

Apply for or renew a Blue Badge



The easiest and fastest way to apply is online at

www.gov.uk/apply-blue-badge

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Please send completed application forms together with supporting documents to:

**Blue Badge Team, West Berkshire Council, Council Offices,
Market Street, Newbury, Berkshire, RG14 5LD**

Telephone: 01635 503276

Email: bluebadges@westberks.gov.uk



Introductory information for Blue Badge applicants

You can apply for yourself or on behalf of someone else.

A Blue Badge costs £10.00. Please do not send payment with this application

What you will need

- One recent passport-style photograph showing your head and shoulders
- Proof of identity (such as a valid passport or driving licence)
- Proof of address (less than 12 months old) or give us permission to check your details against the Council Tax database or the Electoral Register
- Proof of benefits (see page 5 for more details)

You will also need to know:

- Your National Insurance Number (if you have one)
- The details of your current Blue Badge (if you are reapplying)

Contact Details

If you require assistance completing this application form please contact the Blue Badge Team.

Telephone: 01635 503276

Email: bluebadges@westberks.gov.uk

Please allow 28 days for your application to be assessed

Section 1 - The Applicants details

If you are completing this application on behalf of someone else please provide their information only in the appropriate sections below.

Title

First names (*in full*)

Surname

Surname at Birth (*if different*)

Date of Birth (*DD/MM/YYYY*)

Gender Male Female Identify in a different way

National Insurance Number / Child Registration Number

Current Address and Contact details (Please give your address in full)

Building and Street

Town

Postcode

Home Telephone number

Mobile Telephone number

Email address

Preferred contact method Post Telephone Email

FOR OFFICE USE ONLY (*Please do not write anything here*)

Proof of Address:		Criteria:	
Proof of ID:		Payment:	
Agreed/Not Agreed		Previous BB:	
Comments:		Badge No:	
		Date Issued:	
		Valid until:	

Do you currently hold a Blue Badge?

Yes

No

If Yes, what is the serial number?
(First 6 characters only e.g. ABC12D)

If Yes, what is the expiry date of the current badge?

Was your Blue Badge issued by West Berkshire Council?

Yes

No

Proof of your address, dated within the last 12 months

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options

I have enclosed proof of address, dated within the last 12 months

I give consent for my personal details to be checked on the local authority's Council Tax database so that I do not need to submit proof of address

I am over the age of 18 and give consent for my personal details to be checked on the local authority's Electoral Register so that I do not need to submit proof of address

Proof of your identity

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must provide a photocopy of one of the following as proof of your identity:

Please do not send originals

Birth certificate/Adoption certificate

Marriage/Divorce certificate

Valid driving licence

Civil Partnership/Dissolution certificate

Valid Passport

Photographs

Please enclose **one recent passport-style colour photograph** of the applicant. The photograph needs to show the applicant's full face so that the holder can easily be identified. No one else should be in the photograph. **It will not be possible to return the photograph.**

Section 2 - Automatic entitlement

Do you receive any of these benefits?

- Mobility Component of Personal Independence Payment (PIP)
- Disability Living Allowance - Higher Rate Mobility (DLA)
- Armed Forces Compensation Scheme
- War Pensioners' Mobility Supplement

Or are you;

- Severely sight impaired (blind)
- In receipt of a DS1500

If you answered YES to any of the above you will qualify automatically;

- 1) Please complete the relevant section below
- 2) After completing the information below, proceed to section 7 of the application on page 18. Sections 3, 4, 5 & 6 will not need to be completed.

If you answered **NO** to all of the above,
proceed to section 3 of the application on page 7.

Mobility Component of Personal Independence Payment (PIP)

Do you score 8 points or more on the '**Moving Around**' descriptor within the Mobility Component of PIP?

Yes No

If YES, have you been awarded this benefit indefinitely?

Yes No

If NO, please provide the date the benefit has been awarded until

Evidence – You must provide a copy of your entitlement letter, dated within the last twelve months, that also includes the breakdown of points awarded.

(PIP enquiry line: 0800 121 4433)

Planning a Journey Component of Personal Independence Payment (PIP)

Do you score exactly 10 points (**Descriptor E only**) on the "**Planning and following a journey - Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant**" mobility component of Personal Independence Payment?

Yes No

If YES, have you been awarded this benefit indefinitely?

Yes No

If NO, please provide the date the benefit has been awarded until

Evidence – You must provide a copy of your entitlement letter, dated within the last twelve months, that also includes the breakdown of points awarded.

(PIP enquiry line: 0800 121 4433)

Disability Living Allowance (DLA)

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, please provide the date the benefit has been awarded until

Evidence – You must provide a copy of your entitlement letter, dated within the last twelve months.
(DLA helpline: 0800 121 4600)

Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 – 8 of the Armed Forces Compensation Scheme?

Yes No

If **YES**, have you been certified as having a permanent and substantial disability?

Yes No

Evidence – You must provide a copy of your entitlement letter, dated within the last twelve months. This is a letter from the Service Personnel and Veterans Agency (SPVA).
(Veterans UK helpline: 0808 1914 218)

War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

Yes No

If YES, have you been awarded this benefit indefinitely?

Yes No

If NO, please provide the date the benefit has been awarded until

Evidence – You must provide a copy of your entitlement letter, dated within the last twelve months. This is a letter from the Service Personnel and Veterans Agency (SPVA).
(Veterans UK helpline: 0808 1914 218)

Severely sight impaired (blind)

Are you registered as severely sight impaired (blind)?

Yes No

If **YES**, do you give consent for us to check the local authority's register of blind people to see whether your disability is already known to the Council?

Yes No

Evidence – Alternatively please enclose a copy of your Certificate of Vision Impairment (CVI).

In receipt of a DS1500

Are you in receipt of a DS1500?

Yes No

Evidence – A copy of the DS1500 must be enclosed with your application.

Section 3 - Subject to further assessment

The questions in this section are intended for those that answered NO to all of the questions in Section 2.

Please note:-

- If you have a severe disability in both arms and you drive regularly go to Section 5 on page 16
- If the applicant is under the age of three and requires the transportation of bulky medical equipment or must be kept near to the vehicle in the event they require urgent treatment for their condition, please go to Section 6 on page 17

Are you Eligible? – To qualify you must be over the age of three and have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.

The information provided will be used to assess your application. Please ensure you provide as much detail as you can to all questions.

Describe any health conditions or disabilities that affect your walking.

(Include the medical terms for the conditions you have been diagnosed with)

Where can you walk to and from?

(For example, from home to the Post Office on the High Street) A specific location must be given

--

How long does it take you?

(For example, 10 minutes)

--

Do your health conditions make walking difficult due to excessive pain?

Yes

No

If **YES**, please list below any prescribed medication for pain relief

Name of the medication	How much do you take at a time (Dosage) <i>(For example, 500mg, 50ml, 2 tablets)</i>	How often do you take this medication? <i>(For example, every 4 hours, twice a day or only when in severe pain)</i>

Do you see any healthcare professionals that are involved in the treatment of your condition?

(For example, your surgeon, physiotherapist or GP)

Yes

No

If **YES**, please list the professionals below

Full Name	Job Title / Profession	Name of Hospital or Health Centre

Do your health conditions make walking difficult due to becoming breathless?

Yes No

If **YES**, do you get breathless when;

Walking up a slight hill

Yes No

Trying to keep up with others on level ground

Yes No

Walking on level ground at your own pace

Yes No

Getting dressed or trying to leave your home

Yes No

Do your health conditions make walking difficult due to poor balance or co-ordination?

Yes No

Do your health conditions make walking difficult as it is dangerous to your health and safety?

Yes No

Help getting around

Do you require any walking aids for help in getting around?

Yes No

If **YES**, please list the walking aids below

Type of walking aid
(For example a wheelchair, crutches, walking stick or member of your family)

When used
(For example, to get to the shops)

How long can you walk for using a walking aid, without stopping?
(Tick **one** option below)

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

Treatments

Have you had any treatments for your condition?

Yes

No

If YES, please list the treatments below

(You should include anything that you've seen a professional for that is relevant to your condition. Including surgery, clinics or treatments. For example, hip replacement, physiotherapy or a pain clinic)

Describe this treatment

When did you have this treatment?

Supporting documents

Please attach copies of any documents you have in relation to your condition that you feel would support your application.

This includes prescriptions, diagnosis letters or correspondence from GPs, hospitals or healthcare professionals.

Section 4 - Non-physical (hidden) disabilities

Do you have a “non-physical” or “hidden” disability that causes you to struggle with journeys?

Yes No

If you answered YES, please complete all sections below

If you answered NO, please proceed to section 7 on page 18

Automatic qualification

Do you score exactly 10 points (**Descriptor E only**) on the “**Planning and following a journey - Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant**” mobility component of Personal Independence Payment?

Yes No

If YES, have you been awarded this benefit indefinitely?

Yes No

If NO, please provide the date the benefit has been awarded until

Evidence – You must provide a copy of your entitlement letter, dated within the last twelve months, that also includes the breakdown of points awarded.

(PIP enquiry line: 0800 121 4433)

Further assessment

If you answered no to the automatic qualification above then please complete the following questions.

Coping strategies guidance – This can include but is not limited to; taking medication, always being accompanied by another person, preparing for the journey or having a clear plan in place

How do your disabilities affect you taking a journey?

I am a risk near vehicles, in traffic or car parks as I wander off or run away without awareness of surroundings or risks

Yes No

If yes, when are you at risk?

Almost never Sometimes Almost every journey Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I struggle to plan or follow a **familiar** journey

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I struggle to plan or follow an **unfamiliar** journey

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I have a lack of awareness of Caregivers or others resulting in disobeying, ignoring or being unable to follow clear instructions

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I have intense responses to overwhelming situations causing temporary loss of behavioural control
(also known as "Episodes", "Meltdowns" or "Uncontrolled Incidents")

Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I experience very severe or overwhelming anxiety
(e.g. through Hypervigilance)

Yes No

If yes, how often is a journey affected?

Almost never Sometimes Almost every journey Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I can become extremely fearful of public/open spaces

Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I can become physically aggressive towards others, possibly without intent or awareness of the impact my actions may have

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I refuse to walk altogether, drop to the floor or become a dead-weight

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

I cause harm to myself or others as I suffer falls due to fatigue, balance problems, epilepsy or something else

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

Describe the medical condition, how this affects your journey and what coping strategies you have in place

**How would a Blue Badge improve taking a journey between a vehicle and your destination?
(Describe your needs in detail)**

Supporting Evidence

In order to assess your application we require supporting medical evidence to confirm the conditions that affect you taking a journey.

Please only send photocopies – It will not be possible to have these documents returned

There are 2 ways in which to provide this evidence

- 1) Attach copies of documents written by a professional. For example;
 - Diagnosis letters
 - Care plans
 - Patient summaries
 - Education health and care plan (EHCP)
 - Ongoing treatments / referrals
 - Prescribed medication
 - Letter from professionals involved in the care of the applicant

- 2) If you do not have sufficient evidence to submit then you can get the attached **pro forma** completed on page 19

This pro-forma will need to be completed by a relevant health care professional who is familiar with your disabilities / conditions.

The pro forma will need to be returned alongside the application form.

Section 5 - Disability in both arms

Describe any health conditions or disabilities that affect your arms

(Include the medical terms for the conditions you have been diagnosed with)

How often do you drive?

(For example, every day, a few times a week, once a week etc)

Do you drive an adapted vehicle?

Yes

No

If YES, please describe how your vehicle has been adapted for you

Describe how you find it difficult to operate pay and display parking machines

(Provide as much information as possible)

Supporting documents

Enclose any documents about your conditions that you feel would support your application.

For example, prescriptions, diagnosis letters or correspondence from GPs, hospitals or healthcare professionals.

Section 6 - Applicants under the age of 3

Describe any health conditions or disabilities that affect your mobility
(Include the medical terms for the conditions you have been diagnosed with)

Which medical equipment do you always need to be accompanied by?

Ventilator	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suction machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Feed pumps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parental equipment – intravenous line	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oxygen administration equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Continuous oxygen saturation monitoring equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Casts & associated medical equipment for the correction of hip dysplasia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other <i>(please describe)</i>		

Supporting documents

Please provide any documents about your conditions that you feel would support your application. For example; prescriptions, diagnosis letters or correspondence from GPs, hospitals or healthcare professionals.

Section 7 - Checklist and declaration

Checklist

- You have completed all of Section 1
- Proof of address has been chosen or a copy provided
- A copy of your proof of identity is enclosed
- One passport sized photograph is enclosed
- Proof of automatic entitlement (if ticked in Section 2)

Declaration

By submitting this application you agree that:

- You have read and understood the eligibility criteria for applying for a Blue Badge
- The details provided are complete and accurate
- You must not hold more than one Blue Badge at any time
- You will tell West Berkshire Council about any changes that may affect your eligibility

You also agree that West Berkshire Council may:

- Contact you if there are any issues with this application or to prevent badge misuse
- Arrange an in-person assessment for you
- Check your eligibility with the information we hold
- Suggest other benefits or services that you may be eligible for

I agree to the declaration stated above

Signature

Print name here

Date of signing declaration (DD/MM/YYYY)

If you completed the application on someone's behalf you agree to the declaration stated above

Signature

Print name here

Date of signing declaration (DD/MM/YYYY)

Telephone

Section 8 - Blue Badge pro forma

The purpose of this pro forma is to gather more information about an applicant who is applying for a Disabled Blue Badge under the revised criteria that includes non-physical (hidden) disabilities.

This pro forma is intended to be completed by a relevant professional who has seen the applicant at some time over the previous 12 months. (This includes, but is not limited to, professionals trained in healthcare, social work or teaching)

Applicant Details

Full name

Address

Date of Birth (*DD/MM/YYYY*)

Professional Details

Full name

Job Title:

Organisation:

Address:

Work Telephone:

Email Address:

Signature:

Completed pro formas must be sent alongside the Blue Badge application

Copies of supporting documents can also be submitted –
Please be aware that it will not be possible to have these returned

Please answer all questions, giving examples of how the applicant is affected

Note: If "Almost Never" is selected, further information is not required.

Is the applicant a risk near vehicles, in traffic or car parks as they wander off or run away without awareness of surroundings or risks

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

(If Yes, what coping strategies are in place to reduce this risk? Are they successful?)

Does the applicant show any evidence of being able to develop an understanding of risk?)

Does the applicant struggle to follow a familiar or unfamiliar journey on their own?

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

(If Yes, please explain with reference to examples. Would the applicant always be accompanied? Does the applicant show any evidence about being able to learn this?)

Does the applicant have a lack of awareness of Caregivers or others resulting in disobeying, ignoring or being unable to follow clear instructions? Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

(If Yes, please explain with reference to examples. In particular, how does the applicant respond when given such instructions?)

Does the applicant have intense responses to overwhelming situations causing temporary loss of behavioural control (also known as “Episodes”, “Meltdowns” or “Uncontrolled Incidents”)? Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

(If Yes, what coping strategies are in place to mitigate this response? Are they successful?)

Does the applicant have severe or overwhelming anxiety (e.g. through Hypervigilance) Yes No

If yes, how often is a journey affected?

Almost never Sometimes Almost every journey Every journey

(If Yes, what coping strategies are in place to mitigate this response? Are they prescribed medication and is this effective? Does the applicant not go out as a result?)

Does the applicant become extremely fearful of public/open spaces? Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

(If Yes, has a route cause been identified? What coping strategies are in place to mitigate this response? Are they successful?)

Does the applicant become physically aggressive towards others, possibly without intent or awareness of the impact their actions may have? Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

(If Yes, how does this behaviour manifest itself? How significant is the threat to others? What coping strategies are in place to mitigate this behaviour? Are they successful?)

Does the applicant refuse to walk, drop to the floor or become a dead-weight? Yes No

If yes, how often does this happen?

Almost never Sometimes Almost every journey Every journey

(If Yes, is there a common cause for this? What coping strategies are in place to mitigate this response? Are they successful?)

Does the applicant cause harm to themselves or others as they suffer falls due to fatigue, balance problems, epilepsy or something else?

Yes

No

If yes, how often does this happen?

Almost never

Sometimes

Almost every journey

Every journey

(If Yes, has a route cause been identified? What coping strategies are in place to mitigate this response? Are they successful?)

We are committed to being accessible to everyone. If you require this document in an alternative format or translation, please call the Blue Badge Team on Telephone 01635 503276.

**West Berkshire Council
Transport & Countryside**

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