

BLUE BADGE SCHEME APPLICATION FORM



Department for Infrastructure,
Blue Badge Unit
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OFFICIAL USE ONLY		
Fee Rec'd	Yes/No	Initials: _____
Cheque / P.O.: _____		
EN/	/	/DP

**This document is available in a range of formats on request.
Please contact us with your requirements.**

Help on completing this form can be found in the accompanying guidance notes. If you need additional help in completing this form, or part of it, please contact the Issuing Office. If you are completing this form for someone else please make sure the information provided is about him or her, not you. **People with a temporary disability, such as a broken leg, will not qualify for a Blue Badge.**

Section A - To be completed by all applicants

Information about the applicant.

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide **their** details in the appropriate sections and sign the form on **their** behalf.

All fields marked with* must be completed.

Title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)	<input type="text"/>
Surname*	<input type="text"/>	
Surname at birth*	<input type="text"/>	
Forename(s)*	<input type="text"/>	
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Current address*	<input type="text"/>	
		Postcode:

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Previous address

(if different in the last three years)

	Postcode:
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Date of birth*

/		/	
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Town of birth*

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Country of birth*

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National Insurance number:*

(if over 16 years old)

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Home telephone:*

028	
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Mobile number:

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At least one valid number must be provided. Please note this is the number we will use to contact you or your appointee.

E-Mail address:

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Do you currently hold a Blue Badge? Yes No

If YES, what is the serial number on the badge?

--

Applicants who have a terminal illness

Do you hold a DS1500 report?

Yes **Please provide a copy of the DS1500 from your GP or MacMillan Nursing Trust and go to Section F. If no copy is available please go to Section E.**

No **Go to section B**

Section B

To be completed by applicants who 'automatically' qualify by being able to provide evidence of any of the following:

Section B1

People who receive the Higher Rate of the Mobility Component of Disability Living Allowance

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance? Please note Attendance Allowance does not apply under this section - go to Section C1

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 of the Mobility Component of Disability Living Allowance you must enclose a copy of your letter of entitlement issued within the last twelve months or a copy of your annual up-rating letter. If you have answered YES go straight to section F.

Section B2

People who receive the War Pension Mobility Supplement

Do you receive the War Pension Mobility Supplement? 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) / /

You must enclose a copy of letter of entitlement for the War Pension Mobility Supplement. If you have answered YES go straight to section F.

Section B3

People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

Have you 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 Service Personnel and Veterans Agency (SPVA) as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty walking?

Yes No

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, SPVA will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking.

You must enclose a copy of this letter as proof of entitlement.

If you have answered YES go straight to section F.

If you have lost this letter, then the agency can be contacted via the freephone number: 0800 169 22 77.

Section B4

People who are registered blind by a Health and Social Services Trust

Are you registered as blind?

Yes

You must provide evidence of this e.g. a letter of confirmation or Certificate of Registration issued by a Health and Social Services Trust.

No **If you have been certified as "severely sight impaired" go to Section C2, Page 8**

If you have answered YES go straight to section F.

Section B5

People who receive 8 points or more under the "moving around" activity for the mobility component of Personal Independence Payment (PIP)

This includes mobility activities descriptors c, d, e and f

(See guidance notes for descriptor definitions)

Do you receive the Personal Independence Payment as indicated above?

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 above award you must enclose a copy of your statement of entitlement, detailing the points awarded issued within the last twelve months or a copy of your annual up-rating letter.

If you have answered "YES" to any questions in Section B and can provide the relevant documentation as requested, please go straight to Section F. Otherwise, please continue to Section C.

Section C

To be completed by applicants who are not eligible under Section B.

Section C1

Applicants who have mobility difficulties (All questions must be answered).

Please explain any permanent and substantial disability you have that means you are unable to walk or have considerable difficulty walking. You MUST provide detailed medical evidence regarding your mobility difficulties in support of your application.

Q1. What is/are your medical condition(s) /disability and please explain how this affects your mobility? If you are sight impaired (partially sighted) please complete this section to explain how it affects your mobility.

Q2. Is this condition/disability? Permanent Temporary (Please tick the appropriate box)

Q3. How many years have you had the condition(s) /disability?

Q4. How does the condition(s) /disability you have described affect your ability to walk?

- Excessive pain
- Excessive breathlessness
- Extreme weakness, tiredness or stress
- Unable to be left alone e.g. needs physical support of another person
- Other (please describe in the space below)

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Q5. What is the maximum distance you can walk without using a walking aid, experiencing severe discomfort or needing help from another person?

Metres

OR

Yards

When answering this question please note that:

- 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 approximately 90 metres, or 100 yards.

Q6. Do you use any of the following and how often? (please tick) **If not please go to Question 8.**

	Frequently	Occasionally
Powered wheelchair		
Wheelchair		
Walking frame (Zimmer frame)		
Rollator (Walking frame with wheels)		
Tri/Quad walker with brakes		
Prosthetic lower limbs		
1 Elbow crutch		
2 Elbow crutches		
1 Walking stick		
2 Walking sticks		
Long cane		
Symbol cane		
Other (Please state what aid you use)		

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Q7. Were your mobility aids?
(please tick the option(s) that apply to you)

- Prescribed by a healthcare professional
- Provided by Social Services
- Other (please describe in the space below)

Q8. Please tick the statements that apply to you and provide further details in the spaces below.

- Waiting for surgery or treatment in relation to your condition/disability
- Recovering from surgery or treatment in relation to your condition/disability
- Managing your condition/disability since you have been advised it is not expected to improve any further
- None of the above

Q9. Are you able to walk outside without help?

Yes No (please describe the help you need in the space below)

Q10. In minutes, how long can you walk without stopping?

Minutes

Q11. Are you able to continue after a short rest?

Yes No

Q12. In minutes, including stops, how long are you able to walk in total before becoming breathless?

Minutes

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Q13. Do you use oxygen administration equipment?

Yes No

If **YES**, how often do you use this equipment? (please tick the appropriate box)

Daily	
Regularly (4 or more days a week)	
Occasionally (1-3 days a week)	

Q14. (a) Are you certified as sight impaired (partially sighted)?

Yes No **If YES, go to 14(b). If NO, please go to Section E.**

Q14. (b) If Yes do you regularly drive?

Yes No

If you have completed Section C1 please go straight to Section E.

Section C2

Q1. Are you certified as severely sight impaired (blind)?

Yes No **If NO, please go back and complete Section C1**

If YES, please provide a copy of your Certificate of Visual Impairment (A655)

If you have completed this Section C2 please go straight to Section F

Section C3

Applicants who have difficulty in planning and following a familiar journey

Q1. Please explain in full the problems you have in planning and following a familiar journey and indicate what level of support you require

You must provide:

Relevant supporting documentation from a healthcare professional OR

If you receive 12 points under the "planning and following journeys" for the mobility component of Personal Independence Payment (PIP), a copy of your statement of entitlement, detailing the points awarded.

(Continue on a separate sheet if necessary and attach with the form)

If you have completed Section C3 please go straight to Section E.

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Section C4

Applicants who are under the age of three

To be completed ONLY for children under three years of age.

Q1. Does the child have a medical condition that requires that the child is always accompanied by bulky medical equipment which cannot be carried around without great difficulty?

Yes No

If YES, please describe the equipment that is being transported

Medical evidence must be supplied in support of the application

Q2. Does the child have a medical condition that requires that the child must be kept near a motor vehicle at all times so that the child can, if necessary be treated for that medical condition in the vehicle or taken quickly in the vehicle to a location where the treatment can be performed?

Yes No

If YES, please describe the equipment that is being transported

Medical evidence must be supplied in support of the application

If you have completed Section C4 please go straight to Section E.

Section D

Applicants with impairments in both arms.

To be completed only if you drive a vehicle regularly and have a severe disability in BOTH arms and are unable to operate, or have considerable difficulty in operating all or some types of parking meter.

If your vehicle has been adapted you must provide a copy of your insurance details verifying this adaptation.

Q1. Do you drive a vehicle regularly **and** have a severe disability in BOTH arms **and** are unable to operate, or have considerable difficulty in operating all or some types of parking meter?

Yes No

If yes please explain what difficulties you experience:

If you have fully completed Section D please go to Section E.

Section E

Please provide full details of your GP:

Name:	
Name of GP's Practice:	
Address:	
Postcode:	
Telephone Number:	

Section F - To be completed by all applicants

How we will use the information you have provided:

Data Protection Statement

1. The Department for Infrastructure complies with the Data Protection Act 1998 and will use this information, primarily for the purpose of providing a Blue Badge.
2. The information provided will be shared with, and may be checked by, relevant government agencies and/or your doctor to confirm your eligibility for the issue of a Blue Badge and to improve the service.
3. The Department for Infrastructure's Blue Badge Unit will use the data collected to administer the blue badge scheme. To ensure the scheme is being operated fairly checks will be carried out by the Department's Parking Enforcement Unit and may result in you being contacted.
4. Parking Enforcement Unit will investigate all cases of alleged fraud. The information you have provided may be used in carrying out these investigations.

Declarations

You must agree with the following declarations to proceed with your application for a Blue Badge.

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

I consent to the collection and sharing of my personal information by the Department for Infrastructure (Data Controller) for the purpose of administering and improving the blue badge scheme and for the prevention and detection of crime.

Yes No

I consent to Blue Badge Unit contacting my GP, to obtain information that would support my application and agree that Parking Enforcement Unit may contact me when carrying out checks as part of routine management of the scheme.

Yes No

Signature

Your signature:

Date:

Go to next page.

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If you are applying for a Blue Badge on behalf of another person, you must be aware that misuse of the Scheme may result in prosecution.

Please print your name here:	
Relationship to applicant:	
Signature of Appointee:	Please specify: Official Guardian/Power of Attorney/Parental Responsibility/Other
Date of Signature:	

Photograph: You must enclose a passport-style photograph of the applicant, signed on the back by the applicant or the applicant’s appointee. The photograph will be scanned and placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Check the **guidance notes** to ensure that the photograph meets requirements. Your application cannot be processed unless an appropriate photograph is supplied.

Fee: Badge fee: £10. You can pay by cheque or postal order. **Do not send cash in the post.** Payment by cheque or postal order must be enclosed with the form. Forms will be returned if you have not included payment.

Payment method: Cheque Postal Order

Check List

Please tick

- Completed **Section A**
- Completed **Section B**
(and submitted the necessary evidence)
- Completed **Section C or Section D**
(and submitted the necessary evidence)
- Completed **Section E**
- Completed **Section F**
- Enclosed a passport type photograph signed on the back
- Enclosed a £10 cheque/postal order for payment. Cheques/postal orders should be made payable to the Department for Infrastructure. **Do not send cash in the post.**

For Official Use Only

I recommend that:

- The Application should be returned** Fee Photograph Details
- The Application should be referred to GP**
- The Application should be rejected**
- A blue badge should be issued**

Signed:	Dated:
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