

Application for a Blue Badge
Durham County Council
Transformation and Partnerships
Blue Badge Team
PO Box 115
Green Lane, Spennymoor
County Durham, DL16 9BX



Tel: 03000 269 425

Email: Bluebadgescheme@durham.gov.uk

To be completed by durham county council residents only

Please read the information below and complete all appropriate sections of this form carefully. Incomplete applications will be returned and missing information may delay the issue of a Blue Badge.

A colour photograph of the applicant taken within the last 12 months must be provided in accordance with passport standards. Size 33mm by 45mm

Please attach your photograph here **by paper clip** with name printed on the reverse.

Please do not attach the photograph by staple or sellotape

Can I Get a Blue Badge?

The Blue Badge Scheme

The Blue Badge Scheme provides a national range of parking concessions for disabled people with severe mobility problems who have difficulty using public transport. The scheme is designed to help severely disabled people to travel independently, as either a driver or passenger, by allowing them to park close to their destination.

1. People who automatically qualify for a badge:

A person is automatically eligible for a badge if they are over two years old and meet at least one of the following criteria:

- a) receives the Higher Rate of the Mobility Component of the Disability Living Allowance (Must state period either to and from dates or indefinite)
- b) receives the appropriate component of Personal Independence Payment (8+ points of the moving around descriptor)
- c) receives the 10 points for Descriptor E under the "planning and following a journey" activity of the mobility component of PIP which relates to being unable to undertake any journey because it would cause overwhelming psychological distress.
- d) is registered blind and have a certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist (partially sighted people do not automatically qualify)
- e) receipt of tariff 1 - 8 under the Armed Forces and Reserve Forces Order 2011
- f) receives a War Pensioners' Mobility Supplement

2. People who may also qualify for a badge:

Some people may also be eligible for a badge if they are more than two years old and either:

- a) has been certified by an expert assessor as having an enduring and substantial disability which causes them to:
 - i. be unable to walk;
 - ii. experience very considerable difficulty whilst walking, which may include very considerable psychological distress;
 - iii. be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

- b) drive a motor vehicle regularly, have a severe disability in both arms, and are unable to operate parking meters

3. Special rules for children under three:

A parent of a child who is less than three years old may apply for a badge for their child if the child has a specific medical condition which means that they:

- must always be accompanied by bulky medical equipment which cannot be carried around without great difficulty; and/or
- need to be kept near a vehicle at all times, so that they can, if necessary, be treated in the vehicle, or quickly driven to a place where they can be treated, such as a hospital.

Application type: (Please tick)	New Application:		Renewal Application: (provide details below)	
Old Badge Number:			Expiry date:	

Part A: Personal Details				
Title:		First Names:		
Surname:				
Surname at birth (if different):				
Town of birth:		Country of birth:		
Gender: (Please delete as appropriate)	Male / Female / identify as other		Date of Birth:	
Driving Licence No:			National Insurance No:	
Current address:				
Town:		Postcode:		
Email:		Tel:		
Mobile Number:				
Previous address if different in the last 3 years:				
Town:		Postcode:		
Vehicle Registration Number(s):				
Person completing the form:		Contact Number:		
Relationship to Applicant (if applicable):				
Please briefly explain why you are completing this form on the applicant's behalf:				

Permission to discuss application: Would you like anyone else to contact us to discuss this application on your behalf? If yes, please state their name and sign to authorise.

Name:		Signature:		Contact No:	
--------------	--	-------------------	--	--------------------	--

Part B: Proof of Identity and Address

Confirmation of address:

(Photocopies only - we will not take responsibility for lost, damaged or original documents). Please supply a **copy of one** of the following as proof you live in County Durham. Whichever one you provide, it **must be dated within the last twelve months.**

Utility bill		Council tax bill		Prescription		Bank statement	
Driving Licence		Benefit award letter		Other (please describe)			

Confirmation of identity:

(Photocopies only - we will not take responsibility for lost, damaged or original documents). Please supply a **copy of one** of the following as proof of your identity.

Valid British passport		Birth/Adoption certificate		Medical card		Valid driving licence	
Bus Pass		Marriage/Civil Partnership or Divorce certificates					

Part C: Automatic Eligibility Applicants

Please tick if you are in receipt of one of the following:		Yes	No
1.	<p>Are you registered as blind under the National Assistance Act 1948?</p> <p>Please Note: You must be severely sight impaired and have a certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist (Partially sighted people do not automatically qualify)</p>		
2.	<p>Do you receive the Higher Rate Mobility Component of the Disability Living Allowance (HRMCDLA)?</p> <p>If Yes, you must supply a photocopy of your HRMCDLA letter of entitlement dated within the last 12 months and the letter must show;</p> <ul style="list-style-type: none"> i. your current address ii. the type of allowance covered iii. how long this will be paid (i.e. to and from dates or indefinitely) <p>Please note: a blue badge can only be issued for the length of time of your award, if not awarded indefinitely.</p> <p>Badges are issued for a maximum of 3 years (Note: Attendance Allowance does not automatically qualify).</p>		

3.	<p>Do you receive 8+ points for the moving around component of Personal Independence Payments (PIP)?</p> <p>Do you receive 10 points for Descriptor E under the “planning and following a journey” activity of the mobility component of PIP which relates to being unable to undertake any journey because it would cause overwhelming psychological distress?</p> <p>If Yes, you must supply a photocopy of your PIP letter of entitlement dated within the last 12 months and the letter must show:</p> <ul style="list-style-type: none"> i. your current address ii. the points you receive, (must be 8 + for the moving around component or 10 points Descriptor E under the “planning and following a journey) iii. how long this will be paid (i.e. to and from dates or indefinitely) <p>Please note: a blue badge can only be issued for the length of time of your award, if not awarded indefinitely. (Note: Attendance Allowance does not automatically qualify).</p>		
4.	<p>Do you receive War Pensioners’ Mobility Supplement?</p> <p>If Yes, please supply an official letter from the Service Personnel and Veteran’s Agency. The letter must show that;</p> <p>you are in receipt of tariffs 1 - 8 under the Armed Forces and Reserve Forces Order 2011.</p> <p>You have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking</p>		
<p>If you have ticked Yes to any one of the above please go to Part H.</p> <p>If you have ticked No to all of the above please go to Part D.a) and provide details of your mobility or the applicant’s mobility capabilities; with subsequent Part D.b) or D.c) relevant to your walking difficulties</p> <p>In addition to completing Part D.a) please complete:</p> <ul style="list-style-type: none"> i. Part E if have an upper limb disability ii. Part F if are applying on behalf of a child under 2 			

Part D: Questions for 'subject to further assessment' applicants who experience difficulty when walking

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

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 an enduring and substantial disability which causes you any/all of the following:**

- **Be unable to walk.**
- **Experience very considerable difficulty whilst walking, which could include very considerable psychological distress.**
- **Risk of serious harm to yourself, or to pose a risk of serious harm to any other person, when walking.**

Please answer all of the questions in Part D.a as fully as you can.

D.a.) How your condition/disabilities affect you when walking

Please provide details of any diagnosed medical conditions / disabilities which affect your walking (please include medical terms if known and enclose copies of any letters / documentation confirming any relevant medical diagnoses if you have them):

Please provide details of any medication you currently take in relation to these diagnosed conditions / disabilities. Please include details of any pain relief medication that you take:

Medication	Dosage	Frequency

Please describe any relevant treatment / surgeries / specialist clinics / other support you have received, and the dates when you received them:

Surgeries / treatment / specialist clinics / other support:

Dates you received them:

In your view, what impact have these treatments / surgeries / specialist clinics / other support had upon the difficulty you experience when you walk? (please tick one option)

Improved things: Made no difference: Made things worse: Ongoing input

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 other (non-surgical) 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 provide further details):

Do you anticipate the difficulty you experience when walking could improve in the next 3 years? (Tick as appropriate)

Yes: No:

If you ticked **Yes**, please describe how much you expect things to improve:

Please provide details of any medical, behavioural, health or social care professionals who you have seen in relation to the difficulties you have described in this form. This could include professionals who are involved in your ongoing care, as well as surgeons/doctors involved in periodic treatment:

Please read and tick the following if you agree to the Blue Badge Service contacting relevant professionals involved with your care in order to support your application. Ticking the box will help to improve the service we can offer you.

I consent to the Local Authority contacting the provided medical, behavioural, health or social care professionals involved with my care 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.

Professional title / role	Name and contact address	Telephone number / email	Type of treatment received	Date of most recent treatment

Additional space to detail information in support of your application is provided at Part G

Please enclose any recent medical / clinical / healthcare information you have that you feel supports your application for a Blue Badge

This could include any recent letters of diagnosis, confirmations of courses of treatment, or agreed care plans. Enclosing this information could help reduce the time it takes your Local Authority to process your application. It will be treated confidentially. Please provide **copies** only.

- I confirm that I **have** enclosed supporting information with my application.
- I **have not** enclosed any supporting information with my application.

Which of the following best describes the nature of the difficulty you experience when walking:

(Please tick one and note the section of the application form that you are directed to complete)

- The difficulty I experience when walking relates primarily to a physical disability, or pain I experience during/after walking. **[Please complete section Db of the form and ignore section Dc]**
- The difficulty I experience when walking relates primarily to a non-physical disability (e.g. psychological distress) I experience and/or the risk of harm I present to myself/others when walking. **[Please complete section Dc of the form, and ignore section Db]**
- The difficulty I experience when walking relates to **both** a physical disability, or pain I experience during/after walking **and** a non-physical disability (e.g. psychological distress) I experience and/or the risk of harm I present to myself/others when walking. **[Please complete both section Db and section Dc of the form]**

This question has been included to try and reduce the amount of information you need to provide when applying for a Blue Badge.

Please now proceed to the relevant section(s) of questions, as directed by your response to the question above, and provide as much information as you can to help your Local Authority fully consider your application.

Part D.b): How any physical disabilities/pain affect your walking

1. Manner of walking. Please tick any of the following statements that describe your experience of walking: (Please tick whichever options apply to you - you can tick more than one box)

I am able to walk outside without help.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk well, including recreational walks.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk around the supermarket to do my shopping.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk and can use public transport for some of my local trips.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk but struggle with longer distances or hills.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk, but find it too painful to walk for more than a few minutes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk but get breathless if I walk more than a few minutes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk around the home, but am unable to climb the stairs.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to walk but use a wheelchair for longer trips outside the home.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am unable to walk at all	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other (Please describe):

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

Normal	No specific problems with walking.	<input type="checkbox"/>
Adequate	For example, you walk with a slight limp.	<input type="checkbox"/>
Poor	For example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.	<input type="checkbox"/>
Extremely Poor	For example, you drag your leg, stagger, swing through two crutches or need physical support.	<input type="checkbox"/>

3. Use of walking aids

I use walking aids.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---------------------	-----	--------------------------	----	--------------------------

Do you use any of the following when you are walking? (Please tick whichever apply to you).

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	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	Powered wheelchair	<input type="checkbox"/>
Mobility Scooter	<input type="checkbox"/>	other	<input type="checkbox"/>

Other (Please describe):

Were your walking aids: (Please tick whichever apply to you).			
Purchased privately by me.			
Provided by Social Services.			
Prescribed by a healthcare professional.			
Other (Please describe):			
4. How long can you walk for without stopping? (If you listed an aid, then your answer should be when using that aid)			
<input type="checkbox"/> I can't walk at all <input type="checkbox"/> Less than a minute <input type="checkbox"/> Between 1 and 5 minutes <input type="checkbox"/> Between 5 and 10 minutes <input type="checkbox"/> More than 10 minutes			
Describe somewhere you can walk from and to: (Be specific and use place names or house numbers; For example, "from my home to Tesco" or "from my home to No. 36 on my street")			
Roughly how long would you estimate it takes you to walk this distance in minutes?			Minutes
Are you able to continue after a short rest (If applicable)		Yes	No
5. Breathlessness (Please tick where applicable)			
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 when walking at your own pace 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

Additional space to detail information in support of your application is provided at Part G

D.c) How any non-physical disabilities (e.g. psychological distress) cause you to severely struggle with journeys between a vehicle and the destination

(Please note evidence must be provided to support your application)

Please tick and complete any of the following sections that describe your experience of walking:

(If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you):

What affects you taking a journey?

1. I am a risk near vehicles, in traffic or car parks

Yes

No

When are you a risk?

- Almost never
- Sometimes
- Almost every journey
- Every journey

Please give any recent examples of when you have been a risk near vehicles, in traffic or car parks:

2. I struggle to plan or follow a journey

Yes

No

What journeys does this apply to?

- Unfamiliar journeys
- Every journey

3. I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

Yes

No

How often does this happen?

- Almost never
- Sometimes
- Almost every journey
- Every journey

Please describe the recent kinds of incidents that have happened or are likely to happen on journeys: (Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf)

4. I have intense responses to overwhelming situations causing temporary loss of behavioural control	Yes		No	
---	------------	--	-----------	--

How often does this happen?

- Almost never
- Sometimes
- Almost every journey
- Every journey

Please give recent examples of the situations that cause temporary loss of behavioural control:

5. I can become extremely anxious or fearful of public/open spaces	Yes		No	
---	------------	--	-----------	--

When do you become extremely anxious/fearful?

- Almost never
- Sometimes
- Almost every journey
- Every journey

Please describe the levels of anxiety:

6. Something Else	Yes		No	
--------------------------	------------	--	-----------	--

Please describe what affects you taking a journey:

How would a Blue Badge improve taking a journey between a vehicle and your destination for you?:

(Describe your needs, in detail:)

What measures are currently taken to try to improve journeys for you between a vehicle and your destination?

(List the measures taken to try to improve journeys):

(Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.)

How effective are they? How often are these utilised? (e.g every journey?):

Additional space to detail information in support of your application is provided at Part G

If you have an Upper limb disability please complete Part E

If you are completing this application on behalf of a child under 3, please complete Part F

Alternatively please proceed to Part H, Checklist and Declaration

Part E: Upper Limb Disability - Only complete if relevant to the applicant		Not Relevant:			
Severe Disability in Both Arms					
Do you satisfy all of the following?					
Drive regularly		Yes		No	
Have a severe disability in both arms		Yes		No	
Are unable to operate or have considerable difficulty operating all or some types of parking metres		Yes		No	
Please describe your medical condition:					
If you drive an adapted car, please give details of adaptation:					
Please explain the difficulties you have operating parking meters and pay and display machines:					
Please provide supporting evidence from a Registered Health Professional.					

Additional space to detail information in support of your application is provided at Part G

Part F: Children Under the Age of Three Only complete if relevant to the applicant		Not Relevant:		
Are you applying on behalf of a child aged under three years who either:				
Has a condition requiring transportation of bulky medical equipment at all times	Yes		No	
Has a condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?	Yes		No	
Please describe the child's medical condition:				
Does this require regular transportation of bulky medical equipment?	Yes		No	
If yes, what type of equipment:				
Please provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need				

Additional space to detail information in support of your application is provided at Part G

Part G: Further Information

Please use this space to tell us anything else you think we should know about your application that is not covered elsewhere on this form:

Part H: Checklist and Declaration

You must provide the following items with your application form:

	Recent passport sized photograph (attach to front of form)
	Proof of address and identity (see Part B)
	Photocopy of automatic eligibility evidence required dated within the last 12 months (see Part C)
	Signed declaration section (see Part I)
	Photocopies of any supporting medical evidence that you have in your possession, including prescriptions

Failure to provide any of the above may result in a delay in processing your application.

Part I: Declaration To Be Signed By The Applicant / Applicants Representative

- I declare that to the best of my knowledge, all the information I have provided is correct.
- I understand it can take up to 12 weeks to assess my application.
- I understand that I must inform Durham County Council promptly of any changes that may affect my entitlement to a badge.
- I understand that Durham County Council may require me to attend an assessment carried out by an expert assessor; a further professional may be in attendance.
- I understand that I am required to attend a further assessment of eligibility if it is thought my condition has improved or no longer meets current Guidance.
- I agree to inform Durham County Council and return my Blue Badge if my mobility improves.
- I agree to destroy my badge once it expires.
- I confirm that the photograph I have supplied with this application is a true likeness of me or the applicant on whose behalf I am applying.

Please read and tick the following if you agree to the Blue Badge Service accessing relevant information from social care record in order to support your application. 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 Care 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

All documents relating to this application will be dealt with in line with the Data Protection Act 2018 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information supplied to support this application is deemed, under the Data Protection Act, 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. Personal information processed by the Council will be handled in accordance with the Council's privacy statement, which can be accessed at <http://www.durham.gov.uk/media/13508/Corporate-privacy-statement/pdf/DCCCorporatePrivacyStatement.pdf?m=636669124973630000>. The Adult and Health Services, Blue Badge privacy notice provides more specific information on the data collected and how it is handled, a copy of which can be accessed at <http://www.durham.gov.uk/media/24776/Privacy-notice-blue-badges/pdf/PrivacyNotice-BlueBadge.pdf?m=636634619598800000>. If you have any concerns about how your data is handled, please contact either the Data Protection Officer at DPO@durham.gov.uk or the Information Commissioner's Office casework@ico.org.uk

If your application is approved, a fee of £10 will be charged for your Blue Badge. Details of how to make this payment will be provided in the letter we send you, confirming that your application has been approved.

Please Do Not Send Payment With This Application Form.

Signed:	Print Name:	Date:
----------------	--------------------	--------------

If you require this form in an alternative version we can provide it in other languages, large print, Braille or CD. Please contact us on 03000 269 425 and let us know which format you require.

Post completed applications to:

Durham County Council,
Transformation and Partnerships,
Blue Badge Team,
PO Box 115,
Green Lane,
Spennymoor,
County Durham,
DL16 9BX.

Please ensure that the correct amount of postage is applied as it is likely to be more than a standard 1st or 2nd class stamp

or Email completed applications to: Bluebadgescheme@durham.gov.uk

Please attach an electronic photograph with emailed application