

Department of Educational and Social Services

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Executive Director: Graham Short
Acting Executive Head of Social Work: Kay Gilmour
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If this computer is linked to a printer, you can print off an application form for a **Blue Badge** for you to complete together with a checklist of information required by this Department in order to process your request for the badge.

The medical certificate will only need to be completed if you do not qualify automatically. The medical certificate should be completed by your GP and returned to this Department at the above address.

Before you return your application form, please check:

That you write your name, address and date of birth on the application form, sign and take this to your Doctor.

That all documentation and photographs are attached to the completed application form. If you require any of this material returned to you, please enclose a stamped addressed envelope.

That if your application for the RENEWAL of a Blue Badge is successful, the old badge will be required to be returned to this Department before a new badge may be issued.

We will endeavour to deal with your application as quickly as possible.

EAST AYRSHIRE COUNCIL
BLUE BADGE SCHEME OF PARKING
CHECK LIST

AUTOMATIC CRITERIA

- a) You will AUTOMATICALLY qualify only if you have one of the following:
- b) Mobility allowance/Higher Rate Mobility component of the Disability Living Allowance.
- c) War Pensioner's Mobility Supplement.
- d) Registered Blind
- e) A Government Grant for your own vehicle.
- f) A vehicle supplied by a Government Department.

If you are claiming under any of the above categories please ensure the following are returned with your application form:

- 1) Completed Application Form.
- 2) Two recent passport style photographs of yourself, with your signature on the back.
- 3) Proof of eligibility under the above criteria, e.g. Blind Registration number, letter from DSS confirming Allowance, with expiry date.

Please note :- A letter from the DLA, Blackpool is required, the Allowance Book is not acceptable, the letter should state your name, address, period of award (award must be over a year from date Blue Badge issued, as no Blue Badge can be issued for less than a year) and it must state in words that you receive the High Rate Mobility Component. If you cannot find this letter a copy can be obtained by phoning DLA Blackpool. Tel No 08457 123 456 (this call is charged at local rate).

DISCRETIONARY CRITERIA

If you are claiming under the DISCRETIONARY CRITERIA please ensure the following are included when returning the application form.

- 1) Completed Application Form.
- 2) Two recent passport style photographs of yourself, with your signature on the back.
- 3) A Medical Form, as supplied by this Authority, and completed by your G.P. Please note that you must sign the medical form, giving your consent prior to handing the form to your G. P.

EAST AYRSHIRE COUNCIL IS NOT RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL FEES.

DISCRETIONARY APPLICATIONS MAY BE SUBJECT TO FURTHER ASSESSMENT BY A MEMBER OF THE SOCIAL WORK DEPARTMENT'S OCCUPATIONAL THERAPY STAFF.

EAST AYRSHIRE COUNCIL

THE BLUE BADGE SCHEME OF PARKING CONCESSIONS FOR DISABLED AND BLIND PEOPLE

Are you Driver / Passenger *

Is this 1st Application / renewal * *Please delete as appropriate

PART A **DETAILS OF APPLICANT** Mr/Mrs/Miss/Ms

FULL NAME

ADDRESS

.....

.....

POST CODE

DATE OF BIRTH TEL. NO.

REGISTRATION OF VEHICLE REGULARLY USED

PART B **ALL PARTS OF THIS SECTION MUST BE COMPLETED**

Are you Registered Blind under the National Assistance Act 1948 YES / NO
If YES please give the name of the Local Authority with which you registered.

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Do you receive Mobility Allowance or the Higher Rate of the
Mobility Component Of the Disability Living Allowance YES / NO

Has this award been granted for life YES / NO

If YES, Please supply evidence (e.g. An Official Letter confirming an Award of the
Allowance (DLA384) or a Vehicle Excise Duty Exemption Certificate).

Was your vehicle supplied by the Department of Social Security, The YES / NO
Scottish Office Home and Health Department or the Welsh Office.

Do you receive a Government Grant towards your own vehicle YES / NO
If YES, please give details

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Do you receive a War Pensioners' Mobility Supplement YES / NO
If YES, please supply evidence (e.g. an Official Letter confirming an
Award of War Pensioners' Mobility Supplement).

**IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS
IN PART B PLEASE GO STRAIGHT TO PART F**

PLEASE READ CAREFULLY BEFORE COMPLETING PARTS C, D OR E

IF YOU HAVE ANSWERED NO TO ALL THE QUESTIONS IN PART B YOU WILL QUALIFY FOR A BADGE ONLY IF YOU CANNOT WALK, OR CAN WALK ONLY WITH SEVERE DIFFICULTY, OR IF YOU HOLD A VALID DRIVING LICENCE AND HAVE A SEVERE DISABILITY IN BOTH UPPER LIMBS AND ARE UNABLE TO TURN BY HAND A STEERING WHEEL OF A VEHICLE, EVEN IF THAT WHEEL IS FITTED WITH A TURNING KNOB.

THE INTENTION OF THE SCHEME IS THAT ONLY VERY SEVERELY DISABLED PEOPLE WILL QUALIFY UNDER THESE CONDITIONS.

IT IS ESSENTIAL THAT EACH APPLICANT UNDER PART C OR D IS CONSIDERED CAREFULLY. YOU WILL BE REQUIRED TO PROVIDE THE COMPLETED MEDICAL FORM (ENCLOSED).

DISCRETIONARY APPLICATIONS MAY BE SUBJECT TO FURTHER ASSESSMENT BY THE SOCIAL WORK DEPARTMENTS OCCUPATIONAL THERAPY STAFF.

BADGES WILL ONLY BE ISSUED TO PEOPLE WITH PERMANENT DISABILITIES WHO WOULD OTHERWISE FIND IT IMPOSSIBLE TO VISIT SHOPS, PUBLIC BUILDINGS ETC. OR TO DRIVERS WHO CANNOT TURN BY HAND THE STEERING WHEEL OF A VEHICLE.

IF, AFTER READING THESE NOTES YOU THINK YOU MAY QUALIFY FOR A BADGE, PLEASE COMPLETE THE REMAINING SECTIONS, AS APPROPRIATE.

PART C

COMPLETE THIS PART ONLY IF YOU CONSIDER THAT YOU HAVE A PERMANENT AND SUBSTANTIAL DISABILITY WHICH CAUSES INABILITY TO WALK OR VERY CONSIDERABLE DIFFICULTY IN WALKING.

WHAT IS THE NATURE OF YOUR MEDICAL CONDITION

.....
.....
.....

WHAT IS THE MAXIMUM DISTANCE YOU CAN WALK WITHOUT STOPPING / SEVERE DISCOMFORT/ OR HELP FROM ANOTHER PERSON.

.....

WHAT IS THE MAXIMUM LENGTH OF TIME YOU CAN WALK WITHOUT STOPPING / SEVERE DISCOMFORT, OR HELP FROM ANOTHER PERSON

.....

DO YOU REGULARLY USE A WALKING AID

YES / NO

IF YES, PLEASE STATE TYPE OF AID

.....

PART D

COMPLETE THIS PART ONLY IF YOU HOLD A VALID DRIVING LICENCE AND HAVE A SEVERE DISABILITY IN BOTH UPPER LIMBS AND ARE UNABLE TO TURN THE STEERING WHEEL OF A VEHICLE EVEN IF FITTED WITH A TURNING KNOB.

WHAT IS THE NATURE OF YOUR MEDICAL CONDITION

.....

.....

DO YOU DRIVE A SPECIALLY ADAPTED CAR
IF YES, PLEASE STATE TYPE OF ADAPTATION

.....

YES / NO

PART E DETAILS OF YOUR FAMILY DOCTOR

DOCTOR'S NAME

ADDRESS

.....

IT WILL BE NECESSARY TO REQUEST ADDITIONAL INFORMATION FROM YOUR GP TO SUPPORT YOU APPLICATION.

PART F ALL APPLICANTS MUST COMPLETE THIS SECTION.

APPLICATIONS MUST BE ACCOMPANIED BY 2 PASSPORT TYPE PHOTOGRAPHS OF THE APPLICANT AND SIGNED ON THE BACK BY THE APPLICANT. PHOTOGRAPHS WILL BE RETURNED IF THE APPLICATION IS UNSUCCESSFUL. YOU MAY SEND ANY UP TO DATE PHOTOGRAPHS TAKEN FROM SELF SERVICE BOOTHS OR ANY SUITABLE RECENT PORTRAIT SNAPSHOTS CUT DOWN TO AN APPROPRIATE SIZE.

PLEASE SIGN THE SIGNATURE BOX ON PAGE 6 AND RETURN IT WITH YOUR APPLICATION.

Please Tick

I ATTACH 2 PHOTOGRAPHS SIGNED ON THE BACK

I AM UNABLE TO PROVIDE PHOTOGRAPHS BECAUSE I HAVE A SEVERE FACIAL DISFIGUREMENT.

I DELCARE THAT TO THE BEST OF MY BELIEF ALL THE STATEMENTS I HAVE MADE ON THIS FORM ARE TRUE AND I AGREE TO THE LOCAL AUTHORITY CONTACTING MY FAMILY DOCTOR WHEN NECESSARY FOR THE PURPOSE OF OBTAINING INFORMATION TO SUPPORT MY APPLICATION.

I UNDERSTAND THAT MISUSE OF THE BLUE BADGE MAY CONSTITUTE TO A CRIMINAL OFFENCE.

NAME

DATED

SIGNED

IMPORTANT NOTICE

WILL APPLICANTS PLEASE ENSURE THAT THEY :-

**SIGN THE REVERSE OF BOTH PHOTOGRAPHS
AND
ALSO SIGN WITHIN THE BOX BELOW .**

Please return this page, and your photographs along with the application form.

THANK YOU

A simple rectangular box with a thin black border, intended for the applicant to sign within it.