

New/Renewal Blue Badge Application

Full Name.....

Full address.....

Postcode.....

Date of Birth.....

National Insurance number

Email address.....

Telephone: home:.....mobile:.....

Existing Blue Badge holders

Is your application for a renewal of your blue badge?

Yes No

If you already have a Blue Badge, please complete this section:

Which local authority issued your badge?:

What is the serial number of the badge?:

When does your badge expire?:

If you are completing this form on behalf of someone who is **16 years old or younger**, you can sign on their behalf. If you are signing the form **on behalf of an adult**, you need to provide proof that you are legally able to do so, e.g. power of attorney or relevant consent form.

Applications can take approximately **10-12 weeks** to process. If we have to request documentation this will cause a delay to your application.

To complete this form we require the following documents, which will be explained further down in this form:

- Proof of your address or consent to check the council tax database - *Document 1*
- A photocopy of your proof of identity – *Document 2*
- A recent photograph of yourself – *Document 3*
- Proof of your disability or condition, benefit award letter or medical documents. – *Document 4*

You should only send photocopies of your documents, as we will not be able to return original documents.

You must complete Sections 1 and Section 7 of this form and any sections which are relevant to you. These sections are listed below:

Section 1 - Information about you.....	Page 2-3
Section 2 - Disability benefits or severely sight impaired (blind).....	Page 3-5
Section 3 - Physical walking ability.....	Page 5-7
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Section 1 – Information about you: this section must be completed

Proof of address – Document 1

I give consent to the Blue Badge team to check my address on the council tax database, so that I don't need to submit proof of address.

If you haven't given consent for the Blue Badge team to check your address on the council tax database, you will need to submit a proof of address.

ONE proof of address as listed below. Physical or digital **copies** of documents are accepted but must be dated in the last 12 months.

Letter on headed paper such as: Utility bill - Council Tax bill (for current year) - DWP letter (if not used as proof of eligibility) - Tenancy agreement - Current driving licence - Bank/Credit card statement

Proof of identity – Document 2

You need to provide one proof of your identity from the list below; it must show your **current name**.

Current or expired passport (up to a maximum of 12 months after expiry) –
 Original birth certificate (if not your current name provide proof of your name change) -
 Current UK or EEA full/provisional driving licence - National ID card with photograph -
 Residence Permit issued by Home Office to EEA nationals - DWP award letter

Photograph – Document 3

Please provide a head and shoulders photo of yourself dated in the last 12 months.

The photo must show no other people, be taken against a plain background and not have a head or face covering (unless it's for religious or medical reasons).

This can be provided in one of the following ways:

- Physical photo (taken at a photo booth) please write your name on the back of the photo.
- Digital photo (taken on a smartphone and sent to <https://www.brighton-hove.gov.uk/contactparking>) you will need to include your name and date of birth in the message with your photo.

Payment

A Blue Badge **costs £10**. This can be paid in one of the following ways:

- If your application is approved, we will contact you by phone to make the payment by card during the call or we can send you a payment link by email if you qualify for a badge (fastest option)

Section 2 – Disability benefits or severely sight impaired (blind) - Document 4

You **only** need to complete this section if you qualify for a Blue Badge because you are:

2a Severely sight impaired (blind)

or; you receive one of the disability benefits listed below:

2b Higher Rate Mobility Component of Disability Allowance (DLA)

2c 8-12 points scored in the 'Moving Around' section of Personal Independence Payment (PIP)

2d 10 points scored in the 'Planning and Following a Journey' section of Personal Independence Payment (PIP), with the specific description that you "cannot undertake any journey because it would cause overwhelming psychological distress".

2e War Pensioners' Mobility Supplement

2f Armed Forces Compensation Scheme

2a. Severely sight impaired (blind)

If you are registered as severely sight impaired (blind), choose one of the options below:

- I am registered as being severely sight impaired (blind) in Brighton and Hove, and I give consent for the Blue Badge team to check this on the council's system.
- I am providing my Certificate of Vision Impairment (CVI) to show that I am severely sight impaired (blind)

2b. Higher Rate Mobility Component of Disability Allowance (DLA)

If you receive the Higher Rate Mobility Component of Disability Living Allowance, you need to provide a copy of your award letter.

Your letter **must** be dated within the last **12 months**. If you haven't got a letter dated in the last 12 months, you need to contact the DWP (0800 121 4600) and ask for a new letter.

2c. 8-12 points scored in the 'Moving Around' section of Personal Independence Payment (PIP)

If you score 8-12 points in the 'Moving Around' section of Personal Independence Payment (PIP), you need to provide a copy of your **full** award letter, including the pages that show the specific points you are entitled to.

Your letter must be dated within the **last 12 months**. If you haven't got a letter dated in the last 12 months, you need to contact the PIP helpline on 0800 121 4433 and ask for a new 'Statement of Entitlement'.

2d.10 points scored in the 'Planning and Following a Journey' section of Personal Independence Payment (PIP), with the specific description that you "cannot undertake any journey because it would cause overwhelming psychological distress".

If you score 10 points in the 'Planning and Following a Journey' section of Personal Independence Payment (PIP) **and** your award letter **specifically** states that you "**cannot undertake any journey because it would cause overwhelming psychological distress**", you need to provide a copy of your **full** award letter which include the pages that show the specific points you are entitled to.

Your letter must be dated within the **last 12 months**. If you haven't got a letter dated in the last 12 months, you need to contact the PIP helpline on 0800 121 4433 and ask them for a new 'Statement of Entitlement'.

2e. War Pensioners' Mobility Supplement

If you receive the War Pensioners' Mobility Supplement, you need to provide a copy of your award letter.

Your letter must be dated in the **last 12 months**. If you haven't got a letter dated in the last 12 months, you need to contact Veterans UK on 0808 191 4218 and ask for a new letter.

2f. Armed Forces Compensation Scheme

If you receive a lump sum payment within tariff levels 1 to 8 of the scheme **and** you also have been certified as having a permanent and substantial disability, you need to provide a copy of your award letter.

Your letter must be dated in the **last 12 months**. If you haven't got a letter dated in the last 12 months, you need to contact Veterans UK on 0808 191 4218 and ask for a new letter.

Section 3 – Physical walking ability - Document 4

Complete this section if you have a disability or condition that affects your physical ability to walk.

You must:

- Have a disability that is enduring and substantial
- Be unable to walk, or find walking very difficult
- You may be required to attend a mobility assessment if we are unable to confirm your eligibility

You need to provide medical evidence of your disability or condition, such as a letter from your GP or consultant, most recent prescription, recent hospital report, or a patient summary. A patient summary can be requested from your doctor surgery reception, free of charge.

Please describe any medical conditions and/or disabilities which affect your walking which will help support your application. If you need to expand this, please continue on a separate sheet of paper:

How do the conditions and/or disabilities you have described affect your ability to walk? If you need to expand this, please continue on a separate sheet of paper.

Please tick the box that best describes the way you walk:

- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Normal | e.g. no specific problems with walking. |
| <input type="checkbox"/> | Adequate | e.g. you walk with a slight limp. |
| <input type="checkbox"/> | Poor | e.g. you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance. |
| <input type="checkbox"/> | Extremely poor | e.g. you drag your leg, stagger, swing through two crutches or need physical support. |
| <input type="checkbox"/> | Other | Please describe in text box above. |

Do you currently use any of the following when you are walking?

(Please tick whichever options apply to you)

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | 1 Walking stick | <input type="checkbox"/> | 2 elbow crutches |
| <input type="checkbox"/> | 2 walking sticks | <input type="checkbox"/> | Rollator / Walking frame (Zimmer frame) |
| <input type="checkbox"/> | 1 elbow crutch | <input type="checkbox"/> | Wheelchair / Powered wheelchair |
| <input type="checkbox"/> | Other (please describe in the space below) | | |

How far can you walk before you feel severe discomfort? (Please tick the statement that applies)

- I cannot walk at all
- I can walk 11 metres, which is the length of a double-decker bus
- I can walk 23 metres, which is the length of a tennis court
- I can walk 31- 40 metres, which is the size of a bowling green
- I can walk 41- 65 metres is the length of a commercial aeroplane
- I can walk 66- 99 metres is the height of Sussex Heights.
- I can walk 100 metres, which is the length of a full size football pitch
- I can walk 150 metres, which is the perimeter of an Olympic size swimming pool.
- I can walk 500 metres which is half the distance from Brighton Pier to i360
- I can walk 1 mile or 1600 metres, the distance between the West Pier site and Brighton Pier
- I have no difficulty walking

What speed do you walk at? (Please tick the statement that applies)

- I walk at a brisk pace of over 90 metres within one minute
- I walk at a normal pace of 90 metres within one minute
- I walk at a slow to average pace of 60 – 70 metres within one minute
- I walk at a slow pace of 40 – 50 metres within one minute
- I walk at an extremely slow pace of 30 – 40 metres within one minute
- I walk at a very slow pace of 1 – 30 metres within one minute
- I cannot walk at all

Do you suffer from breathlessness? Yes No

Please list below, the conditions and any medications you take related to your breathlessness. **If you need to expand this, please continue on a separate sheet of paper.**

Please tick all the boxes below that best describe how breathlessness affects you.

- You are prescribed medication for breathlessness which controls it adequately
- You are troubled by shortness of breath when hurrying on level ground or walking up a slight hill
- You get short of breath when walking with other people of your own age on level ground
- You have to stop for breath, even when walking on your own at a slow pace on level ground
- You get breathless when moving around your own home
- You get too breathless to leave your home
- The effort of getting dressed causes you to become breathless

Section 4 – Hidden disabilities - Document 4

Complete this section if you have “**hidden**” or **non-physical disabilities or conditions** that make journeys difficult for you. For example, you might:

- Experience extreme difficulty whilst walking, such as overwhelming psychological distress
 - Pose a risk of serious harm to yourself or others while walking

You need to provide medical evidence of your disability or condition dated in the last 12 months, like a Care Plan, or other letters and reports that describe how you are affected when making a journey.

How do your 'hidden' disabilities or conditions affect you when you make a journey? Please also state any medical conditions you have been diagnosed with. **If you need to expand this, please continue on a separate sheet of paper.**

What affects you taking a journey?

Please tick the statements that apply to you and circle the frequency below it.

I am at risk near vehicles in traffic or in car parks.

- Sometimes • Regularly • Every journey

I struggle to plan or follow a journey.

- Every journey • Some journeys • Unfamiliar journeys

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others.

- Sometimes • Regularly • Every journey

I have difficulty communicating.

- Sometimes • Regularly • Every journey

I regularly have intense responses to situations I find overwhelming, causing temporary loss of behavioural control.

- Sometimes • Regularly • Every journey

I can become extremely anxious or fearful of open/public places?

- Sometimes • Regularly • Every journey • Other

If you have responded 'other' or some of the above descriptions do not apply to you, please use the box below to explain in as much detail as possible, how your disability or condition affects you. **If you need to expand this, please continue on a separate sheet of paper.**

If you use coping strategies, please list how effective they are. How would a blue badge help improve taking you taking a journey. **If you need to expand this, please continue on a separate sheet of paper.**

Section 5 – Disability that affects both arms - Document 4

You should only complete this section if you drive a vehicle regularly and have a severe disability in both arms, which makes it extremely difficult for you to use parking meters.

Do you drive regularly?

- Yes No

Do you have a severe disability in both arms?

- Yes No

Name the conditions or disabilities that affect your arms:

Do you struggle to use parking meters?

- Yes No

Describe how you struggle to use parking meters:

Do you drive an adapted vehicle?

Yes

No

Describe how it has been adapted for you below. You should also attach a copy of your insurance details or Vehicle Registration document to verify this.

Section 6 – Children under 3 years old - *Document 4*

Please complete this section if you are applying on behalf of a child that is under 3 years old.

A child would only qualify for a badge, under this section, if:

- They need to be accompanied by bulky medical equipment
- They need to be near a vehicle to receive or be taken for treatment

Tick which option applies to the child:

- They need to be accompanied by bulky medical equipment
- They need to be near a vehicle to receive or be taken for treatment

Using the box below, please describe any health conditions or disabilities that affect the child. If you need to expand this, please continue on a separate sheet of paper.

You must enclose documents from any healthcare professionals that are involved in the child's treatments, to confirm the details of your child's condition.

Section 7 – Declarations and signature

Mandatory declarations

By ticking this box, I confirm that I have read and understood the mandatory declarations below, and agree to them.

- you have read and understand the rules for using a Blue Badge
- the details provided are complete and accurate
- you won't hold more than one Blue Badge at any time
- you will tell us about any changes that may affect your eligibility
- payment can only be made one application has been approved

Optional declarations

By agreeing to the declarations below, we may be able to speed up the process of your application.

- I consent to the Blue Badge team checking that I am eligible for a Blue Badge using information the council already holds.
- I agree to the disclosure of the information in this form to other council departments/service providers so that I can be informed about other council services that may be of benefit to me.

Signing

Please sign below to complete the form and to indicate that you agree to the declarations above.

Signed:

Date of signature:

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**Print
Name**

If someone helped you to fill in this form, you can write their details below if you are happy for us to contact them about your application.

Name:

Phone number:

Relationship:

Blue Badge and Concessionary Travel Team,

Hove Town Hall,
Norton Road,
Hove,
BN3 3BQ

Contact us: <https://www.brighton-hove.gov.uk/contactparking>

Website: www.brighton-hove.gov.uk

Phone: 01273 296622

For office use only:

Applicant ID	Photo	Payment	ID	POA
Evidence	Payment taken	Photo scanned	Refused	CSC/Post