



# The Blue Badge Scheme Application Form

April 2006

Please note: no acknowledgement of receipt will be sent. Expect a response in 6 to 8 weeks

<b>PART A</b>	
<b>Surname:</b>	<b>First Name(s):</b> Mr/Mrs/Miss/Ms
<b>Address:</b>	<b>Tel. Number:</b>
	<b>Date of Birth:</b>
<b>Postcode:</b>	<b>Occupation:</b>
<b>Email:</b>	

<b>PART B</b> - please tick as appropriate	
<b>1. Are you registered as blind under the National Assistance Act 1948?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> , please give the <b>name</b> of the Local Authority with which you are Registered, and provide a <b>Registration Card</b> . If unable to provide the card please tell us the registration number.	
<input type="text"/>	
<b>2. Do you receive Mobility Allowance or Disability Living Allowance at the high rate?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> , please <b>supply evidence</b> which shows you receive the <b>higher rate</b> , e.g. a <b>copy</b> of a letter confirming an award of the allowance, Current Vehicle Excise Duty Exemption Certificate.	
<b>3. Do you receive War Pensioners' Mobility supplement?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> , please <b>supply evidence</b> e.g. a <b>copy</b> of the official letter confirming an award of <b>War Pensioners' Mobility Supplement</b> .	
* If you have answered <b>YES</b> to any of these questions please go directly to <b>PART D</b> . Otherwise continue.	
<b>4. Have you ever applied for any of the above Allowances and been refused?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> , which one and when was this?	
<input type="text"/>	

## Important Notes. Please read before completing Part C.

- If you have answered NO to all questions in Part B you may still qualify for a Badge. We will however, need to establish the extent of your disability and how this affects your mobility.
- People with temporary disabilities such as a broken leg, will not qualify for a Badge.
- Children under 2 years of age do not qualify for a Badge because they would not normally be expected to walk independently.
- **You must have a permanent and substantial disability which means you are unable to walk, or virtually unable to walk.**
- ALL SECTIONS IN PART C **MUST** be completed

### PART C

1. **What is the nature and cause of your disability? Do you have a medical diagnosis?** (please continue on a separate sheet if necessary)

How long have you had the disability?

2. **How does this affect your walking?**

3. **What is the maximum distance you can walk in metres without stopping, experiencing severe discomfort, or requiring help from another person?** Please tick one box only

Not at all	<input type="checkbox"/>	Up to 100 mtrs	<input type="checkbox"/>	Up to 500 mtrs	<input type="checkbox"/>
Less than 50 mtrs	<input type="checkbox"/>	Up to 200 mtrs	<input type="checkbox"/>	Over 500 mtrs	<input type="checkbox"/>

4. **Do you need any of the following to help you get about?** Please tick one or more boxes

1 Stick	<input type="checkbox"/>	Tripod	<input type="checkbox"/>	Assistance from another person	<input type="checkbox"/>
2 Sticks	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Artificial Limb (please specify)	<input type="checkbox"/>
Frame	<input type="checkbox"/>	Nothing at all	<input type="checkbox"/>		

## 5. GP Certificate

### **Please have this part completed by your Doctor/GP Practice**

**Please note you may be charged for this service by the Doctor or Practice**

*Note: This certificate may be completed by any Health Care Professional with knowledge of the patient or from a review of medical records. The applicant does not need to have this part completed if they have answered YES to Questions 1,2 or 3 in PART B.*

This person has applied for a Blue Badge (Disabled Persons Parking) from Bristol City Council under the discretionary criteria. This criteria is such that the person is disabled to the extent that they would be just below the level to qualify for the **higher rate part of Mobility Allowance/Disability Living Allowance**.

Please tick any box that applies

Does the applicant have a disability which effects their walking ability?  Yes  No

Is the disability  Physical  Other

The applicant's ability to **walk** is substantially and permanently impaired. The applicant cannot **walk** for distances up to 100 metres without **stopping, severe discomfort or help from another person**.  
(See Note A)

The applicant is a driver with severe upper limb disabilities. (See Note B)

The applicant's eyesight is of a standard that he or she is eligible to be registered as blind under the National Assistance Act 1948.

**To be completed at the surgery:**

I confirm that the applicant meets the eligibility criterion indicated.

**The applicant's condition is permanent and not intermittent or temporary**

Yes  No

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

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

On behalf of: \_\_\_\_\_ Surgery

Practice Stamp

### **Notes**

A *The Department for Transport envisages that badges will be issued to people who can only do so with excessive labour and at an extremely slow pace or with excessive pain. The degree of disability should not fall far short of that required to qualify for the higher rate mobility component of the Disability Living Allowance for help with getting around.*

B *In the Department for Transport's opinion this covers people with deformity of both arms and people who have both arms if, in both cases, they are unable to use them to carry out day-to-day tasks such as paying coins into a fare machine. To be eligible the applicant must be in possession of a valid driving licence and drives motor vehicles regularly, have a severe disability in BOTH upper limbs and is unable to turn by hand the steering wheel of a motor vehicle, even if fitted with a turning knob. Being unable to carry items over a distance is not a valid reason.*

**PART D**

**This part is to be completed in all cases.**

Applications should be accompanied by one recent photograph of the applicant taken from self-service booths or any suitable photograph cut down to a passport photo size. This should be clearly marked with the applicant's name on the back. **Please do not stick it to the form.**

- I enclose one photograph
- I am unable to enclose a photograph because

- **Do you already have a Blue Badge?** YES  NO

If YES, please state: Badge Number  Expiry Date

Who is the issuing Authority?

**Declaration**

**I declare that to the best of my belief all statements I have made on this form are true and that I agree to the Local Authority contacting the Doctor/Health Care Professional/Practise or Health Centre named, if necessary for the purpose of confirming this information.**

Applicants Signature

Printed Name

Date

It is a requirement of the scheme that the issued Blue Badge contains the signature of the applicant on the Badge. Please provide a second signature below, in order that this can be laminated onto the badge before issue:

Important: Please do not remove the label.

Note: If the applicant is unable to provide a signature, please provide the reason for this. This could be, for example, you hold power of attorney (please provide copy of), or the applicant is under the age of 12, etc.

If the signature is that of a third party please state relationship

**Please return this form, with all relevant documents and photograph to:  
Blue Badge Scheme, Bristol City Council, PO Box 485, Bristol BS99 1WD  
Tel: 0117 922 2997**