

**Office use only**

BBIS Badge Ref. No: \_\_\_\_\_ Our Ref. No: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_



St. Helens  
Council

# Blue Badge Application Form

Attach  
passport size  
photograph  
here

## Part A: Personal Details

Title:	First names:
Surname:	
Surname at birth (if different):	
Date of birth: __/__/____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Town of birth:	Country of birth:
Current address:	
Town:	Postcode:
National Insurance Number:	
Email address:	
Home telephone no:	Mobile telephone no:
Previous address if different in last 3 years:	
Town:	Postcode:
Driving licence number:	

**INCOMPLETE BLUE BADGE APPLICATIONS WILL BE RETURNED**

## A2: Current badge holders only

Do you currently hold, or have you held a Blue Badge before? If so, please tell us:

Which Local Authority issued the badge?:

What is the serial number of the current badge?:

What is the expiry date of the current badge?:

## A3: Will you be a driver or a passenger in a car when using a Blue Badge?

Driver

Passenger

Both

## A4: Please state the registration number of the vehicles you travel in most often

**Note:** Up to three registration numbers should be nominated but other vehicles may be used and the badge transferred when necessary.

Vehicle one	Vehicle two	Vehicle three

**End of Part A - please go to Part B - Allowances, Registrations, Benefits**

## Part B: Allowances, Registrations, Benefits

B1: Are you registered as severely sight impaired/blind under the National Assistance Act 1948? Yes  No

If **yes**, please give the name of the Local Authority you are registered with:

\_\_\_\_\_

If **yes**, do you give permission for us to check the local authorities register of blind people to see whether your disability is already known. Yes  No

If **no**, please supply a copy of your Certificate of Vision Impairment (CVI), or BD8 form, signed by a Consultant Ophthalmologist and indicate that you wish to be registered as blind.

B2. 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, when is your award of this benefit due to end? \_\_/\_\_/\_\_(DD/MM/YYYY)

If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance, you must enclose a copy of your letter of entitlement to this benefit **issued within the last twelve months**.

If you have lost this letter, please contact DWP at Warbreck House on 03457 123456.

B3. Do you receive the Mobility Component of the Personal Independence Payment (PIP)? If you score 8 points or more in the '**Moving Around**' descriptor, does your statement match one of the following:

- Not applicable
- You can stand and then move unaided more than 20 metres but no more than 50 metres (8 points)
- You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres (10 points)
- You can stand and then move more than 1 metre but no more than 20 metres (12 points)
- You cannot stand or move more than 1 metre (12 points)
- If your statement **did** match one of the statements above, have you been awarded this benefit for an ongoing period.
- Yes
- No, it is due to end on \_\_/\_\_/\_\_(DD/MM/YYYY)

If you are in receipt of the Mobility Component of the Personal Independence Payment, you must enclose a copy of your letter of entitlement to this benefit **issued within the last twelve months**.

If you have lost this letter, please contact DWP at Warbreck House on 03457 123456.

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B4. Do you receive War Pensioners' Mobility Supplement? Yes  No

If **yes**, please supply your award letter from the Service Personnel and Veterans Agency.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number 0800 169 2277.

B5. Do you receive Armed Forces Compensation Scheme (AFCS) tariff 1-8; and have been assessed by the SPVA as having a permanent and substantial disability that causes inability to walk or considerable difficulty in walking? Yes  No

If **Yes**, please supply your award letter from the Service Personnel and Veterans Agency.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number 0800 169 2277.

If **Yes**, please supply your award letter from the Service Personnel and Veterans Agency.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number 0800 169 2277.

## End of Part B

If you have answered '**Yes**' to one or more of the questions in

**Part B: Allowances, Registrations, Benefits**; please go to **Part H** of the form.

Otherwise, please continue to **Part C** - Medical/Mobility details

## Part C: Medical/Mobility Details

The following questions are intended for people who do not meet one or more of the following criteria:

- Registered as severely sight impaired (blind) under the National Assistance Act 1948.
- In receipt of the higher rate of the mobility component of Disability Living Allowance.
- In receipt of Personal Independence Payment (PIP), and score 8 points or more in the 'moving around' activity within the mobility component.
- In receipt of War Pensioners Mobility Supplement.
- In receipt of Armed Forces Compensation Scheme (AFCS) tariff 1-8.

Applicants must be over three years of age and have a permanent and substantial disability which leaves them unable to walk or to have very considerable difficulty in walking.

If you are applying for a child under the age of 3, you will need to request and complete the relevant application form.

**Applicants who are not eligible for the concession without further assessment may be sent for a mobility assessment with our Occupational Therapists.**

Please complete all questions:

If a question does not apply to you please state 'not applicable', do not leave any question blank or your form may be returned to you.

**Incomplete Blue Badge Applications will be returned to sender unprocessed.**

## C1: Medical conditions/disabilities

Please tell us about:

- Any medical conditions/disabilities **which affect your mobility**.
- If you know them please state the medical terms for the condition you have been diagnosed with.
- Please provide as much detail as possible.

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## C2: Pain Relief/Medications

Are you currently taking any pain relief in relation to your medical conditions/disabilities to assist in your mobility?

Yes

No

If yes, please explain what you are taking.

Please also tell us about any other medication that you currently take in relation to the conditions/disabilities you have described in Section C1.

Please note: you **must** provide a current copy prescription to evidence this.

Medication	Dosage	Frequency

### C3: Do you anticipate that your conditions/disabilities will improve in the next 3 years?

Yes  No

If you ticked YES, please describe how much you expect your conditions/disabilities to improve.

Please provide further details as necessary:

### C4: Your current health status

Please answer either 'Yes' or 'No' to the statements below, and tell us; are you currently...

Yes	No	
		Awaiting surgery/treatments in relation to the conditions/disabilities described in C1?
		Recuperating from surgery in relation to the conditions/disabilities described in C1? If yes - Please state below if your condition has changed in any way since your surgery
		Managing your condition/disability since you have been advised it is not expected to improve any further?

If you have selected 'Yes' for any of the above, please provide further details as necessary:

## C5: Surgeries, Clinics, Healthcare Professionals, Specialists, GP details

Please provide details of any **recent**:

- 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 provide copies of the appointments/surgery letters.

Surgeries/courses of treatment/specialist clinics:	Dates you received treatment:

## C6: Please give details of your GP and other healthcare professionals or Specialists who currently treat you in relation to the conditions/disabilities described:

Name	Job Title	Hospital/ Health Centre	Telephone Number

## C7: Attendance Allowance

Do you receive the higher rate of Attendance Allowance? Yes  No

You must enclose a copy of the letter of entitlement to this benefit **issued within the last twelve months**. Please note: although this is not an automatic entitlement for a Blue Badge, it may assist us with your application.

Date award of this benefit is due to end: \_\_/\_\_/\_\_ (DD/MM/YYYY)

## End of Part C

Please continue to **Part D - Your Mobility**

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## Part D: Your mobility

So that we can understand how the conditions/disabilities that you have described affect your mobility, please answer the following section giving as much detail as possible where asked.

### D1: How do the conditions/disabilities you have described affect your ability to walk

Please provide further details as necessary:

### D2: Please answer 'YES' or 'NO' to each of the following statements which best describe your general walking ability:

Yes	No	
		I am able to walk well, including recreational walks
		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
		I am unable to climb the stairs
		I am unable to walk at all

**D3: Are you able to walk outside without help?**

Yes  No

**D4: Tell us where in your local area can you walk to from your home?  
Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park.**

Please provide further details as necessary:

**D5: Please answer 'YES' or 'NO' to each of the statements below that describe the way you walk:**

Yes	No	
		No specific problems with walking
		I walk with a slight limp
		I walk with a heavy limp, a stiff leg or shuffle, or have problems with balance
		I drag my leg, stagger, swing through two crutches or need physical support
		I experience severe breathlessness
		I encounter excessive pain

**D6: Do you use any of the following walking aids? Please tick whichever options apply to you - you can tick more than one box**

Tick		How often do you use the walking aid?
	1 elbow crutch	
	2 elbow crutches	
	1 walking stick	
	2 walking sticks	
	Walking frame (Zimmer frame)	
	Rollator	
	Wheelchair	
	Powered wheelchair	
	Other (please describe)	

**D7: If you have indicated that you use walking aids, please tell us where they...**

Please answer 'Yes' or 'No' to the following statements

Yes	No	
		Purchased privately by you
		Prescribed by a healthcare professional
		Provided by Social Services
		Other (please describe below)

Please provide further details as necessary:

## D8: How far can you comfortably walk?

How far would you estimate you are able to walk, with or without the help of any walking aids, before you feel severe discomfort?

When answering this question the following may help:

- 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.

Please state the distance in metres or yards, using whichever measure is best for you...

I can walk...

\_\_\_\_\_ Metres

\_\_\_\_\_ Yards

and it takes me...

\_\_\_\_\_ Minutes

Are you able to continue walking after a short break?

Yes

No

If you can continue to walk after resting, tell us roughly how long are you able to walk for in total?

Please submit your answer in minutes...

\_\_\_\_\_ Minutes

Please provide further details as necessary:

**D9: Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?**

Please provide further details as necessary:

**End of Part D**

If you are applying on behalf of a **child over the age of 3 years of age**, please go to and complete **Part F - Applications on behalf of children over the age of 3** of the form as well as other earlier sections of the application form.

Otherwise, please continue to **Part E**.

## Part E: Your lifestyle

To help us understand how your disability/mobility/medical condition affects your day to day life, please complete the following section:

### E1: Do you work in any capacity - full time/part time/voluntary

Yes  No

If you have answered Yes, please tell us what type of work you do, and if your Employer has made any adaptations to help you in the workplace or otherwise...

Please provide further details as necessary:

**E2: Do you currently have a Carer or are you a Carer for someone else? Please tick all statements which apply to you.**

Yes - I have a Carer	
Yes - I am a Carer for someone else	
No - I am none of the above	

Please provide further details as necessary:

**E3: At this current time are you able to carry out any leisure activity? Please tick all statements which apply to you.**

Gym		Yoga	
Walking		Swimming	
Walk the dog		Field sports	
Golf		Tennis	
Other - please state			

**E4: At this current time are you able to go on holidays/short breaks?  
Please tick all statements which apply to you.**

Yes - I can go on holiday	
No - I don't go on holiday	

If you answered 'Yes' to E4, please tick all modes of transport that you use to travel to your destination

Car		Train	
Aeroplane		Ship	

If you have selected any of the above modes of transport, do you need assistance to travel - do you need a wheelchair etc. - please explain:

Please provide further details as necessary:

**End of Part E**

If you are applying in relation to a **disability concerning both arms** - please continue to **Part G - Applicants with a disability in both arms.**

Otherwise, please continue to **Part H** of the form - Declaration.



## Part F: Applications on behalf of children over the age of 3

Parents/Carers/Guardians applying for the Blue Badge concession must provide their details here:

Name of person applying on behalf of the child named in Part A of the application form	
Relationship to the applicant	
Preferred Contact Telephone Number	

This section must be completed for applications on behalf of a child over the age of 3.

Missing details will result in the application being returned unprocessed.

**End of Part F - Please continue to Part H of the form - Further information, declarations and signatures.**

## Part G: Applicants with a disability in both arms

**Only complete this section if you are applying based on a disability in both arms, otherwise please continue to Part H.**

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, drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty operating, parking meters.

### G1: Do you drive regularly?

Yes  No

### G2: Do you have a severe disability in both arms?

Yes  No

### G3: Please describe your medical condition/disability which affects both arms:

Please provide further details as necessary:

### G4: 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

**G5: If yes please describe the difficulties you have with operating parking meters and pay and display machines:**

Please provide further details as necessary:

**G6: Do you drive a specially adapted vehicle?**

Yes  No

**G7: If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation:**

Please provide further details as necessary:

**End of Part G - Please continue to Part H of the form - Further information, declarations and signatures.**

## Part H: Further information, declarations and signatures

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

### H1: 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, understood and agree with 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.

### H2: Declarations to be completed by all applicants

Please tick	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 my local issuing authority 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 and has been taken within the last month
	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 <b>Blue Badge scheme: rights and responsibilities</b> leaflet which will be sent to me with the badge.

### H3: Declarations to be completed by all applicants who have completed any of Part C, Part D, Part E, Part F, Part G of the form

Please tick	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.

**INCOMPLETE BLUE BADGE APPLICATIONS WILL BE RETURNED**

## H4: Optional declarations about the information you have provided and the application process

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.

Please tick	<p>I consent to the local authority checking any information already held by the local authority's Adult Social Care team on the basis that:</p> <ul style="list-style-type: none"> <li>• It can help determine my eligibility for a Blue Badge</li> <li>• It may speed up the processing of my application</li> <li>• It may enable a decision to be made without the need for a mobility assessment.</li> </ul>
	<p>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</p>
	<p>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.</p>

## H5: 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 because they are relevant to you. We have provided a checklist below to help remind you of what you need to enclose.

### Part A - Information about you

	<p>Proof of your address:</p> <ul style="list-style-type: none"> <li>• Council Tax bill dated within the last 12 months*</li> <li>• DWP letter dated within the last 12 months*</li> <li>• Pension statement dated within the last 12 months*</li> </ul>
	<p>Alternatively, and with your consent, we can check your address by accessing your Council Tax/Electoral Roll record.</p> <p>I consent to the local authority accessing my Council Tax/Electoral Roll record in order to confirm my address and residency in the borough of St.Helens.</p>
	<p>Proof of your identity, please provide one of the following documents:</p> <ul style="list-style-type: none"> <li>• Passport</li> <li>• Birth/Adoption Certificate</li> <li>• Civil Partnership/Dissolution Certificate</li> <li>• Marriage/Divorce Certificate</li> <li>• Valid Driving Licence</li> </ul>
	<p>One passport-style photograph of yourself with your name on the back.</p>

**INCOMPLETE BLUE BADGE APPLICATIONS WILL BE RETURNED**

**Part B1 - People who are severely sight impaired**

	A copy of your ophthalmologists report/CVI/BD8 form (if you have not given us consent to check the blind register)
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**Part B2 - People who receive the Higher Rate Mobility Component of Disability Living Allowance**

	A <b>current</b> letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months
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**Part B3 - People who receive the Mobility Component of the Personal Independence Payment (PIP), and score 8 points or more in the 'Moving Around' descriptor**

	A <b>current</b> letter of entitlement for the Mobility Component of the Personal Independence Payment (PIP) issued within the last 12 months
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**Part B4 - People who receive the War Pensioner's Mobility Supplement**

	An original letter of entitlement for the War Pensioner's Mobility Supplement
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**Part B5 - 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.
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**Part C2 - Proof of current medication eg. copy of your current prescription. This will help us to process your application**

	Copy prescription
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**Part C5 - Copies of current clinic appointments - proof of clinics/surgery. This will help us process your application**

	Copy clinic appointment letters
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**H6: Your signature against the declarations in Part H2, H3 & H4 of this form**

Your signature: \_\_\_\_\_ Date of application: (DD/MM/YYYY): \_\_/\_\_/\_\_

Please print your name here: \_\_\_\_\_

## I: Additional Declaration for people signing this form for another person:

If you have signed this form for another adult, please give more details below:

Does the person named on this form know that you are signing on their behalf?

Yes  No

Your Name: \_\_\_\_\_

Your Relationship with the person who is applying for a Blue Badge: \_\_\_\_\_

Your Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Please tell us why you are signing this form for another adult. Tick all that apply.**

- They are too ill to sign
- I am a receiver for them under a Court Protection Order
- I have Power of Attorney for them
- They cannot manage their own affairs
- I receive money from the Benefits Agency for this person
- Physically unable to sign
- Other (please state):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date Received: (DD/MM/YYYY): \_\_/\_\_/\_\_

Payment:  Cash  Debit/Credit Card

Receipt No: \_\_\_\_\_

### Confirmation of address:

DWP Letter  Electoral Roll  Council Tax  Pension Statement

### Confirmation of identity:

Birth/Adoption Certificate  Marriage/Divorce Certificate

Passport  Valid Driving Licence

Civil Partnership/Dissolution Certificate

### Photograph:

1 x passport-size photograph

### Proof of automatic qualification:

Registered Blind Card  DLA Mobility Letter

War Pensioner's Mobility Supplement Letter  PIP Mobility Letter

Armed Forces and Reserve Forces (Compensation) Scheme Letter

### Collection of Badge:

Date contacted: (DD/MM/YYYY): \_\_/\_\_/\_\_

Date collected: (DD/MM/YYYY): \_\_/\_\_/\_\_

Old badge returned:  Yes  No

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Address of collector if not Blue Badge holder:  
\_\_\_\_\_



St. Helens Council

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Contact us: [www.sthelens.gov.uk/contactus](http://www.sthelens.gov.uk/contactus)

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