

Blue Badge Application Form FAQs and Guidance

Please note you can also apply on line at;
www.gov.uk/apply-blue-badge

What Section do I need to complete?

Section 1 – Applicant Details

Must be completed by all applicants

Section 2 – Eligible without further assessment

Section 2 should be completed by applicants who meet one of the following criteria;

- Receive the Higher Rate of the Mobility Component of the Disability Living Allowance
- Receive 8 points or more under the “moving around” activity of the mobility component of
- Personal Independence Payment (PIP);
- Is registered blind (severely sight impaired); Note, partially sighted applicants should complete section 3, as they are not automatically entitled.
- Receive a War Pensioner's Mobility Supplement (WPMS);
- Has been awarded a lump sum under the Armed Forces and Reserve Compensation scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

Section 3 – Eligible subject to further assessment

To be completed by all applicants, when no statements in section 2 applies. Applicants must have a permanent and substantial disability which means you cannot walk or which means that you have very considerable difficulty walking.

Section 4 – Applicants with Severe disabilities in both arms

To be completed by applicants who hold a valid driving licence and have a severe disability in both arms.

Section 5 – Children Under the age of three, subject to further assessment

To be completed by where the child is under the age of three and their condition requires transporting bulky medical equipment, or where they need to be kept near a motor vehicle on account of their condition.

Sections 6 – Checklist

All applicants should use the checklist to ensure they provide correct supporting information.

Section 7 - Declaration

Must be completed by all applicants, without a signed declaration we will be unable to process your application.

Life Limited Applicants

Applicants with a poor prognosis (unlikely to be longer than 6 months) should complete the life limited application form available from www.cumbria.gov.uk

Organisational Blue Badges

An organisational badge may be issued to organisations whose responsibility includes the care and transportation of disabled people who would themselves meet the eligibility criteria for a badge should they apply individually. You should complete our Organisation Blue Badge application form available from www.cumbria.gov.uk

Why do I not qualify?

You do not qualify if;

- Your condition does not affect your mobility or you have a temporary condition such as a broken leg.
- In all cases, entitlement depends on the applicant's difficulty in walking, and considerations such as difficulty in carrying parcels or luggage are not to be taken into account.
- Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease / incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

How long is the application process?

Please allow 4-6 weeks for your application to be processed.

How do I renew my current Blue Badge?

If you are renewing your badge you can apply up to six weeks in advance of the expiry date shown on your badge. Applicants should apply online or complete a new application form.

Further Support...

If you require further support please contact the Blue Badge Team on 01228 606060 or via email blue.badge@cumbria.gov.uk

Blue Badge Application Form

Apply online at www.gov.uk/apply-blue-badge

All fields within each Section are mandatory, please refer to the guidance notes before completing

- Supporting documents must be submitted along with a completed application form, required documents can be identified within the checklist.
- Return completed application forms via email to blue.badge@cumbria.gov.uk, or post to; Blue Badge Team, Parkhouse Building, Baron Way, Kingmoor Business Park, Carlisle, CA6 4SJ
- If you require support please refer to the guidance notes enclosed in the first instance. Further support is available by contacting the Blue Badge Team on 01228 606060 or email: blue.badge@cumbria.gov.uk

Applicants with a life limiting condition with a poor prognosis (unlikely to be longer than 6 months) should complete the **Life Limited Blue Badge Application Form**

Current Badge Details

If you currently hold a blue badge please provide the details below:

Badge Serial Number: Badge Expiry Date:

Issuing Local Authority:

Section 1. Details of the Person who requires the Blue Badge

If you are filling in this form for someone else, tell us about them, not you

Title: Surname:

First Name (s):

Date of Birth: / / Gender: Male Female

Town of Birth:

Surname/Maiden Name at Birth:

Country of Birth:

Current Address (including post-code):

Previous Address, if different within the last 3 years (including post-code):

Contact Telephone:

National Insurance Number:

Email Address:

Section 2. Eligibility for a Blue Badge without the need for further Assessment

To be eligible for automatic qualification you need to meet one of the requirements below and evidence must be provided. If you are unsure whether these questions apply to you, please refer to the guidance notes.

Please Tick any statements that are true;

a I receive Higher Rate Mobility Component of Disability Living Allowance

- *Note Attendance Allowance does not apply.*
- *Please send us a photocopy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance and the duration of the award.*

b I receive a Personal Independence Payment (PIP) award that indicates I receive 8 or more points in the 'moving around' activity of the mobility component

- *Please send us a photocopy of the official DWP letter including the points awarded and the duration of the award - all pages of the award letter must be included.*

c I receive a War Pensioner's Mobility Supplement (WPMS)

- *Please send us a photocopy of the official letter confirming that you receive the allowance.*

d I have 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 SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking

- *Please send us a photocopy of the official letter confirming the level of your award and confirming that you have been assessed as having a permanent and substantial disability.*

e I am registered severely sight impaired (Blind)

(Note partially sighted does not apply)

- *Please send us a photocopy of the evidence of the registration.*

If you have ticked any of the boxes in section 2 (above), please continue to Section 6, Supporting Documents Checklist. You should also complete Section 7, Declaration.

Section 3. Eligibility for a Blue Badge Subject to further Assessment

If you do not automatically qualify for a Blue Badge, we need to understand your permanent and/ or substantial disability which means you are unable to walk or have very considerable physical difficulty in walking.

Please answer all 22 questions in this section, we can then check your eligibility.

1. Please give a detailed description of the condition/disability that affects your walking ability. *If you know them please state the medical terms for the condition you have been diagnosed with.*

Please describe any surgery, courses of treatment or specialist clinics you have undergone in relation to each medical condition / disability. *Include dates of surgery, treatment or attended specialist clinics.*

What medication do you currently take in relation to the conditions / disabilities described above? *Include any pain relief.*

- | | | |
|--|-----|----|
| 2. Are you currently seeing a specialist or attending clinics for pain Relief? | Yes | No |
|--|-----|----|

If yes please provide the Name, Hospital/Health Centre and contact number of specialist or clinic

- | | | |
|---|-----|----|
| 3. Do you find it too painful when walking for more than a few minutes? | Yes | No |
|---|-----|----|

- | | | |
|---|-----|----|
| 4. Are you waiting for surgery or treatment in relation to the condition that impairs your walking ability? | Yes | No |
|---|-----|----|

Are you recovering from an operation in relation to your conditions / disability?	Yes	No
---	-----	----

Are you managing your condition since you have been advised it is not expected to improve? Yes No

If yes please provide any further information below;

5. Do you anticipate that your conditions/disabilities will improve in the next 3 years Yes No

6. Do you consider your condition / disability to substantially affect your walking? Yes No

7. Please tick the box that best describes the way that you walk (*tick one box*)

- a **Normal** – no specific problems with walking
- b **Adequate** – e.g. you walk with a slight limp
- c **Poor** – e.g. you walk with a heavy limp, or have problems with balance
- d **Extremely Poor** – e.g. you drag your leg or use two crutches
- e **Unable to walk at all**

Please give a detailed explanation for the selection you have made above;

8. Are you able to walk well, including recreational walks? Yes No

9. Are you able to walk around the supermarket to do your own shopping? Yes No

10. Are you able to walk and use public transport for some of your local trips? Yes No

11. Do you struggle with longer distances or hills? Yes No

12. Do you use a wheelchair for longer trips outside the home? Yes No

13. Are you able to climb stairs or steps? Yes No

14. Are you able to walk outside without assistance from another person? Yes No

If no, please describe the help you need;

15. If you use walking aids please tell us what equipment you use

16. Please tell us how far you are able to walk (using any walking aids) before the severe discomfort, pain or breathlessness you experience prevents you walking any further. You may answer in either meters or yards.

To help you to make an accurate judgement;

- The length of an average bus is about 10 metres (11 yards)
- A tennis court is about 24 metres long (26 yards).
- A full size football pitch is about 100 metres (110 yards) by 60 meters (65 yards)

Meters: Yards:

How long does it take you to walk this distance in minutes?

17. Are you able to continue walking after a short rest? Yes No

If yes, roughly how long in minutes are you able to walk in total?

18. Do you get breathless when walking for more than a few minutes? Yes No

19. Are you troubled with shortness of breath when hurrying on level ground or walking up a slight hill? Yes No

20. Do you get short of breath walking with other people of your own age on level ground? Yes No

21. Do you have to stop for breath when walking at your normal pace on level ground? Yes No

22. Do you get too breathless to leave your home, or after getting dressed? Yes No

Section 4. Eligibility for a Blue Badge Subject to further Assessment due to Severe Disability in both arms

To be completed by applicants who hold a valid driving licence and have a severe disability in both arms. Applicants can not turn the steering wheel of a vehicle by hand, even if a turning knob is fitted or are unable to use parking meters.

1. Please give a detailed description of your condition/disability

2. Do you drive a specially adapted car? Yes No

If yes please provide details of the adaptation;

Section 5. Eligibility for a Blue Badge Subject to further Assessment for a Child under the age of three

To be completed by where the childs condition requires transporting bulky medical equipment, or where they need to be kept near a motor vehicle on account of their condition.

1. Does your childs condition require transporting bulky medical equipment at all times? Yes No

If yes please state what type of equipment is required

2. Does your childs condition require they need to be kept near a motor vehicle so that they can, if necessary be treated or transported? Yes No

If yes please give a description of the medical condition

Section 6. Supporting Document Checklist

- Use the checklist to ensure you provide us with the correct supporting documents (**copies only**)
- Please indicate the documents that you have provided along with your application form.
- Failure to provide the correct supporting documents will result in delays to your application.
- Any documentation provided will not be returned to the applicant.

All Applications

Must provide all of the following

- a Photocopy proof of address dated within last 12 months (e.g. a recent bill, Driving Licence, Council Tax Bill, NHS correspondence)
- b Photocopy proof of identity (e.g. Driving Licence, Birth Certificate, Marriage Certificate, passport).
- c A passport quality photograph taken within the last 12 months. Photographs taken on smartphones/tablets are accepted and can be emailed to blue.badge@cumbria.gov.uk
- d £10 Blue Badge Issue Fee
 - I wish to be contacted via phone to make payment via Card
 - I have submitted a cheque or postal order for £10.00 made payable to Cumbria County Council. *No payment will be taken if your application is not successful*

Applications without further Assessment (applying under Section 2)

Provide one of the following

- a Photocopy of Higher Rate Mobility letter (issued within the last 12 months) (confirming you receive the allowance and the duration of the award).
- b Photocopy of War Pensions mobility supplement letter. If you have lost this letter then the agency can be contacted via 0800 169 2277
- c Photocopy of Armed Forces (compensation) Scheme letter confirming the level of your award. If you have lost this letter then the agency can be contacted via 0800 169 2277
- d Photocopy of your full Personal Independence Payment letter, including points page
- e Photocopy of Certificate of Visual Impairment (CVI) or other evidence of the registration which states that you are registered severely sight impaired.

All Applicants Please Note

- Only submit copies of original documents.
- Any documentation provided will not be returned to the applicant.

Supporting Documents can be attached to your completed application form or emailed to; Blue.badge@cumbria.gov.uk

If you choose to email supporting documents please ensure you include the applicant details.

Section 7. Declaration

All Applicants must sign the declaration below, failure to do so will mean we are unable to process your application.

Data Protection Notice

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared with the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

- I confirm that, as far as I know, the details I have provided are complete and accurate.
- I understand that providing fraudulent information may result in prosecution and a fine.
- I understand that I must not hold more than one valid Blue Badge at any time.
- I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.
- I confirm that the photograph I have submitted with my application is a true likeness.
- I agree that, if my application is successful, I will follow guidelines in “Blue Badge scheme: rights and responsibilities” leaflet which will be sent to me along with the badge if the application is successful.
- I agree to the local authority contacting an accredited healthcare professional, if necessary, for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

Signature:

Name:

Date of Application:

How to Submit your completed Application Form & Supporting Information;

- Via email, blue.badge@cumbria.gov.uk
- By post to;
Blue Badge Team, Parkhouse Building, Baron Way, Kingmoor Business Park, Carlisle,
CA6 4SJ