

Blue Badge Application Form

Child under three years old



Please complete all relevant sections of the application form and supply the appropriate documents to confirm the applicant's address, identity and evidence of eligibility.

When completing this form you may find useful information on Blue Badge eligibility at:
www.mygov.scot/apply-blue-badge/eligibility.

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

As you are completing the form on behalf of an applicant who is under 16 years old, you should provide your details in the section directly below and **their details thereafter** and sign the form on their behalf.

Information about the person completing this form

| | |
|------------------------------------|----------------------|
| Title (Mr, Mrs, Ms, other) | <input type="text"/> |
| First name(s) (in full) | <input type="text"/> |
| Surname | <input type="text"/> |
| Surname at birth (if different) | <input type="text"/> |
| Telephone (home) | <input type="text"/> |
| Telephone (mobile) | <input type="text"/> |
| Email address | <input type="text"/> |
| Relationship to applicant | <input type="text"/> |
| Local Authority of residence | <input type="text"/> |

Information about the applicant

| | |
|------------------------------------|----------------------|
| Title (Master, Miss, Other) | <input type="text"/> |
| First name(s) (in full) | <input type="text"/> |
| Surname | <input type="text"/> |
| Surname at birth (if different) | <input type="text"/> |

Information about the applicant

Date of birth
(DD/MM/YYYY)

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| D | D | M | M | Y | Y | Y | Y |
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Place of birth
(town and country)

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NHS Number
(The NHS number is made up of 10 digits, usually shown in a 3-3-4 format.)

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Current address & postcode

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Previous address, if different in the last three years

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Does the applicant currently hold a Blue Badge, or have they held a Blue Badge before?

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|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

If yes:

Which local authority issued the last badge?

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What is the serial number on the last badge? (The serial number can be found on the front of the badge.)

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What is the expiry date of the last badge?

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Proof of your address

We need to check that the applicant is a resident in this local authority area before we can process their application. Please select one of the following options and **provide a copy of the original documentation** where relevant:

☐ An NHS letter

☐ A Child Benefit or Tax Credit letter

Information about the applicant

Proof of the applicant's identity

We need to check the applicant's identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a **photocopy of one** of the following as proof of the applicant's identity. Do not send original documents as these will not be returned.

☐

Birth/Adoption certificate

☐

Passport

Photograph

Please enclose a recent passport-quality 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.

Applicants who are unable to access photo booths can provide a suitable clear photograph taken by other means (*e.g mobile phone, tablet or digital camera) which can be cut down to an appropriate size.

Please ensure that the applicant's name is on the back of the photograph and complete the declaration at the back of the form to confirm that the photograph is a true likeness.

Badge Fee

If the application is successful the applicant will receive a letter/email/telephone call requesting payment of £20 for the badge. Your Local Authority will only issue successful applicants with a Blue Badge once payment has been received.

Payment information specific to East Ayrshire Council

If your application is successful we will email or write to you to arrange payment of £20. You can either pay over the phone or online.

Where possible, 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)

Confirming the applicant's eligibility

The following questions are intended for children under the age of three who may be eligible for a Blue Badge because they have a medical condition requiring the transportation of large and/ or heavy medical equipment and/or must be kept near a motor vehicle on account of their 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 treated.

Examples of medical equipment include: ventilators, suction machines, feed pumps parenteral equipment, syringe drivers, oxygen administration equipment and continual oxygen saturation equipment and casts and associated medical equipment for the correction of hip dysplasia.

1. Are you applying on behalf of a child under the age of three who has a condition requiring transportation of medical equipment which cannot be carried around with the child without great difficulty?

☐ Yes ☐ No

If **yes**, please describe what type of equipment is required:

2. Are you applying on behalf of a child under the age of three who has a condition that requires that 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 treated?

☐ Yes ☐ No

If **yes**, please describe the child's medical condition:

3. If you have answered yes to either of the questions above please enclose a letter from a regulated healthcare professional that has been involved in your child's treatment, to confirm the child's medical condition and the type of medical equipment they need.

I can confirm such a letter has been enclosed with this application form

☐

We require this documentation to process your application and may contact you to obtain it, if it's not included in this application. Failure to provide this documentation may result in a delay to the application.

Declarations and Signatures

The following questions are mandatory and are intended to be answered by all Blue Badge applicants.

Please read the following declarations thoroughly and tick all of the 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 the 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 2018, UK General Data Protection Regulation (GDPR) and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. We also have our own Privacy Policy, details of which can be found on our website.

Any medical information that you have supplied to support this application is deemed, under the Data Protection Act 2018, 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 on behalf of the applicant

- ☐ I can confirm that, as far as I know, the details I have provided are complete and accurate. I understand that action may be taken 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 Blue Badge.
- ☐ I confirm that the photograph I have submitted is a true likeness.
- ☐ I understand that, if my application is successful, I must not allow any other person to use the Blue Badge and I must only use the Blue Badge in accordance with the rules of the scheme as set out in the Rights and Responsibilities leaflet that will be sent to me with my Blue Badge.
- ☐ I understand I must not hold more than one valid Blue Badge at any time.
- ☐ I consent to the local authority contacting a regulated 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 regulated healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
- ☐ I consent to the local authority having access to my medical notes where their systems allow.

Misuse of a Blue Badge is a criminal offence.

Your consent, on behalf of the applicant, to use their information to improve the service you receive

Please read and tick the following declarations that you consent to. Ticking these boxes will help us to improve the service we can offer.

☐ I consent to my local authority checking any information already held by their 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 information included in this form to other local authority department/service providers so that I can be informed about other services that may be of benefit to me.

Checklist of documents you may need to disclose

Please ensure that you have enclosed copies of all of the relevant documents for the sections of this application form. Copies should be true likeness of the originals. Please tick the relevant box(es) below to confirm all documents/photocopies provided are genuine:

☐ Letter from a regulated healthcare professional that has been involved in the applicant's treatment

☐ Document to prove applicant's address, as listed in the 'Information about the applicant' section

☐ Document to prove applicant's identity, as listed in the 'Information about the applicant' section

Your signature against the declarations

Applicant's signature

Date of application
(DD/MM/YYYY)

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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Please print your name

Submitting the application

Please send your completed form and relevant documentation to:

Social Services (Kilmarnock)

The Johnnie Walker Bond

15 Strand Street

Kilmarnock

East Ayrshire

KA1 1HU

Telephone: 01563 554200

Email: bluebadge@east-ayrshire.gov.uk
