

If telephoning please ask for: Blue Badge Team
 Direct Dial: 01563 555433
 Email: bluebadge@east-ayrshire.gcsx.gov.uk

Blue Badge Application Form (Further Assessment Required)

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 accompanying guidance notes are helpful.

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

| 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, Dr; Prof other): | |
| First names (in full – maximum of 20 characters): | |
| Surname (maximum of 20 characters): | |
| Surname at birth (maximum of 20 characters): | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth (DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Town: | |
| Place of Birth: | Country: |
| National Insurance Number (16 and over) NHS Number (for under 16s) (see Section 1 of the accompanying guidance notes) | <input style="width: 100%; height: 20px;" type="text"/> |
| Driving Licence Number: (If you hold a driving licence) | <input style="width: 100%; height: 20px;" type="text"/> |
| Current Address and Contact Details: | |
| Address: | |
| Postcode: | |
| Home Tel (including code): | |
| Mobile Tel: | |
| Email: | |

Details of person to contact if further information is required (if different from above):

Name:

Relationship to applicant:

Address:

Postcode:

Home Tel (including code):

Mobile Tel:

Email:

Previous address, if different in the last three years:

Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: No:

If you have:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

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. Do not send original documents as these will not be returned::

- Either:** I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.
- Or:** I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or:** I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.
- Or:** I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.

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

Do not send original documents as these will not be returned.

Photograph:

Please enclose a recent passport-style 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 and date of birth are on the back of the photograph and that you complete Section 5(a) and 5(d) of this form to confirm that the photograph is a true likeness.

Badge issue fee (where applicable):

£20.00 payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received. You can pay for the badge on collection or by debit card via the telephone if you wish your badge posted to you.

Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:

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

Section 2 – 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 two years of age and

- **have a permanent and substantial disability which means you/they are unable to walk or virtually unable to walk; or**
- **have a temporary, but substantial disability, which means you/they are unable to walk or virtually unable to walk which is likely to last for a period of at least 12 months, but less than 3 years.**

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

I am unable to walk, or virtually unable to walk due to a permanent and substantial disability
[Regulation 4(2)(f)]

I am unable to walk, or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years
[Regulation 4(2)(g)]

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 or courses of treatment you have undergone or specialist clinics you have attended 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

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:

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

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 |
|------|-----------|--------------------------|------------------|
| | | | |
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| | | | |

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 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 where you can walk to and from in your house or if in town give an example of where you can walk from and to).

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.
- Other.

Do you use any of the following walking aids?

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

- | | |
|---|---|
| <input type="checkbox"/> 1 elbow crutch | <input type="checkbox"/> 2 elbow crutches |
| <input type="checkbox"/> 1 walking stick | <input type="checkbox"/> 2 walking sticks |
| <input type="checkbox"/> Walking frame (Zimmer frame) | <input type="checkbox"/> Rollator (a walking frame with wheels) |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> 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.
- 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 3 feet and 4 inches or 1.1 yards.
- If you walk alongside someone and they take 100 steps you would have walked roughly 100 yards or 295 feet or 90 metres.
- The average double-decker bus is about 12 yards or 36 feet or 11 metres long.
- A tennis court is about 26 yards or 78 feet or 24 metres long.
- A full size football pitch is about 110 yards or 328 feet or 100 metres.

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:

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

If you have completed Section 2, please go straight to Section 5.

Section 3 – Questions for ‘subject to further assessment’ applicants with a disability in both arms - [Regulation 4(2)(e)]

These questions are intended for people who **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 drive a specifically adapted vehicle?

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.

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

If you have completed Section 3, please go straight to Section 5.

Section 4 – Questions for ‘subject to further assessment’ applicants under the age of three - [Regulation 4(3)]

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 who has 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:

If you have completed Section 4, please go straight to Section 5.

Section 5 – Declarations and signatures

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

5a) **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 understood 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 General Data Protection Regulation and the Data Protection Act 2018 and may be shared within the local authority, with other local authorities, Police Scotland, parking enforcement officers and other Government agencies to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the General Data Protection Regulation, to be “special category 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 promptly inform my local authority of any changes that may affect my entitlement to a badge.

Declarations to be completed by all individual applicants

- I confirm that the photograph I have submitted with my application is a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme in Scotland: Rights and responsibilities of a Blue Badge holder” leaflet which will be sent to me with the badge.
- I understand that I must not hold more than one valid Blue Badge at any time.

Declarations to be completed by all ‘subject to further assessment’ individual applicants

- I understand that the local authority may need to contact an accredited healthcare professional 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.

5b) Your consent to use your information to improve the service you receive

Please read and tick the following optional declarations that you consent to. Ticking these boxes 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 department 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.
- I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

5c) Your signature against the declarations in Section 5a and 5b

| | |
|-------------------------------------|---|
| Your signature: | |
| Date of application: | (DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Please print your name here: | |

5d) 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.
(if you have not given consent for us to check Council Tax / electoral register / school records).
- A certified photocopy of proof of your identity.
- A passport-style photograph of yourself with your name on the back.

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

- An original award 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 3– Drivers with a disability in both arms

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

Section 4 – 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 return this form, relevant documents and fee (which can only be cashed if you are successful) to:

The Johnnie Walker Bond
15 Strand Street
Kilmarnock
KA1 1HU

Misuse of the badge is a criminal offence and can lead to a fine.