



BLUE BADGE SCHEME

**INDIVIDUAL APPLICATION FORM
(AUTOMATIC)**

YOUR REF:

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. Aberdeenshire Council 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.

Title (Mr, Mrs, Miss, Ms, other):	First Names:	Surname:
Surname at birth:	Male / Female:	Date of Birth: DD / MM / YYYY
Current Address:		Previous Address: (if at current address less than 3 years)
National Insurance Number (if 16 or over) Or NHS Number (if under 16):		Driving Licence Number (if held):
Contact Telephone Number:		Town of Birth:
Email Address:		
Do you currently hold a Blue Badge, or have you previously held one? Yes / No		
If Yes, which local authority issued you with the last badge?		
Serial Number on the last badge:		
Expiry date of the last badge:		DD / MM / YYYY

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 supporting documentation where relevant:

- I give consent for you to check my personal details on the Aberdeenshire Council Council Tax database so that I do not need to submit proof of my address.
- I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- I do not pay Council Tax, am over the age of 16 and give consent for you to check my address on the electoral register.
- 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 check Aberdeenshire Council 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. **Please select one of the following options** and provide supporting documentation where relevant:

- If am in receipt of Housing Benefit / Council Tax Reduction and I give my consent for you to check data already held by Aberdeenshire Council which has been provided by me in support of validating my identity.
- I hold a valid National Entitlement card and I give my consent for you to check data already held by Aberdeenshire Council which has been provided by me in support of validating my identify.
- I attach a certified** photocopy of **one** of the following as proof of my identity:
 - Birth or adoption certificate
 - Marriage or divorce certificate
 - Civil Partnership or Dissolution certificate
 - Valid Driving Licence or Passport

PLEASE DO NOT SEND ORIGINAL DOCUMENTS

Photograph

A 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 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. Please ensure that the applicant's name is on the back of the photograph and that you complete Section 5 of this form to confirm that the photograph is a true likeness.

Alternatively, if you have an active National Entitlement Card, e.g. bus pass then we may use this photo with your permission. Please use the photograph supplied with my (NEC) National Entitlement Card application:

Yes I agree to Aberdeenshire Council using a photograph already supplied with my NEC.

or

No I have enclosed a photograph with this application **or** I will send an electronic JPEG Photo Image to bluebadge@aberdeenshire.gov.uk

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)

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| 1. |
| 2. |
| 3. |

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 blind (severely sight impaired);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive the **Mobility Component** of Personal Independence Payment;
- were in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance immediately before being assessed for Personal Independence Payment
- 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.

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

Regulation 4(2)(c)

Are you registered as blind (severely sight impaired?)

Yes No

Go to section 2b)

If YES, please state which local authority you are registered with:

If YES, do you give consent to us to check the Aberdeenshire Council’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 Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist and held by your Social Services Department or local society.

Yes No

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

[Regulation 4(2)(a)]

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?

Yes No

If No, go to Section 2c

If YES, have you been awarded this benefit indefinitely?

Yes No

If No, when is your award of benefit due to end?	DD / MM / YYYY
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We need to see proof of your entitlement to the Higher Rate of the Mobility Component of Disability Living Allowance (DLAMH), please select one of the following options:

Please check and verify my entitlement to the Higher Rate of the Mobility Component of Disability Living Allowance with the Department for Work and Pensions. Yes No

Or:
I have enclosed an original letter of entitlement to DLAM(H) issued within the last twelve months of my annual uprating letter. Letter enclosed

2c) People who meet a ‘Moving Around’ descriptor for the Mobility Component of Personal Independence Payment (PIP)
[Regulation 4(2)(aa)(ii)]

Does your ‘Moving Around’ descriptor for the Mobility component meet/match any of the following statements?

[I’ve decided that] You can stand and then move unaided more than 20 metres but no more than 50 metres. **[This gives you a score of 8.]**

[I’ve decided that] You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. **[This gives you a score of 10.]**

[I’ve decided that] You can stand and then move more than 1 metre but no more than 20 metres either aided or unaided. **[This gives you a score of 12.]**

[I’ve decided that] You cannot aided or unaided stand or move more than 1 metre. **[This gives you a score of 12.]**

If your moving around descriptor **does not meet** any of the above please choose this option.

If you have ticked a statement above (8, 10 or 12 points): have you been awarded this benefit for an ongoing period? Yes No

If No, when is your award of this benefit due to end?	DD / MM / YYYY
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If you have ticked one of the above statements (8,10 or 12 points) for the ‘Moving Around’ descriptor of the Mobility Component of PIP, we need to see proof of your entitlement to PIP. Please select one of the following:

Please check and verify my entitlement to Personal Independence Payment (PIP) with the Department for Work and Pensions. Yes No

Or:
I have enclosed an original letter of entitlement to PIP issued within the last twelve months of my annual uprating letter. Letter enclosed

2d) People who meet a 'Planning and Following Journeys' descriptor for the Mobility Component of Personal Independence Payment (PIP)

[Regulation 4(2)(aa)(i)]

Does your 'Planning and Following Journeys' descriptor for the Mobility component meet/match the following statement?

[I've decided that] You cannot follow the route of a familiar journey without another person, [an] assistance dog or [an] orientation aid. [This gives you a score of 12.] Yes No

If you have ticked the statement above (12 points): have you been awarded this benefit for an ongoing period? Yes No

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

DD / MM / YYYY

We need to obtain proof of your entitlement to PIP. Please select one of the following:

Please check and verify my entitlement to Personal Independence Payment (PIP) with the Department for Work and Pensions. Yes No

Or:

I have enclosed an original letter of entitlement issued within the last 12 months of my original uprating letter. Letter enclosed

2e) People who do not receive the Mobility Component of Personal Independence Payment (PIP) at a rate of 8 points or more for 'Moving Around' or 12 points for 'Planning and Following Journeys' and were in receipt of a fixed term award of the Higher Rate of the Mobility Component of Disability Living Allowance immediately prior to being assessed for PIP.

[Regulation 4(2)(ab)]

Have you challenged the PIP decision by requesting a mandatory reconsideration is conducted by the Department for Work and Pensions (DWP)? Yes No

If **Yes**, was the request for a mandatory reconsideration made within 1 year of the date of expiry of your blue badge if you are a current blue badge holder or the date of this application if you do not hold a blue badge? Yes No

If you have answered **Yes** you must enclose:

An original letter of entitlement to HRMC DLA, or your original annual uprating letter AND your letter from Department for Works and Pensions acknowledging your request for reconsideration. Letter enclosed

Note: if you have challenged the PIP decision by requesting the DWP to conduct a mandatory reconsideration, you will have received a letter from the DWP confirming receipt of your reconsideration request.

2f) People who were in receipt of a lifetime or indefinite award of the Higher Rate of the Mobility Component of Disability Living Allowance immediately before being assessed for Personal Independence Payment.

[Regulation 4(2)(ac)]

Did you receive the Higher Rate of the Mobility Component of Disability Living Allowance immediately before being assessed for Personal Independence Payment? Yes No

If **YES**, were you awarded the benefit on a 'lifetime' or 'indefinite' basis? Yes No

If you have answered **YES** please provide an original letter of entitlement to Higher Rate Mobility Component of DLA and your PIP award notification letter from the DWP.

Please note only your original letter of entitlement details whether the award was made for a lifetime or indefinite period.

Letter enclosed

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

[Regulation 4(2)(d)]

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 an original 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.

Letter enclosed

2h) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

[Regulation 4(2)(d)(da)]

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 the original 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.

Letter enclosed

Section 3 – Declarations and signatures

- 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 Data Protection Act 1998 and may be shared within Aberdeenshire Council, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that 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.

3a) Mandatory declarations about the information you have provided and the application process

- 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 Aberdeenshire Council 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 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.

3b) 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 Blue Badge team checking any information already held by Aberdeenshire Council on the basis that:
- It can help determine my eligibility for a Blue Badge;
 - It may speed up the processing of my application
 - 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.

Your Signature:	
Date of Application:	
Print Name:	

DO NOT ENCLOSE PAYMENT WITH YOUR APPLICATION - WE WILL CONTACT YOU AGAIN ABOUT THIS ONCE WE HAVE MADE A DECISION ABOUT YOUR APPLICATION.