

# Blue Badge application form

## Pilot eligibility criteria

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

If you are completing the form on behalf of an applicant who is under 16, or who cannot complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf at the end. A payment of **£20.00** is required along with a passport standard photograph.

All categories marked with an asterisk (\*) are mandatory

### Section 1 – Information about the applicant

Please complete the following boxes.

<b>*Title</b> (Mr, Mrs, Miss, Ms, Dr, Prof, other):	
<b>*First names</b> (in full):	
<b>*Surname</b> :	
<b>*Surname at birth</b> :	
<b>*Gender</b> : Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>*Date of Birth</b> (DD/MM/YYYY): □□/□□/□□□□
<b>Place of Birth</b> :	<b>*Town</b> :
	<b>*Country</b> :
<b>*National Insurance Number or NHS number (if under 16):</b> (see Section 1 of the guidance notes)	<input type="text"/>
<b>Current address and contact details</b> :	<b>*Address</b> :
	<b>*Town</b> :
	<b>*Postcode</b> :
	Home telephone:
	Mobile telephone:
	Email address:
<b>Previous address, if different in the last three years:</b>	
Postcode:	

<b>School details (if applicant under 16):</b>	Name:
	Address:
	Contact telephone:
<b>If you now hold, or have ever held, a Blue Badge:</b>	Local authority that issued the last badge:
	Serial number of the last badge:
	Expiry date of the last badge:
<p><b>Proof of your address, dated within the last 12 months:</b>  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:</p> <p><b>Either:</b> <input type="checkbox"/> 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.</p> <p><b>Or:</b> <input type="checkbox"/> I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.</p> <p><b>Or:</b> <input type="checkbox"/> 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.</p> <p><b>Or:</b> <input type="checkbox"/> 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.</p>	
<p><b>Proof of your identity:</b>  We need to check your identity to reduce the risk of fraud. You must attach an original of <b>one</b> of the following as proof of your identity:</p> <ul style="list-style-type: none"> <li>• Passport</li> <li>• Valid Driving Licence</li> <li>• Birth or adoption certificate</li> <li>• Marriage or divorce certificate</li> <li>• Civil Partnership or dissolution of Civil Partnership certificate</li> </ul> <p>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 on page 10 of this application form)</p>	
<p><b>Photographs:</b>  Please enclose a recent colour passport standard 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.</p>	
<p><b>Badge issue fee:</b>  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 Services Officers will give you a case reference number once your payment has been made, please mark the reference number in the box below.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Ref no. </div> <p>Alternatively please enclose a cheque or postal order made payable to <b>East Renfrewshire Council</b>. Your £20.00 will be refunded should your application be unsuccessful.</p>	

## Section 2 – Checking the applicant meets the qualifying criteria

Please complete all the following sections.

### Your diagnosis

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

**What is the condition you have been diagnosed with?**

**You need to get proof from a healthcare professional that you have been diagnosed with this condition. You should attach a letter confirming the diagnosis to this form.**

### Receiving social security benefits

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

**Tick the box next to the benefit you currently receive.**

- You get the higher rate of the care component of the Disability Living Allowance
- You get the middle rate of the care component of the Disability Living Allowance
- You get the higher rate of Attendance Allowance
- You get the lower rate of Attendance Allowance

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

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

**You must enclose an original letter of entitlement to this benefit. We may also check that you are in receipt of this award with the Department for Work and Pensions.**

## Background to your condition

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

### Please describe:

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

Medication	Dosage	Frequency

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

Yes:  No:  Don't know:

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

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## Section 3 – Countersignatory questionnaire

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

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

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

<b>Healthcare or social work professional contact details:</b>	Name
	Job title:
	Registration number:
	Organisation:
	Work telephone:
	Email address:

### Can the applicant follow the route of a familiar journey on their own?

Yes:  No:  Sometimes:

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

### Can the applicant follow the basic instructions such as “slow down”, “stay here” or “stop”?

Yes:  No:  Sometimes:

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

**Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic?**

Yes:  No:  Sometimes:

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

**Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that normally required for children of that age)?**

Yes:  No:  Sometimes:

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

**Can the applicant deal with unexpected changes in their journey?**

Yes:  No:  Sometimes:

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

**Does the applicant wander off when exiting a vehicle, causing danger to themselves or others?**

Yes:  No:  Sometimes:

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

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

Yes:  No:  Not applicable:

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

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

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

Yes:  No:

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

**Your signature:**

**Date of signature:**

(DD/MM/YYYY):  /  /

**Please print your name here:**

## Section 4 – Declarations and signatures

- Please read the following declarations carefully.
- 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.

All documents relating to this application will be handled 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 sensitive personal data and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

### Declarations to be completed by all applicants

- I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.
- I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.
- I confirm that the photographs I have submitted with my application are a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme: Rights and Responsibilities in Scotland” leaflet which will be sent to me with the badge.
- I understand that I must not hold more than one valid Blue Badge at any time.
- I understand that the local authority may 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.

### Optional declarations about using your information

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.

### **Options about participating in research**

To help find out how this pilot to extend blue badge eligibility is working, Transport Scotland wants to get feedback from applicants or the person applying on their behalf. Anything you provide as part of this research would be confidential, and will not be used to make decisions regarding this or any future application. Participating in this research is completely optional. **Would you be happy for your contact details to be shared with Transport Scotland and for them to contact you about this?**

- Yes, I am happy to be contacted by Transport Scotland for this research
- No, please do not contact me about this

### **Your signature against the declarations that you have ticked above**

<b>Your signature:</b>	
<b>Date of application:</b>	(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"/>
<b>Please print your name here:</b>	
If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.	
<b>Please indicate your relationship to the applicant:</b>	

### **Checklist of documents you need to enclose**

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

- Proof of your address, dated within the last 12 months, if you haven't given consent for us to check Council Tax or electoral register or school records.
- Proof of your identity.
- A passport standard photograph of the applicant with your name on the back.
- An original letter from a healthcare professional confirming your diagnosis.
- An original benefit decision letter.

### **Returning this form**

You should return this form to your council's Blue Badge service. Here are their contact details:

***If returning by post, please return this form and relevant documents to:***

***Council HQ, Eastwood Park, Rouken Glen Road, Giffnock, EAST RENFREWSHIRE, G46 6UG OR call into one of the offices below:***

- Council HQ, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG***
- Barrhead Council Office, 211 Main Street, Barrhead, G78 1SY***

***Opening Hours : 8:45am to 4:45 pm***

# Blue Badge application form

## Guidance notes

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

### Section 1 - Information about you

- ✓ This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.
- ✓ The form asks for a National Insurance Number or in the case of children under 16, the NHS number. This can be found on an NHS Medical Card or you can ask the child's GP for it.
- ✓ A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued. For this reason, the local authority needs to check your identity, and information is given on the form about how to provide the necessary information. The local authority may ask to see your identity documents to be sure they're valid.

### Section 2 – Checking the applicant meets the qualifying criteria

- ✓ This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.
- ✓ To be eligible under this pilot scheme, you must be in receipt of the social security benefits at the rates listed in this section. If you don't claim these benefits, talk to your council's Blue Badge service as you might be eligible under other criteria. Contact details are on page 9.
- ✓ If you to check the benefits you currently receive, or need a specific letter to be issued again, call the Department for Work and Pensions disability benefits helpline on 0345 712 3456 if you were born after 8 April 1948, or 0345 605 6055 if you were born on or after 8 April 1948.

### Section 3 – Countersignatory questionnaire

- ✓ This section should be completed by a healthcare or social work professional who has seen the applicant at some time over the last 12 months and is not the applicant's GP.
- ✓ You should get one of the following kinds of professional to complete the form:

A doctor with a current licence to practice  
An arts therapist  
An occupational therapist  
A practitioner psychologist  
A speech and language therapist  
A nurse who is a specialist practitioner in mental health nursing (SPMH)  
A nurse who is a specialist practitioner in learning disability nursing (SPLD)  
A nurse who is a specialist practitioner in community mental health nursing (SCMH)  
A nurse who is a specialist practitioner in community learning disabilities nursing (SCLD)  
A social worker registered with the Scottish Social Services Council

- ✓ If you can't get someone on this list to complete the questionnaire, talk to your council's Blue Badge service – contact details are on page 9. It may still be possible to make an application.