



Blue Badge Application Form

Apply online at www.gov.uk/apply-blue-badge

All fields within each section are mandatory, please refer to the guidance notes before completing

- Supporting documents must be submitted along with a completed application form, required documents can be identified within the checklist.
- Return completed application forms via email to: blue.badge@cumberland.gov.uk or post to; Blue Badge, Cumberland Council, PO Box 415, Carlisle, CA1 9GU
- If you require support please refer to the guidance notes enclosed in the first instance. Further support is available by contacting the Blue Badge Team on 0300 373 3730 or email: blue.badge@cumberland.gov.uk

Applicants with a life limiting condition with a poor prognosis (unlikely to be longer than 6 months) should complete the [Life Limited Blue Badge Application Form](#)

Current Badge Details

If you currently hold a blue badge please provide the details below:

Badge Serial Number: Badge Expiry Date:

Issuing Local Authority:

Section 1. Details of the Person who requires the Blue Badge

If you are filling in this form for someone else, tell us about them, not you

Title: Surname:

First Name (s):

Date of Birth: // Gender: Male Female

Town of Birth:

Surname/Maiden Name at Birth:

Country of Birth:

Current Address (including post-code):

Previous Address, if different within the last 3 years (including post-code):

Contact Telephone:

National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address:

Section 2. Eligibility for a Blue Badge without the need for further Assessment

To be eligible for automatic qualification you need to meet one of the requirements below and evidence must be provided. If you are unsure whether these questions apply to you, please refer to the guidance notes.

Please Tick any statements that are true;

a I receive Higher Rate Mobility Component of Disability Living Allowance

- *Note Attendance Allowance does not apply.*
- *Please send us a photocopy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance and the duration of the award.*

b I receive a Personal Independence Payment (PIP) award that indicates I receive 8 or more points in the 'moving around' activity of the mobility component

- *Please send us a photocopy of the official DWP letter including the points awarded and the duration of the award - all pages of the award letter must be included.*

c I receive a Personal Independence Payment (PIP) award that indicates I receive 10 points in the 'planning and following journeys' activity of the mobility component for descriptor E ('You cannot undertake any journey because it would cause overwhelming psychological distress')

- *Please send us a photocopy of the official DWP award letter showing the points awarded and the duration of the award - all pages of the award letter must be included.*
- *If your award letter is more than 12 months old you will also need to supply your yearly update letter (which must be dated in the last 12 months).*

d I receive a War Pensioner's Mobility Supplement (WPMS)

- *Please send us a photocopy of the official letter confirming that you receive the allowance.*

e I have 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

- *Please send us a photocopy of the official letter confirming the level of your award and confirming that you have been assessed as having a permanent and substantial disability.*

f I am registered severely sight impaired (Blind)

(Note partially sighted does not apply)

- *Please send us a photocopy of the evidence of the registration.*

If you have ticked any of the boxes in section 2 (above), please continue to Section 7, Supporting Documents Checklist. You should also complete Section 8, Declaration.

Section 3. Eligibility for a Blue Badge Subject to further Assessment due to difficulty walking

To be completed by applicants who have a condition or disability which means you cannot walk, or find walking very difficult.

If you do not automatically qualify for a Blue Badge, we need to understand your permanent and/ or substantial disability which means you are **unable to walk or have very considerable physical difficulty in walking**.

If you are applying because you have a non-visible condition you do not need to answer questions in this section. Please go to section 4.

Please answer all 22 questions in this section, we can then check your eligibility. **Your application form will be returned to you if it is not fully completed.**

1. Please give a detailed description of the condition/disability that affects your walking ability. *If you know them please state the medical terms for the condition you have been diagnosed with.*

Please describe any surgery, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability. *Include dates of surgery, treatment or attended specialist clinics.*

What medication do you currently take in relation to the conditions / disabilities described above? *Include any pain relief.*

2. Are you currently seeing a specialist or attending clinics for pain Relief? Yes No

If yes please provide the Name, Hospital/Health Centre and contact number of specialist or clinic

3. Do you find it too painful when walking for more than a few minutes? Yes No

- | | | |
|---|-----|----|
| 4. Are you waiting for surgery or treatment in relation to the condition that impairs your walking ability? | Yes | No |
| Are you recovering from an operation in relation to your conditions / disability? | Yes | No |
| Are you managing your condition since you have been advised it is not expected to improve? | Yes | No |

If yes please provide any further information below;

- | | | |
|--|-----|----|
| 5. Do you anticipate that your conditions/disabilities will improve in the next 3 years? | Yes | No |
| 6. Do you consider your condition / disability to substantially affect your walking? | Yes | No |
| 7. Please tick the box that best describes the way that you walk (<i>tick one box</i>) | | |
| a Normal – no specific problems with walking | | |
| b Adequate – e.g. you walk with a slight limp | | |
| c Poor – e.g. you walk with a heavy limp, or have problems with balance | | |
| d Extremely Poor – e.g. you drag your leg or use two crutches | | |
| e Unable to walk at all | | |

Please give a detailed explanation for the selection you have made above;

- | | | |
|---|-----|----|
| 8. Are you able to walk well, including recreational walks? | Yes | No |
| 9. Are you able to walk around the supermarket to do your own shopping? | Yes | No |
| 10. Are you able to walk and use public transport for some of your local trips? | Yes | No |
| 11. Do you struggle with longer distances or hills? | Yes | No |
| 12. Do you use a wheelchair for longer trips outside the home? | Yes | No |
| 13. Are you able to climb stairs or steps? | Yes | No |

14. Are you able to walk outside without assistance from another person? Yes No

If no, please describe the help you need;

15. If you use walking aids please tell us what equipment you use

16. Please tell us how far you are able to walk before the severe discomfort, pain or breathlessness you experience prevents you walking any further. You may answer in either meters or yards. (If you use walking aids, tell us how far can you walk using these)

To help you to make an accurate judgement;

- The length of an average bus is about 10 metres (11 yards)
- A tennis court is about 24 metres long (26 yards).
- A full size football pitch is about 100 metres (110 yards) by 60 meters (65 yards)

Metres: Yards:

How long does it take you to walk this distance in minutes?

17. Are you able to continue walking after a short rest? Yes No

If yes, roughly how long in minutes are you able to walk in total?

18. Do you get breathless when walking for more than a few minutes? Yes No

19. Are you troubled with shortness of breath when hurrying on level ground or walking up a slight hill? Yes No

20. Do you get short of breath walking with other people of your own age on level ground? Yes No

21. Do you have to stop for breath when walking at your normal pace on level ground? Yes No

22. Do you get too breathless to leave your home, or after getting dressed? Yes No

Section 4. Eligibility for a Blue Badge subject to further assessment due to a non- visible condition

To be completed by applicants who have a non-visible (hidden) condition which causes them to severely struggle with journeys between a vehicle and their destination

Please answer all questions in this section, we can then check your eligibility.

Your application form will be returned to you if it is not fully completed.

1. Are you at risk near vehicles, in traffic or car parks? Yes No

If yes, when are you a risk?

Almost never

Sometimes

Almost every journey

Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks

2. Do you struggle to plan or follow a journey? Yes No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

3. Do you find it difficult or impossible to control your actions, and have a lack awareness of the impact they could have on others? Yes No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Please describe the kinds of incidents that have happened, or are likely to happen on journeys

4. Do you regularly have intense responses to overwhelming situations, causing temporary loss of behavioural control? Yes No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Please describe the kinds of incidents that have happened, or are likely to happen on journeys

5. Do you become extremely anxious or fearful of open or public spaces? Yes No

If yes, when do you become extremely anxious or fearful?

Almost never

Sometimes

Almost every journey

Every journey

Please describe the levels of anxiety

6. Does something else effect you? Yes No

If yes, describe what affects you taking a journey

7. How would a Blue Badge improve journeys between a vehicle and your destination? Give details of your condition and describe your needs in detail

8. List the measures currently taken to try to improve journeys for you between a vehicle and your destination?

How effective are these measures?

9. Has your condition required any treatments, or are you awaiting any treatment? Yes No

If yes, describe the treatment, and provide approximate dates
Include anything relevant to your condition that you've seen a professional for in the last 10 years, for example surgeries, treatments or clinics.

Do you expect your condition to improve after treatment? Yes No

10. Do you take any medication for your condition? Yes No

If yes, give details of the medication you take, including dose and frequency

11. Do you currently see any professionals about your condition? Yes No

This could include professionals you have seen in the last three years. Examples of professionals could be consultants, teachers, therapists, or psychologists.

If yes, give details of the name and role of professional(s) and details of where they work

Section 5. Eligibility for a Blue Badge Subject to further Assessment due to Severe Disability in both arms

To be completed by applicants who hold a valid driving licence and have a severe disability in both arms. Applicants can not turn the steering wheel of a vehicle by hand, even if a turning knob is fitted or are unable to use parking meters.

1. Please give a detailed description of your condition/disability

2. Do you drive a specially adapted car? Yes No

If yes please provide details of the adaptation;

Section 6. Eligibility for a Blue Badge Subject to further Assessment for a Child under the age of three

To be completed by where the childs condition requires transporting bulky medical equipment, or where they need to be kept near a motor vehicle on account of their condition.

1. Does your childs condition require transporting bulky medical equipment at all times? Yes No

If yes please state what type of equipment is required

2. Does your childs condition require they need to be kept near a motor vehicle so that they can, if necessary be treated or transported? Yes No

If yes please give a description of the medical condition

Section 7. Supporting Document Checklist

- Use the checklist to ensure you provide us with the correct supporting documents (**copies only**)
- Please indicate the documents that you have provided along with your application form.
- Failure to provide the correct supporting documents will result in delays to your application.
- Any documentation provided will not be returned to the applicant.

All Applicants

Must provide all of the following;

- a Photocopy proof of address dated within last 12 months (e.g. a recent bill, Driving Licence, Council Tax Bill, NHS correspondence)
- b Photocopy proof of identity (e.g. Driving Licence, Birth Certificate, Marriage Certificate, passport).
- c A passport quality photograph taken within the last 12 months. Photographs taken on smartphones/tablets are accepted and can be emailed to blue.badge@cumberland.gov.uk
- d £10.00 Blue Badge Issue Fee

Please do not send any form of payment via the post, the team will contact you in regards to payment options

Applications without further assessment (applying under Section 2)

Must provide one of the following;

- a Photocopy of Higher Rate Mobility letter (issued within the last 12 months) (confirming you receive the allowance and the duration of the award).
- b Photocopy of War Pensions mobility supplement letter. If you have lost this letter then the agency can be contacted via 0800 169 2277
- c Photocopy of Armed Forces (compensation) Scheme letter confirming the level of your award. If you have lost this letter then the agency can be contacted via 0800 169 2277
- d Photocopy of your full Personal Independence Payment letter, including points page
- e Photocopy of Certificate of Visual Impairment (CVI) or other evidence of the registration which states that you are registered severely sight impaired.

Applications subject to further assessment (applying under Section 4)

In order for your application to be processed, you need to provide supporting evidence, such as:

- A letter of diagnosis, as up-to-date as possible
- Evidence of the progression of the condition over time
- Confirmation of ongoing treatments/ clinic attendances, or referral for such
- Evidence of prescribed medication relevant to the condition
- Evidence of specialise consultations, or referral for such
- Patient summary or Summary Care Records
- Education Health and Care Plans (EHCP)
- Care Plans from social care teams
- Social housing letters or assessment reports from a local authority
- Letters from other professionals involved in your care
- Personal Independence Payment (PIP) decision letters
- Evidence of other benefits received

Please indicate below what documents you are providing

All Applicants Please Note

- Only submit copies of original documents.
- Any documentation provided will not be returned to the applicant.

Supporting Documents can be attached to your completed application form or emailed to; Blue.badge@cumberland.gov.uk

If you choose to email supporting documents please ensure you include the applicant details.

Section 8. Declaration

All Applicants must sign the declaration below, failure to do so will mean we are unable to process your application.

Data Protection Notice

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared with the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information 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.

- I confirm that, as far as I know, the details I have provided are complete and accurate.
- I understand that providing fraudulent information may result in prosecution and a fine.
- 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.
- I agree that, if my application is successful, I will follow guidelines in “Blue Badge scheme: rights and responsibilities” leaflet which will be sent to me along with the badge if the application is successful.
- 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.

Signature:

Name:

Date of Application:

How to Submit your completed Application Form & Supporting Information;

- Via email, blue.badge@cumberland.gov.uk
- By post to; Blue Badge, Cumberland Council, PO Box 415, Carlisle, CA1 9GU