



BLUE BADGE **APPLICATION FORM**

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SECTION 1: INFORMATION ABOUT YOU (Please complete in **black ink & BLOCK CAPITALS**)

Title:	
First names (in full):	
Surname:	
Current address (including postcode):	
Telephone number:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	
Do you currently hold a blue badge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what is the serial number of the badge?	
If Yes, what is the expiry date of the badge?	
If Yes, which local authority issued it?	
Registration number of the main vehicle you intend to use the Blue Badge in. Please note: any other vehicles can be used	
Place of birth (Town and Country):	
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"/>
Name at birth:	
Previous addresses (if different in the last three years):	

Will you be the:

Driver

Passenger

Driving licence number (if you will be the driver):

GP details

Name

Address

Telephone Number

Other relevant health professionals involved in your care (please provide as much detail as possible regarding name and profession):

SECTION 2: INFORMATION ABOUT APPLICANTS WHO ARE AUTOMATICALLY ELIGIBLE

1) Are you registered as blind?

Yes

No

If you are not registered with East Sussex County Council, please enclose a copy of your Certificate of Visual Impairment.

2) Do you receive the higher rate Mobility Component of Disability Living Allowance?

Yes

No

3) Do you receive Personal Independence Payment and receive 8 points or above for the “moving around” activity?

Yes No

4) Do you receive Personal Independence Payment and have obtained 10 points specifically for Descriptor E under the “planning and following journeys” activity as you are unable to undertake any journey because it would cause you overwhelming psychological distress.

Yes

No

You must enclose a photocopy of **all pages** of your letter of entitlement dated within the last 12 months showing your name, address and the period of entitlement. For PIP applications you must enclose the breakdown of points awarded for each activity. If your benefit is awarded for a period of less than 3 years the Blue Badge will only be issued for the period of entitlement.

5) Do you receive War Pensioners Mobility Supplement

Yes

No

If you have answered Yes you must enclose a photocopy of your letter of entitlement.

6) Do you receive a lump sum benefit under the Armed Forces and Reserve Forces Compensation Scheme within Tariff Levels 1- 8

Yes

No

If you have answered Yes you must enclose a photocopy of your letter of entitlement.

If you have answered yes to questions 1, 2, 3, 4, 5 or 6 go straight to section 6.

If you are applying due to difficulty walking go to Section 3.

If you are applying due to a hidden or non-physical disability go to section 4.

If you are applying due to a disability in both arms go to section 5.

SECTION 3: INFORMATION ABOUT APPLICANTS WITH WALKING DIFFICULTIES

Please list all of the medical conditions that affect your ability to walk:

Please list any surgery or treatment you have undergone for the above conditions and when these took place:

Please list any surgery or treatment you are waiting for relating to the above conditions and when these will take place:

Do you take prescription medications?

Yes

No

If yes please provide a recent copy of your prescription that shows all of your current medication.

Please describe fully how your medical conditions affect your ability to walk:

Any walking aids normally used should be reflected in your answers to the following questions.

On an average day how far would you estimate you are able to walk? Metres: Yards:

<p>Do you use a walking aid outdoors?</p>	<p>Always Please state what</p>	<p>Occasionally Please state what</p>	<p>Never</p>
<p>Do you use a walking aid indoors?</p>	<p>Always Please state what</p>	<p>Occasionally Please state what</p>	<p>Never</p>
<p>Have you had any falls in the past 12 months?</p>	<p>Yes Please state the number of falls, why you fell and whether you injured yourself</p>		<p>No</p>
<p>Do you have any aids or adaptations in your home to help you manage everyday activities?</p>	<p>Yes Please state what these are</p>		<p>No</p>

You should consider whether any walking aids you normally use help you to do the following activities.

Do you get short of breath when walking on level ground or up a slight hill? Yes No

Do you get short of breath if you walk for more than a few minutes? Yes No

Do you get short of breath climbing steps or stairs? Yes No

Are you too breathless to leave your own home? Yes No

Do you use portable or home oxygen? Yes No

Do you need to use a wheelchair? Yes No

Can you walk around the supermarket to do your shopping? Yes No

Are you able to use accessible public transport? Yes No

Do you struggle to walk long distances or up hills? Yes No

Are you able to take recreational walks?
Daily A few times a week Once a week Occasionally

Are you able to climb stairs or steps?
2 or more 5 or more 10 or more

SECTION 4: INFORMATION ABOUT APPLICANTS WITH HIDDEN OR NON-PHYSICAL DISABILITIES

Are you at risk near vehicles, in traffic or car parks?

Never Sometimes Regularly Every Journey

Explain how and why:

Do you struggle to plan and follow a journey?

Never Unfamiliar journeys Every Journey

Explain why:

Do you find it difficult or impossible to control your actions and lack awareness of the impact this could have on others?

Never Sometimes Regularly Every Journey

Explain why:

Do you have intense responses to overwhelming situations causing temporary loss of behavioural control?

Never Sometimes Regularly Every Journey

Explain why:

Do you become extremely anxious or fearful in public/open places?

Never Sometimes Regularly Every Journey

Explain why:

Describe any assistance you require to undertake a journey:

Describe what types of things you currently do to try to improve your journey and say how effective they are:

Describe your regular journeys:

Please note you will need to supply current medical evidence to support your application. This must be from a healthcare professional involved in your care or treatment

If you also have a physical disability that affects your ability to walk please complete section 3

SECTION 5: ONLY COMPLETE THIS SECTION IF YOU HAVE A DISABILITY IN BOTH ARMS

Do you drive regularly?

Yes

No

Do you have a severe disability in both arms?

Yes

No

Please describe your medical condition:

Are you unable to operate or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes

No

If Yes, please describe the difficulties you have with operating parking meters and pay and display machines.

Do you drive a specially adapted vehicle?

Yes

No

If Yes, please describe how the vehicle has been adapted for you and enclose a copy of your insurance details verifying this adaptation.

SECTION 6: DOCUMENTS REQUIRED TO SUPPORT AUTOMATIC APPLICATIONS

Applicants who are Registered Blind	If you are not registered Blind with East Sussex County Council you will need to provide a copy of your Certificate of Visual Impairment.
Applicants who receive the Higher Rate Mobility Component of Disability Living Allowance	You must enclose a photocopy of your Disability Living Allowance award letter dated within the last 12 months, showing your name, current address and the period of entitlement. If you do not have a current letter please contact DWP on 0800 121 4600 and request a copy of your current entitlement.
Applicants in receipt of PIP with a score of 8 points or above for the moving around activity or 10 points specifically for Descriptor E under the “planning and following journeys” activity.	You must enclose a photocopy of all pages of your PIP award letter dated within the last 12 months showing the number of points awarded for each activity and the period of entitlement. If you do not have a recent award letter please contact DWP on 0800 121 4433 and request a copy of your current entitlement.
Applicants who receive the War Pensioner’s Mobility Supplement	You must enclose a photocopy of your proof of entitlement.
Applicants who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme	You must enclose a photocopy of your award letter.

DOCUMENTS REQUIRED TO SUPPORT ASSESSED ELIGIBILITY APPLICATIONS

Prescription	Please enclose a copy of your most recent prescription, which shows all of your current medication. We may not be able to process your application without this.
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MANDATORY DOCUMENTS THAT ALL APPLICANTS ARE REQUIRED TO ENCLOSE

Please note that your application will be returned to you if you do not enclose all of the documents required

Proof of your address	<p>Please provide proof of your current address dated within the last 12 months e.g. a utility bill or hospital letter in your name.</p> <p>Please note: If the application is for a child we require the proof of address to be in the name of the child at their current address such as a school letter or a dated prescription. <u>We cannot accept letters addressed to the Parent/Guardian.</u></p> <p>We do not accept mobile telephone bills as proof of address.</p>
Proof of your identity	<p>You must attach a photocopy of <u>one</u> of the following as proof of your identity:</p> <p>DO NOT SEND ORIGINAL DOCUMENTS</p> <ul style="list-style-type: none">• Birth or Adoption Certificate• Marriage, Civil Partnership or Divorce Certificate• Valid Photo card Driving Licence• Valid Passport <p><u>You will only be asked for this once and will not be asked to prove your identity on your next review.</u></p>
Photographs	<p>Please enclose two passport-style photographs taken within the last 3 months. These should measure 3.5 cm wide by 4.5 cm high with a plain white background. Please see page 10 of the guidance notes for full requirements.</p>
Badge issue fee	<p>The cost of a Blue Badge is currently £10.00</p> <p>If you wish to make payment online please provide your Email address in the box below and the payment link and instructions will be sent to you if your application is approved.</p> <div data-bbox="375 1659 1453 1736" style="border: 1px solid black; padding: 5px;"><p>Email address:</p></div> <p>Alternatively you can pay by cheque or postal order made payable to East Sussex County Council. If your application is unsuccessful this will be returned to you.</p> <p><u>Please note that we are unable to process cash.</u></p>

DECLARATIONS ABOUT THE INFORMATION YOU HAVE PROVIDED AND THE APPLICATION PROCESS

I confirm that the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information either in this application form or in future dealings with the Blue Badge service.

I confirm that the photographs I have submitted are a true likeness and have been taken within the last 3 months.

I understand that I must promptly inform East Sussex County Council of any changes that may affect my entitlement to a badge.

I understand that all documents relating to this application will be dealt with in line with the Data Protection legislation and may be shared within the local authority and with other organisations in order to detect and prevent fraud.

I understand that the medical information I have supplied may only be disclosed to a third party who is responsible for the operation and administration of a Blue Badge.

I understand that I may be required to undertake an assessment with an Assessment Officer who is independent of my care and treatment.

I declare that I will not permit anyone else to use my badge unless I am present in the vehicle. If I do so I understand that I would be liable for prosecution and the badge would be permanently withdrawn.

By signing below you are agreeing to all of the above statements

YOUR SIGNATURE

Signature	
Date	

If you have completed and signed this application on behalf of someone else you will need to provide a copy of Power of Attorney or evidence that you are their nominated Appointee.

ETHNICITY

East Sussex County Council (ESCC) are required to record ethnic background to:

- understand who is contacting Adult Social Care (ASC), and who is receiving services
- make sure services are reaching all the local communities, for anyone who has eligible needs
- help ASC to understand if the right services are being provided
- make sure individuals have their personal needs taken into account during assessments and support planning
- Comply with the Race Relation (Amendment) Act 2000 which gives public authorities the duty to monitor ethnic background data. This is to make sure race discrimination does not take place. In this way it is possible to promote equal access and good race relations.

WHITE	
British	
Irish	
Traveller of Irish origin	
Gypsy / Roma	
Any other white background (please specify)	

MIXED	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background (please specify)	

ASIAN or ASIAN BRITISH	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background (please specify)	

BLACK or BLACK BRITISH	
Caribbean	
African	
Any other Black background (please specify)	

CHINESE or OTHER ETHNIC GROUP	
Chinese	
Any other ethnic group (please specify)	

I do not know	
I do not wish to answer	

Further Information

Please add anything else that you think is relevant to support your application for a Blue Badge:

Please allow at least 6 weeks before contacting us for an update on your application.

PLEASE RETURN THIS FORM TO:

**BLUE BADGE TEAM
ST MARY'S HOUSE
52 ST LEONARD'S ROAD
EASTBOURNE
EAST SUSSEX
BN21 3UU**

TEL: **01323 464244** The Information line is open Mon/Wed/Fri
E-MAIL: **bluecarbadge@eastsussex.gov.uk**

Please ensure that all application forms are weighed at the Post Office and the correct postage is applied. This will prevent any delay in delivery of your application form.