Cumbria County Council – Resources & Transformation
Blue Badge Team, Parkhouse Building, Baron Way,
Kingmoor Business Park, CARLISLE, CA6 4SJ.
Tel: 01228 606060
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Blue Badge Application Form

You can apply online at www.gov.uk/apply-blue-badge

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. When completing this form you may find the guidance notes enclosed helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Do you currently hold a Blue Badge? YES: ☐ NO: ☐

If you answered Yes, please state:

Which local authority issued you with the badge? _____

What is the serial number on the current badge? _____

What is the expiry date of the current badge? _____

Section 1 – 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 appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance note.

Title (Mr, Mrs, Miss, Ms, Master, other)**:**	
First names (in full)**:**	
Surname:	
Name at birth:	
Current Address:	
Postcode:	
Contact Telephone Number:	
E-mail Address:	
Previous Address, if different in the last three years	
Gender:	Male ☐ Female ☐

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Date of Birth (DD/MM/YYYY)**:**	☐☐/☐☐/☐☐☐☐
Place of Birth:	Town: _____ County: _____
National Insurance Number / Child Registration Number: (see section 1 of the accompanying guidance notes)	
Driving Licence Number: (If you hold a driving licence)	

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 and provide a copy of the documentation:

☐ I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.

or: ☐ I have enclosed a utility bill (gas, electricity, water or phone bill), dated within the last 12 months

If applying as or on behalf of an applicant who does not pay Council Tax, or is under 18:-

or: ☐ I have enclosed: (i) a pension award statement **or** (ii) child benefit letter **or** (iii) NHS correspondence dated in the last 12 months.

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

☐ Birth certificate / adoption certificate ☐ Marriage / Divorce certificate ☐ Passport

☐ Civil Partnership / Dissolution certificate ☐ Valid driving licence

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 be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and that you complete Section 6 of this form to confirm that the photograph is a true likeness.

Badge issue fee
A fee of £10 is payable for successful applications. Please enclose a cheque or postal order made payable to **Cumbria County Council**. A refund will be given if your application is not successful.

Please provide the vehicle registration number(s) for the main car(s) in which you intend to display the Blue Badge:

(Up to three registration numbers should be nominated, but please remember that other vehicles can be used.)

Section 2 – Questions for 'without further assessment' applicants

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
- receive the **Higher Rate Mobility Component** of Disability Living Allowance;
- meet a **Moving Around** descriptor for the **Mobility Component of Personal Independence Payment** (PIP)
- receive the **War Pensioner's Mobility Supplement**; or
- receive a qualifying award under the **Armed Forces and Reserve Forces (Compensation) Scheme.**

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes enclosed with this application form.

2a) People who are severely sight impaired (blind)

Are you registered as blind (severely sight impaired)**?**

Yes: ☐ No: ☐ If Yes: please state which local authority you are registered with:

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

Yes: ☐ No: ☐

If NO, then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind.

Yes: ☐ No: ☐

2b) People who receive the Higher Rate Mobility Component of Disability Living Allowance

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, when is your award of this benefit due to end?

(DD/MM/YYYY)**:** ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance you must enclose a copy of your letter of entitlement to this benefit issued within the last twelve months or a copy of your annual uprating letter.

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Does your '**Moving Around'** descriptor for the **Mobility Component** meet or match any of the following statements?

☐ You can stand and then move unaided more than 20 metres but no more than 50 metres.

☐ You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.

☐ You can stand and then move more than 1 metre but no more than 20 metres.

☐ You cannot stand or move more than 1 metre.

If you did not tick any statement in 2c please tick the 'NO' box

☐ No

If you have ticked a statement in 2c have you been awarded this benefit for an on-going period?

☐ Yes ☐ No

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY) : ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

If you have ticked one of the above statements for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose a copy of your letter of entitlement to this benefit issued within the last 12 months.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2d) People who receive the War Pensioner's Mobility Supplement

Do you receive the **War Pensioner's 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): ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a copy of your letter of entitlement to this benefit.
You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

2e) 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 SPVA as having a permanent and substantial disability 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, the Service Personnel and Veterans Agency (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 disability 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 lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

If you have answered 'Yes' to any of the questions in Section 2, please go straight to Section 6.

If you have answered 'No' to all of the questions in Section 2, please continue to complete all relevant sections.

Section 3 – Questions for 'subject to further assessment' applicants with walking difficulties.

These questions are intended for people who have answered NO to all of the questions in Section 2.

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are **over three years of age and have a permanent and substantial disability which means you/they are unable to walk or you/they have very considerable difficulty in walking.**

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

Please describe:

- Any medical conditions / disabilities which affect your walking.
- 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 you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:	Dates you received this treatment:

What medication do you currently take in relation to the conditions / disabilities you described above?

Medication	Dosage	Frequency

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Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: ☐ No: ☐

If Yes, please explain what you are taking and how frequently you need it:

Do you find it too painful when walking for more than a few minutes?

Yes: ☐ No: ☐

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below)

☐ Awaiting surgery in relation to the conditions / disabilities described above?

☐ Recuperating from surgery in relation to the conditions / disabilities described above?

☐ Awaiting treatment for any of the conditions / disabilities described above?

☐ Managing your condition / disability since you have been advised it is not expected to improve any further?

☐ None of the above

Do you consider your condition / disability to be permanent? (tick as appropriate)

Yes: ☐ No: ☐ Not Sure: ☐

Do you consider your condition / disability to substantially affect your walking? (tick as appropriate)

Yes: ☐ No: ☐ Not Sure: ☐

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above.

Name	Job title	Hospital / Health Centre	Telephone number

Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate)

Yes: ☐ No: ☐

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

How do the conditions / disabilities you described above affect your ability to walk?

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

☐ Normal - no specific problems with walking

☐ Adequate - for example, you walk with a slight limp

☐ Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance

☐ Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Please tick whichever of the following statements describe your general walking ability:

(Please tick whichever options apply to you - you can tick more than one box)

☐ I am able to walk well, including recreational walks

☐ I am able to walk around the supermarket to do my own shopping

☐ I am able to walk and can use public transport for some of my local trips

☐ I am able to walk, but struggle with longer distances or hills

☐ I am able to walk, but get breathless if I walk for more than a few minutes

☐ I am able to walk, but find it too painful to walk for more than a few minutes

☐ I am able to walk but use a wheelchair for longer trips outside the home

☐ I am able to walk around my home, but am unable to climb the stairs

☐ I am unable to walk at all

☐ Other (please describe below)

Are you able to walk outside without help?

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

Where, in your local area, can you comfortably walk to from your home?
(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)

Do you use any of the following walking aids?
(Please tick whichever options apply to you - you can tick more than one box)

- ☐ 1 elbow crutch
- ☐ 2 elbow crutches
- ☐ 1 walking stick
- ☐ 2 walking sticks
- ☐ Walking frame (Zimmer frame)
- ☐ Rollator
- ☐ Wheelchair
- ☐ Powered wheelchair
- ☐ Other (please describe in the space below)

Were your walking aids…
(Please tick whichever options apply to you)

- ☐ Purchased privately by me
- ☐ Prescribed by a healthcare professional
- ☐ Provided by Adult Social Care
- ☐ Other (please describe below)

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?
(Please state the distance in metres or yards using whichever measure is best for you.)

: metres : 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 roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

: minutes

Are you able to continue walking after a short rest?

Yes: ☐ No: ☐

If you can continue, roughly how long (in minutes) are you able to walk for in total?

: minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes: ☐ No: ☐

Do you get short of breath walking with other people of your own age on level ground?

Yes: ☐ No: ☐

Do you have to stop for breath when walking at your own pace on level ground?

Yes: ☐ No: ☐

Do you get too breathless to leave your home, or after dressing?

Yes: ☐ No: ☐

Do you get breathless when walking for more than a few minutes?

Yes: ☐ No: ☐

Section 4 – Questions for 'subject to further assessment' applicants with a disability in both arms.

These questions are intended for people who have answered NO to all of the questions in Section 2.

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over three years of age and **drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.**

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

Do you drive regularly?

Yes: ☐ No: ☐

Do you have a severe disability in both arms?

Yes: ☐ No: ☐

Please describe your medical condition / disability:

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 5 – Questions for 'subject to further assessment' applicants under the age of three

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes: ☐ No: ☐

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: ☐ No: ☐

If YES, please describe the child's medical condition

If you have answered yes to either of the questions above please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact details below:

Section 6 – Declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

6a) Mandatory Declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understand each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine

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.

Declarations to be completed by all applicants

☐ I confirm that, as far as I know, the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.

☐ 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 not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge.

Declarations to be completed by all 'subject to further assessment' individual applicants (i.e. people who have completed Sections 3, 4 or 5)

☐ 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.

6b) Your consent to use your information to improve the service you receive

Please read and tick the following declaration if you consent to it.
Ticking the box will help to improve the service we can offer you.

☐ I consent to the local authority checking any information already held by the local authority's Social Services departments on the basis that:

- It can help determine my eligibility for a Blue Badge
- It may speed up the processing of my application
- It may enable a decision to be made without the need for a mobility assessment.

6c) Checklist of documents you may need to enclose

Please ensure you have **enclosed all of the relevant documents for the sections of this application form** that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

Section 1 – Information about you

☐ Proof of your address, dated within the last 12 months.

☐ A certified copy of proof of your identity

☐ One passport standard photograph of the applicant with their name on the back.

Section 2a – People who are severely sight impaired

☐ A copy of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register)

Section 2b – People who received the Higher Rate Mobility Component of Disability Living Allowance

☐ A copy of your letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter

Section 2c – People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

☐ A copy of your Personal Independence Payment decision letter issued within the last 12 months.

Section 2d – People who receive the War Pensioner's Mobility Supplement

☐ A copy of your letter of entitlement for the War Pensioner's Mobility Supplement

Section 2e – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

☐ A copy of your letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

Section 4 – Drivers with a disability in both arms

☐ A copy of your insurance details if you drive a specially adapted vehicle.

Section 5 – Children under the age of three

☐ A letter from a healthcare professional that has been involved in the child's treatment, giving details of condition and type of medical equipment needed.

Please note any copy documentation provided will not be returned to you but will be retained in secure storage along with your application.

6d) Badge Issue Fee

☐ **The badge fee is £10.00** (refunded in the event of the application being unsuccessful).

Please make your cheque or postal order made payable to Cumbria County Council.

6e) Your signature against the declarations in section 6a and 6b

Your signature:	
Date of application:	(DD/MM/YYYY): ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐
Please print your name here	

POSTAL APPLICATIONS ONLY

Your completed application form should be posted to:

Environment and Community Services
Blue Badge Team
Parkhouse Building
Baron Way
Kingmoor Business Park
Carlisle
CA6 4SJ

Please ensure that you have allowed sufficient postage, a Large stamp or more is required for this application.

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