

# Blue Badge Scheme - Application Form

This application should be completed in full with the details of the disabled person. Please complete all sections that apply using the Customer Guidelines to assist you. Please provide us with detailed information to assist us in the assessment process. If you have any questions completing this form please phone the Blue Badge team for assistance or if you wish to have the form in an alternative format.

**CONTACT US**    [bluebadge@herefordshire.gov.uk](mailto:bluebadge@herefordshire.gov.uk)    **01432 261619**

<b>Hereford City</b>	Garrick House, Widemarsh Street, Hereford HR4 9EU
<b>Bromyard</b>	The Bromyard Centre, Cruxwell Street, Bromyard HR7 4EB
<b>Ledbury</b>	St Katherines, Ledbury HR8 1EA
<b>Leominster</b>	Corn Square, Leominster HR6 8YP
<b>Ross-on Wye</b>	Swan House, Edde Cross Street, Ross-On-Wye HR9 7BZ
<b>Kington</b>	Kington Library, 64 Bridge Street, Kington HR5 3DJ

Please tick box  as appropriate

Please complete **ALL PARTS** in block capitals

## SECTION A

### Personal Details

Surname	Title (Mr, Mrs, Miss, Ms)
<input type="text"/>	<input type="text"/>
Forename(s)	Date of Birth
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Tel	Email
<input type="text"/>	<input type="text"/>

**National Insurance Number**

### Renewals Only

Badge Number  Expiry Date of Current Badge

## Confirmation of Address

Please supply a copy of **one** of the following as proof that you live in the county of Herefordshire

Utility bill

Rent Book

Council Tax Bill

Whichever one you provide, it must contain a date within the last three months to show that you are living in the county of Herefordshire.

## Confirmation of Identity

You must attach a photocopy of **one** of the following as proof of your identity.

Birth certificate/adoption certificate

Medical Card

Pink/new style driving licence

Passport

Marriage certificate

Bus pass

## Photographs

Please enclose **two** recent passport-style photographs (it might be possible to use good photos, passport size, that clearly show an unobstructed face).  
Please ensure that you print and sign your name on the back of **each** photograph.

## Fee

Please enclose a cheque/postal order for £2.  
Cheques should be made payable to 'Herefordshire Council'.

**Cash should not be sent through the post.**

**The £2 fee is non refundable if your application is unsuccessful**

## **SECTION B**

### **AUTOMATIC ELIGIBILITY**

#### **1. Registered Blind**

Are you registered as blind under the National Assistance Act 1948?

YES  NO

If YES, please specify the local authority with which you are registered and provide your certificate

#### **2. Disability Living Allowance**

Do you receive Disability Living Allowance at the Higher Rate for Mobility?

YES  NO

If YES, please provide evidence (e.g. an official letter dated within 6 months confirming an award of the allowance and the date this ends) Attendance Allowance and the Care Component of DLA do not entitle you to automatic eligibility.

#### **3. War Pensioners' Mobility Supplement**

Do you receive War Pensioners' Mobility Supplement?

YES  NO

If YES, please provide evidence (e.g. an official letter confirming award of War Pensioners' Mobility Supplement).

**If you answered YES to any question in Section B, please go to Section D  
If you answered NO to all the questions in Section B, please go to Section C**

## **SECTION C**

### **Important Notes for Section C – Please read before completing**

If you have answered NO to all questions in Section B and are applying as an individual, you will only qualify for a badge if you or the person on whose behalf you are applying:

- Has a congenital impairment affecting both arms **or**
- Is a child under the age of two with a medical condition requiring bulky medical equipment or immediate access to a vehicle for treatment **or**
- Is unable to walk or has considerable difficulty walking due to a permanent and substantial impairment.

Please read the attached notes for further guidance if you are unsure if this applies to you.

## **SELF-ASSESSED ELIGIBILITY WITH SUPPORTING EVIDENCE**

### **1. Do you satisfy all of the following?**

- Drive regularly;
- Have a severe congenital impairment in both arms; and
- Unable to operate or have considerable difficulty operating all or some types of parking meter.

YES

NO

Please describe your disability:

Please provide written evidence confirming your disability, such as a letter from someone who is medically qualified, for instance a GP, Occupational Therapist and Physiotherapist etc... It should then not be necessary to undertake an assessment at your local *INFO IN HEREFORDSHIRE* shop.

**2. Are you applying on behalf of a child aged under 2 years who either**

i. Has a medical condition requiring transportation of bulky medical equipment at all times?

YES

NO

and / or

ii. Has a medical condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

YES

NO

Please describe the child's medical condition:

Does this require regular transportation of heavy equipment?

YES

NO

If YES, what type of equipment?

Please provide written evidence confirming the child's disability and the type of bulky equipment required, such as a letter from someone who is medically qualified, for instance a GP, Occupational Therapist and Physiotherapist etc... It should then not be necessary to undertake an assessment at your local *INFO IN HEREFORDSHIRE* shop.

## ASSESSED ELIGIBILITY

***Difficulty walking due to a permanent and substantial impairment.***

To apply under this criteria you will be required to undertake an assessment at your local **INFO IN HEREFORDSHIRE shop** (this includes individuals requesting a renewal of an expired badge). To avoid possible lengthy waiting times you can phone **01432 261619** to book an appointment (these are currently only available at Garrick House).

If you do not qualify under any of the previous eligibility criteria, you may still have entitlement to a Blue Badge if you have a permanent disability (people awaiting a hip/knee replacement or with broken bones would ordinarily not meet this test) that severely restricts your ability to walk. The Department of Transport explain that you would need to meet the same eligibility criteria as that for the award of High Rate Mobility Disability Living Allowance.

Please complete this form and bring it with you to the assessment, along with any supporting medical evidence that you are able to obtain (for instance a current prescription list, hospital appointment cards, letter from a GP, Occupational Therapist and Physiotherapist etc...)

In exceptional circumstances it might be possible to undertake the assessment in your own home, however due to the nature of this service there will almost certainly be a lengthy delay.

Please provide a brief explanation of your medical condition;

## **SECTION D** - (to be answered by all applicants)

### ***Driver / Passenger Status and Vehicle Registration.***

Will you be a driver or passenger in a car when using a Blue Badge?

DRIVER  PASSENGER  BOTH

Vehicle Registration Number for principal car in which badge will be used

(One car should be nominated but other vehicles may be used and the badge transferred when necessary)

Please provide details of a registered health professional who could be asked to assess your mobility (e.g. Occupational Therapist, Physiotherapist, GP)

Name		
Address		
Official Title		Tel. (if known):

**Declaration (to be completed by all applicants)**

I declare that, to the best of my knowledge, all the information I have provided is correct.

I agree to the Local Authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

I understand that it is an offence to fraudulent claim or misuse a Blue Badge (guidance is available) and the Council will take appropriate action where this is identified.

**Data Protection Act 1998**

I understand that the information supplied by me on this form will be maintained by the Council and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, to Transport for London in relation to discounts for congestion charging, or otherwise as the law allows.

I further 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.

Signed

Name

Date

**Please ensure you sign in the box below, it will form an essential part of your badge as proof of identity. The badge cannot be issued if this box is not signed.**

# Checklist

Please enclose all the relevant documents.

Completed	Section A	<input type="checkbox"/>
	Section B <i>or</i>	<input type="checkbox"/>
	Section C <i>or</i>	<input type="checkbox"/>
	Section D	<input type="checkbox"/>
	Declaration	<input type="checkbox"/>
	Signature in the box	<input type="checkbox"/>
I have enclosed:	Confirmation of Address	<input type="checkbox"/>
	Confirmation of Identity	<input type="checkbox"/>
	Medical evidence	<input type="checkbox"/>
Enclosed evidence of higher rate of the mobility component of Disability Living Allowance or War Pensioners' Mobility Supplement (if applicable)		<input type="checkbox"/>
Enclosed 2 x recent passport type photographs with name printed on back		<input type="checkbox"/>
Enclosed a Cheque/Postal Order of £2.00 Cheques/Postal orders should be made payable to Herefordshire Council		<input type="checkbox"/>

**Cash should not be sent through the post.**

For Office Use only:

Name of Customer Service Officer who assessed.....

Info Office that issued/Refused Badge.....

Photos received.....

Payment/Receipt number.....

Badge Number.....**H**.....

Official serial number.....

ID Number.....

Date badge issued/declined.....

# Herefordshire Council Standard Diversity Monitoring Form

The following information is requested to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you. **You do not have to complete this form**, but it will help us to improve our services if you do.

## Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

### 1) Your gender:

- Male  Female

### 2) Your age:

- 0-15 years  25-44 years  65-74 years  
 16-24 years  45-64 years  75+ years

### 3) Disability:

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do?

YES  NO

#### If YES, please specify (tick all that apply):

- Deaf/hard of hearing/acute hearing  
 Blind/partially sighted/sensitive to light  
 Learning disability or difficulty  
 Mental health  
 Progressive/chronic illness (e.g. MS, cancer)  
 Mobility difficulties  
 Other (please specify):

### 4) Your sexual orientation (please tick one only):

- Heterosexual  Gay  Lesbian  
 Bisexual  Prefer not to say

### 5) Your religion/belief (please tick one only):

- Christian  Muslim  Jewish  
 Hindu  Sikh  Buddhist  
 Other (please specify):  
 None

**6) Your national identity (please tick one box only):**

- British                       Scottish                       Welsh  
 English                       Irish  
 Other (please specify):

**7) Your ethnicity (please tick one box only):**

<b>WHITE</b>	<input type="checkbox"/> British <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Romany/Gypsy <input type="checkbox"/> Other White background (please write in): .....
<b>BLACK</b>	<input type="checkbox"/> British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background (please write in): .....
<b>ASIAN</b>	<input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background (please write in): .....
<b>CHINESE</b>	<input type="checkbox"/> British <input type="checkbox"/> Chinese <input type="checkbox"/> Other Chinese background (please write in): .....
<b>MIXED</b>	<input type="checkbox"/> British <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Chinese <input type="checkbox"/> Other Mixed background (please write in): .....
<b>OTHER</b>	<input type="checkbox"/> Any other background (please write in): .....

Your Post Code .....