are a current badge holder and then proceed to Section G.
Section C Renewal applications
Complete this Section if you are a current badge holder. Please note that unless you have automatic entitlement to a Blue Badge you must complete Sections D or E and will need to be assessed again before we can issue you with another badge.

If you or the person you are applying for have answered no to all the questions in Section B you will only be eligible for a Blue Badge ‘subject to further assessment’. Complete either Section D1 or D2.

If you are applying for a child under 3 who has a disability or illness requiring bulky medical equipment or who needs access to a vehicle for treatment, please complete section E.

Section D Qualify subject to ‘further assessment’
Complete section D if you do not qualify under section B. You will only qualify for a badge under section D ‘subject to further assessment’, if you are aged more than 2 years old and satisfy the residency and identity conditions. We may telephone you for more information and you may be required to see our Independent Mobility Assessor. Please send us any medical evidence that you have to support your application.

D1 Walking disabilities or difficulties
A permanent and substantial disability is one that is expected to last for life and will cause an inability to walk or very considerable difficulty in walking. We cannot issue badges for temporary conditions which are likely to improve such as a broken leg.

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. Tell us about all your illnesses and disabilities so that we have a clear picture of how your ability to walk is affected. You can continue on an extra sheet if necessary.

What treatment are you receiving or expect to receive for the medical conditions /disabilities mentioned above? Please list all treatment you have had or expect to have. Examples could be physiotherapy, scans x-rays or surgery.

Please tell us what medication you are on and whether you receive any painkillers? List all prescribed medication you take and any painkillers.

Physical problems that restrict your walking. It is important you give us a clear picture of your walking ability. If you are not sure how far you can walk or how long it takes you, it may be useful to measure this so that you can give accurate information. Describe to us how you walk e.g. with a limp, dragging your leg etc. By severe discomfort we mean things like shortness of breath, pain, extreme tiredness or muscle spasms. Other examples could be stiff leg, shuffling, swing or staggering, problems with balance, you need physical support.

Please note medical conditions such as asthma, autism, psychological or 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 but only if they are in receipt of higher rate mobility component of disability living allowance on account of their condition or are unable to walk or have very considerable difficulty in walking.
How far can you normally walk (including any short steps) before you feel discomfort? An example could be walking from your front door to the road or from the house to the bus stop.

For how many minutes can you walk before you feel severe discomfort? Tick the box to best describe your walking speed or tell us in your own words what you think your walking speed is. By severe discomfort we mean things like shortness of breath, pain, extreme tiredness or muscle spasms. Are you able to continue walking after a short rest?

Does the exertion of walking constitute a danger to your life or is it likely to lead to serious deterioration of your health? This relates to people with, for example, serious lung or heart conditions who may be physically unable to walk normally. Any deterioration does not need to be permanent but should require medical intervention to aid recovery. Any danger to life must be as a direct result of the effort required to walk. People with epilepsy will need to show that any fits were brought about by the effort required to walk.

D2 Severe disability in both arms
Complete this part if you regularly drive a vehicle and have a severe disability in both arms and you are unable to operate, or have considerable difficulty in operating, all or some types of parking meter including pay and display machines.

This may cover disabled people who drive an adapted vehicle or severely disabled people, with for example a limb reduction deficiency of both arms, bilateral upper limb amputation, muscular dystrophy, spinal cord injury, motor neurone disease or a condition of comparable severity. If you drive an adapted vehicle please provide documents which contain statements to this effect. If your vehicle is registered as adapted with the DVLA we will need to see evidence of this from your driving licence.

Section E
Children under the age of three
This section applies to a child aged under three who:
Has a condition requiring transportation of bulky medical equipment which is difficult to carry and must be with the child at all times; Or
where a child has a condition that means they need to be kept near a vehicle at all times either for treatment or taken to a place where they can be treated.

Some examples of bulky medical equipment are: ventilators, suction machines, feed pumps, parenteral (intravenous lines) equipment or syringe drivers (intravenous or subcutaneous injections), oxygen equipment, pavlik or Spica casts.

Some examples of medical conditions that would require a child under three to be near a car at all times are: children with severe epilepsy, terminally ill children, unstable diabetes and children with tracheotomies.

We need to see proof of the child’s illness or disability and may ask our Independent Mobility Assessor to do an assessment. Please submit any medical letters or reports that confirm the child’s condition.
Section F
Additional information
Use this space to tell us anything else that might help us to make a decision.
You can use a continuation sheet if necessary.

Please note that we may telephone you for more information or ask you to attend an
assessment with our Independent Mobility Assessor.

Vehicle registration numbers –
If there isn’t a regular car in which you travel you don’t have to complete this question.

Section G
Doctor’s details
This could also be a physiotherapist, consultant or paediatrician we may contact them for
additional information. If you already have any recent original reports or letters confirming a
walking disability please send these with your application.

We cannot re-imburse you for any fees for medical reports or letters that you have to pay your
GP or any other medical professional to support your application.

Section H
Declaration and Data Protection Notice
Please read every statement and then sign and date the application form to confirm that you
have understood and agree with each declaration.

Please remember that if your mobility improves and you no longer need the badge that you
must return it to us at the address listed on the back of the application form.

In order to prevent fraud, the badge must be returned when it has expired or on the death of the
badge holder. We can now access a register of deaths from a secure Government website.

Checklist of documents
We need to see 2 documents. One showing your identity and the other showing your address.
You cannot use the same document for both. If however, you are sending us proof of benefit
entitlement you can also use this letter to confirm your address.

Section A
Proof of your identity - Please send us a certified photocopy of your birth/ marriage/civil
partnership certificate or dissolution or divorce certificate, valid driving licence or passport.

Proof of address - Please send us a certified photocopy such as a council tax bill showing
your name and address. We will also accept a certified photocopy of original letters addressed
to you from the Department for Work and Pensions (DWP), the War Veterans Agency or HMRC
with details about your benefit entitlement. For child applications we will also accept certified
photocopies of original letters and reports from hospital consultants or paediatricians. If the
child is looked after or disabled we will be able to confirm their address and identity from our
Children’s Service.
Photograph details - You will need to supply a passport style photograph of yourself or
the applicant. It must be taken within the month prior to application. The photograph must be of
the applicant, with no other person visible and needs to show the full face and shoulders without
any coverings (unless for religious beliefs or medical reasons). An up-to-date photo taken within
the last 6 months) will be needed at renewal time.

Please do not use sticky tape, glue or staples as the photograph needs to be scanned.
Photographs that do not conform to the above specifications cannot be used.

Copies of Documents
We are able to accept photocopies of documents if they have been certified.
This means that a person with a responsible role in the community can confirm that they have
seen the original document, and that the photocopy is a true likeness of the original document.
Do not send original documents, please send certified photocopies only. We cannot accept
responsibility for any documents that are lost in the post. If you would like certified copies to be
returned you must enclose a SAE.

If the applicant is a Hertfordshire resident you can go to your local library and ask staff there to
certify copies of your original documents. Alternatively, some other examples of people who
can certify a document copy are: Social care worker, chiropodist, teacher, doctor, dentist, nurse,
optician, pharmacist, vicar or priest. The person signing can not be a relative.

The person must write on the photocopy that it is a true likeness of the original, sign and date
the document and state their occupation.

Tick all the boxes to show that you have enclosed evidence of your identity and address.

Section B If you have automatic entitlement, tick the box which applies to you, to show that you
have enclosed the correct documents.

Section E tick the box to show that you have included evidence from a healthcare professional
who has been involved in the child’s treatment. If you don’t have any evidence please make
sure that you have given us details in Section G of a medical professional who we can contact.

Payment Please do not send cash, cheques or postal orders with your application form. If your
application is approved we will write to you with details on how to make a telephone payment by
credit or debit card. The cost of a blue badge is £10.

Representatives details Please complete this box in case we need to contact someone if your
badge is no longer required and needs to be returned to us. You can also use this box to tell us
your contact details if you are applying on behalf of someone else.

Please note we do not send out acknowledgements.