



**EAST RENFREWSHIRE
COMMUNITY HEALTH AND CARE
PARTNERSHIP**



Date stamp – for official use only

Blue Badge Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. A payment of £20.00 is required along with a passport standard photograph. 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

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.

If you are applying on behalf of an organisation that cares for and transports disabled people then please do not complete Section 1. You only need to complete Sections 6 and 7.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance note.

All categories marked with an asterisk '*' are mandatory

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

*First names (in full):

*Surname:

*Surname at birth:

*Gender: Male Female

*Date of Birth (DD/MM/YYYY): / /

*Town:

Place of Birth: *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:

*Line 1 of Address

*Line 2 of Address

*Postcode:

Home Tel:

Mobile Tel:

Email:

Previous address, if different in the last three years:

*Line 1 of address

*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?

Are you applying as: Driver Passenger Driver/Passenger

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, 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.

Name of school applicant attends

Proof of your identity:

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach an original of **one** of the following as proof of your identity:

- Birth certificate / adoption certificate Marriage / Divorce certificate Passport
- Civil Partnership / Dissolution certificate Valid driving licence

Please Note, East Renfrewshire Council does not accept liability for loss of original documents therefore would prefer that you bring your original documents along to one of our offices for verification (office addresses can be found at the end of section 7d).

Photograph:

Please enclose a recent colour passport-style 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 7(a) and 7(d) of this form to confirm that the photograph is a true likeness.

Methods of Payment:

If you wish to pay by debit or credit card please call Customer First on **0141 577 3001** with your card details prior to submitting your application. (Please note there is a 2% surcharge applied to credit card payments only). One of our Customer Service Officers will give you a case reference number once your payment has been made, please mark this number in the box below.

Please record case reference number given by Customer First:

Alternatively please enclose a cheque or postal order made payable to **East Renfrewshire Council**. Your £20.00 will be refunded should your application be unsuccessful.

Section 2 – Questions for ‘without further assessment’ applicants

These questions are intended for people who **may** qualify for a Blue Badge automatically because they:

- are blind (severely sight impaired);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive the **Mobility Component** of Personal Independence Payment;
- receive the War Pensioner’s Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes enclosed with this application form.

2a) People who are blind (severely sight impaired) [Regulation 4(2)(c)]

Are you registered as blind (severely sight impaired)?

Yes: No:

If YES, please state which local authority you are registered with:

If YES, do you give consent to us to check the local authority’s register of blind people to see whether your disability is already known to the council?

Yes: No:

If NO, then please indicate whether you have enclosed a copy of your Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist and held by your Social Services Department or local society.

Yes: No:

2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance [Regulation 4(2)(a)]

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?

Yes: No:

If YES, have you been awarded this benefit indefinitely?

Yes: No:

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose an original letter of entitlement to this benefit issued within the last twelve months or your most recent original annual uprating letter.

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

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

[Regulation 4(2)(aa)(ii)]

Does your 'Moving Around' descriptor for the Mobility component meet/match any of the following statements?

- [I've decided that] You can stand and then move unaided more than 20 metres but no more than 50 metres. [This gives you a score of 8.]
- [I've decided that] You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. [This gives you a score of 10.]
- [I've decided that] You can stand and then move more than 1 metre but no more than 20 metres either aided or unaided. [This gives you a score of 12.]
- [I've decided that] You cannot stand or move more than 1 metre. [This gives you a score of 12.]

If you did not tick any statement above, please tick the 'NO' box.

No:

If you have ticked a statement above (8,10 or 12 points): have you been awarded this benefit for an ongoing period?

Yes:

No: If NO, when is your award of this benefit due to end

(DD/MM/YYYY): / /

If you have ticked one of the above statements (8,10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose an original letter of entitlement to this benefit issued within the last twelve months, or your most recent original annual uprating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2d) People who meet a 'Planning and Following Journeys' descriptor for the Mobility Component of Personal Independence Payment (PIP)

[Regulation 4(2)(aa)(i)]

Does your 'Planning and Following Journeys' descriptor for the Mobility component meet/match the following statement?

- [I've decided that] You cannot follow the route of a familiar journey without another person, [an] assistance dog or [an] orientation aid. [This gives you a score of 12.]

If you did not tick the statement above, please tick the 'NO' box.

No:

If you have ticked the statement above (12 points): have you been awarded this benefit for an ongoing period?

Yes:

No: If NO, when is your award of this benefit due to end

(DD/MM/YYYY): / /

If you have ticked the above statements (12 points) for the "Planning and Following Journeys" descriptor of the Mobility Component of PIP, you must enclose an original letter of entitlement to this benefit issued within the last twelve months, or your most recent original annual uprating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

**2e) People who receive the War Pensioner's Mobility Supplement
[Regulation 4(2)(d)]**

Do you receive the War Pensioner's Mobility Supplement?

Yes: No:

If YES, have you been awarded this benefit indefinitely?

Yes: No:

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose an original letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

**2f) People who receive a benefit under the Armed Forces and Reserve Forces
(Compensation) Scheme
[Regulation 4(2)(d)(da)]**

Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes: No:

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose the original of this 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.

If you have answered "Yes" to any of the questions in Section 2, please go straight to Section 7.

Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties.

These questions are intended for people who have answered NO to all of the questions in Section 2. 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:

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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? (Tick as appropriate)

Yes: No:

If you ticked 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: (please describe the help you need in the space below...)

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific street address which can be found on a map)

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 box 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)

- | | |
|---|---|
| <input type="checkbox"/> 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 (a walking frame with wheels) |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Other (please describe in the space below) | |

Were your walking aids...

(Please tick whichever options apply to you)

- Purchased privately by me.
- Prescribed by a healthcare professional.
- Provided by Social Services.
- Other (please describe below).

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?

If you have completed Section 3, please go straight to Section 7.

Section 4 – 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.

If you have completed Section 4, please go straight to Section 7.

Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three [Regulation 4(3)]

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes: No:

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three who has a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: No:

If YES, please describe the child’s medical condition

If you have answered yes to either of the questions above please enclose a letter from a healthcare professional that has been involved in your child’s treatment (for example your GP or paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below:

If you have completed Section 5, please go straight to Section 7.

Section 6 – Applying for an Organisational Blue Badge [Regulation 5]

These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle/vehicles (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge. Please see Section 6 of the accompanying guidance note for a list of the eligibility criteria prescribed in the regulations that govern the scheme.

An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.

Organisational badges will therefore only be issued to an organisation which:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge – and must not be used for the employee's benefit when they are carrying out other business on behalf of the organisation. It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge.

If you are unsure about how to answer these questions, then please read the guidance notes enclosed with this application form.

All categories marked with an asterisk '*' are mandatory

***Name of organisation**

***Main contact name:**

***Organisation Address:**

***Postcode:**

Telephone:

Email:

***Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge?** See Section 6 of the accompanying guidance note for a list of the eligibility criteria.

Yes: No:

If YES, please give details of the nature of this care:

***As part of that care, does your organisation provide them with transportation?**

Yes: No:

If YES, please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:

Type of vehicle	Vehicle Registration Number	Frequency used to transport disabled people

Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation class?

Yes: No:

If YES, please give details and attach a photocopy of the tax disc(s) to this application:

How many disabled people are in the care of your organisation?

: people

How many of these people are already in receipt of a Blue Badge as individuals?

: people

How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals (see description of eligible disabled people in the accompanying guidance note)?

: people

Charity Number of your organisation:
(if applicable)

Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:

How often do you envisage your organisation will use the Blue Badge?

If you already have an organisational Blue Badge:

What is the serial number on the current badge(s)?

What is the expiry date of the current badge(s)?

How many organisational badges are you applying for?

(Please note that your organisation will be required to pay the badge issue fee for each Organisational Badge that is issued)

Methods of Payment:

If you wish to pay by debit or credit card please call Customer First on **0141 577 3001** with your card details prior to submitting your application. (Please note there is a 2% surcharge applied to credit card payments only). One of our Customer Service Officers will give you a case reference number once your payment has been made, please mark this number in the box below.

Please record case reference number given by Customer First:

Alternatively please enclose a cheque or postal order made payable to **East Renfrewshire Council**. Your £20.00 will be refunded should your application be unsuccessful.

Section 7 – Declarations and signatures

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

7a) 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.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “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.

Declarations to be completed by all individual applicants

- 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.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3, 4 or 5)

- 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.

Declarations to be completed by all organisational applicants

- I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people.
- I understand that, if the application is successful, the badge(s) will only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.

7b) Your consent to use your information to improve the service you receive

Please read and tick the following optional declarations that you consent to. 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 my eligibility for a Blue Badge;
 - It may speed up the processing of my 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 me.

7c) 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.
(if you have not given consent for us to check Council Tax / electoral register / school records).
- An original document of proof of your identity.
- A colour passport-style photograph of yourself with your name on the back.

Please Note, East Renfrewshire Council does not accept liability for loss of original documents therefore would prefer that you bring your original documents along to one of our offices for verification (office addresses can be found at the end of section 7d).

Methods of Payment:

If you wish to pay by debit or credit card please call Customer First on **0141 577 3001** with your card details prior to submitting your application. (Please note there is a 2% surcharge applied to credit card payments only). One of our Customer Service Officers will give you a case reference number once your payment has been made, please mark this number in the box below.

Please record case reference number given by Customer First:

Alternatively please enclose a cheque or postal order made payable to **East Renfrewshire Council**. Your £20.00 will be refunded should your application be unsuccessful.

Section 2a – People who are blind (severely sight impaired)

- A copy of your Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist and held by your Social Services Department or local society (if you have not given us consent to check the blind register).

Section 2b – People who received the Higher Rate of the Mobility Component of Disability Living Allowance

- An original letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or your most recent original annual uprating letter.

Section 2c – People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

- An original Personal Independence Payment decision letter issued within the last 12 months or your most recent original annual uprating letter

Section 2d – People who meet a ‘Planning and Following Journeys’ descriptor for the Mobility Component of Personal Independence Payment (PIP)

- An original Personal Independence Payment decision letter issued within the last 12 months or your most recent original annual updating letter.

Section 2e – People who receive the War Pensioner’s Mobility Supplement

- An original letter of entitlement for the War Pensioner’s Mobility Supplement.

Section 2f – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

- An 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 4– Drivers with a disability in both arms

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

Section 5 – Children under the age of three

- A letter from a healthcare professional that has been involved in the child’s treatment, giving details of condition and type of medical equipment needed.

Section 6 – Organisational Badge

- A photocopy of the tax discs for any vehicles registered under the Disabled Passenger Vehicle (DPV) class.
- A photocopy of your vehicle registration document.
- A sheet of your organisation’s letter-headed paper for the logo to be displayed on the badge

7d) Your signature against the declarations in Section 7a and 7b

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please print your name here:	

Please return this form, relevant documents and fee to:

Customer Services

Council Buildings Council HQ
Eastwood Park
Rouken Glen Road
Giffnock
G46 6UG

Alternatively call into either of the council offices below.
(Opening Hours: Monday to Friday 8:45am – 4:45pm)

Barrhead Council Office
211 Main Street
Barrhead
East Renfrewshire
G78 1SY

Council Buildings Council HQ
Eastwood Park
Rouken Glen Road
Giffnock
G46 6UG

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

Blue Badge Application Form - Guidance Notes

What sections of the application form should I complete?

All individual applicants should complete Section 1 and Section 7.

Individual applicants will also need to complete:

- Section 2 if they receive the Higher Rate of the Mobility Component of Disability Living Allowance.
- Section 2 if they meet the "Moving Around" descriptor for the Mobility Component of Personal Independence Allowance (PIP) at the standard rate of 8 points or more.
- Section 2 if they meet the "Planning and Following Journeys" descriptor for the Mobility Component of Personal Independence Allowance (PIP) at the enhanced rate of 12 points.
- Section 2 if they are registered blind (severely sight impaired).
- Section 2 if they receive the War Pensioner's Mobility Supplement.
- Section 2 if they receive the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive).
- Section 3 if they have a permanent and substantial disability which means they are unable to walk or virtually unable to walk.
- Section 3 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 means they are unable to walk or virtually unable to walk.
- Section 4 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 5 if the applicant is a child under the age of 3 who must be accompanied by bulky medical equipment or who needs to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

Organisational applicants should complete Section 6 and Section 7 only.

Section 1 - Information about you

This section should be completed by all individual applicants for a Blue Badge. It does not need to be completed if you are applying for an Organisational 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

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.

Address:

Proof of address should be in the form of an original Council Tax bill bearing your name and address. The original must be submitted with your application and will be returned at the end of the application process.

You will not need to submit your Council Tax bill if you have ticked the appropriate box in Section 1, which gives your consent for the local authority to check your address on their Council Tax records or electoral register.

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.

Blue Badge Issue Fee - Methods of Payment:

If you wish to pay by debit or credit card please call Customer First on **0141 577 3001** with your card details prior to submitting your application. (Please note there is a 2% surcharge applied to credit card payments only). One of our Customer Service Officers will give you a case reference number once your payment has been made, please mark this number in the box below.

Please record case reference number given by Customer First:

Alternatively please enclose a cheque or postal order made payable to **East Renfrewshire Council**.

Your £20.00 will be refunded should your application be unsuccessful.

Section 2 – Questions for ‘without further assessment’ applicants

You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2. You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of proof of entitlement is proof of payment of the allowance. Any documents sent in as proof of entitlement will be returned to the applicant as quickly as possible, once they are no longer needed by the local authority.

Section 2a

Please complete this section if you are registered as blind (severely sight impaired). You are asked to state the name of the local authority with which you are registered. In many cases, you will be registered with the same authority to which the application for a badge is being made.

The current formal notification required to register as blind (severely sight impaired) is a Certification of Blindness or Defective Vision (BP1 (3R)), or a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist, which states that you are blind (severely sight impaired). Previous equivalents are also acceptable, however, registration is voluntary.

Section 2b

Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). You will have had an award notice letter from the Pension, Disability and Carers Service (PDCS). You will also have been sent an annual uprating letter stating your entitlement. This uprating letter can be used as proof of receipt of HRMCDLA if your award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your uprating letter, then please contact the PDCS for a current award letter by:

- Telephone: 08457 123 456
- Textphone: 08457 224 433
- Email: DCPU.Customer-Services@dwp.gsi.gov.uk

This helpline is open from 7.30am to 6.30pm Monday to Friday, and further details can be found online at:

http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/DisabilityLivingAllowance/DG_10011925

Section 2c

Please complete this section if you receive Personal Independence Payment (PIP) and your decision letter states that you meet one of the following 'Moving Around' descriptors within the Mobility Component:

- [I've decided that] You can stand and then move unaided more than 20 metres but no more than 50 metres. [This gives you a score of 8.]
- [I've decided that] You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. [This gives you a score of 10.]
- [I've decided that] You can stand and then move more than 1 metre but no more than 20 metres either aided or unaided. [This gives you a score of 8.]
- [I've decided that] You cannot, either aided or unaided, stand or move more than 1 metre. [This gives you a score of 12.]

You must provide an original letter of entitlement to this benefit issued within the last 12 months, or your most recent original annual uprating letter dated within the last 12 months. If you have lost your PIP decision letter, then please contact DWP for a decision letter by:

- Telephone: 08458 503 322
- Textphone: 08456 016 677

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at <https://www.go.uk/pip>

Section 2d

Please complete this section if you receive Personal Independence Payment (PIP) and your decision letter states that you meet one of the following 'Planning and Following Journeys' descriptors within the Mobility Component:

- [I've decided that] You cannot follow the route of a familiar journey without another person, [an] assistance dog or [an] orientation aid. [This gives you a score of 12.]

You must provide an original letter of entitlement to this benefit issued within the last 12 months, or your most recent original annual uprating letter dated within the last 12 months. If you have lost your PIP decision letter, then please contact DWP for a decision letter by:

- Telephone: 08458 503 322
- Textphone: 08456 016 677

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at <https://www.go.uk/pip>

Section 2e

Please complete this section if you receive a War Pensioner's Mobility Supplement (WPMS). You should have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. You must enclose the original of this 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.

Section 2f

Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You will have been issued with a letter from the Service Personnel and Veterans Agency confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose the original of this 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.

Section 3 – Questions for 'subject to further assessment' applicants with walking difficulties

Section 3 is to be completed if the questions in Section 2 do not apply to you and 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 (M.E.) 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 or virtually unable to walk, in addition to their condition.

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.

Section 3 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 4 – Questions for 'subject to further assessment' applicants with disabilities in both arms

Section 4 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 5 – Questions for ‘subject to further assessment’ applicants under the age of three

Section 5 should be completed on behalf of:

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

A local authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

You must enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact. The letter should include a reference to your child's home address to provide your local authority with proof of residence.

Section 6 – Organisational badges

- Please complete this section if you are representing an organisation applying for an organisational badge. An organisational badge may be issued to organisations whose responsibility includes the care and transportation of disabled people who would themselves meet the eligibility criteria for a badge should they apply individually.

Organisational Badges will therefore only be issued to an organisation which both:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- Has a clear need for an organisational badge rather than using the personal Blue Badges of people it is transporting.

In all circumstances, badges will be supplied to organisations or departments (e.g. Social Services Department) rather than to individual staff members.

All employees of the organisation who will be using the badge should be reminded that they must only use the badge for the purposes of transporting disabled people in their care who meet one or more of the eligibility criteria for a badge.

These employees should be reminded that if they use the badge to take advantage of the concessions when there are no passengers in the vehicle who are eligible for a badge they will face a fine of up to £1,000.

Section 7 – Declarations and signatures

Section 7a): 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 7b): You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

Section 7c): 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