

[Paragraph:Blue Badge]

The Disabled Persons (Badges for Motor Vehicles) (Scotland) Amendment (No. 2) Regulations 2011 (Blue Badge Application)

Thank you for your recent enquiry regarding an application for a Blue Badge.

Please find enclosed an application form for you to complete and return to the address above. It is important that you complete the form in full providing as much information about your mobility issues as possible.

Did you know the easiest way to apply is online? Please visit our website:

<https://www.aberdeenshire.gov.uk/social-care-and-health/community-care/getting-around/blue-badge-scheme/>

On receipt of your application we will ensure that you have completed the application in full and that you have provided any supporting documentation as requested within the form. If you have not provided all the information we will contact you about this.

Your application will then be assessed by a Mobility Assessor. A Mobility Assessor is a fully qualified Physiotherapist / Occupational Therapist. The Mobility Assessor **may** ask to see you in person at a clinic to ask further questions about your application and also to assess your current mobility levels. **Please note you may be asked to attend a clinic even if you currently have a Blue Badge or have been awarded one in the past.** Renewal applications are assessed in the same way as first time applications.

If you are asked to attend a clinic appointment we will contact you about this. We will arrange with you a mutually convenient date, time and venue, within as close proximity to your home as possible. If you do not agree to attend the appointment then no further action will be taken and your application will be withdrawn.

We aim to assess your application as soon as possible but please be aware that in certain circumstances **it may take up to 12 weeks** for your application to be considered from the date we receive your application.

There is a charge of £20.00 for each badge issued however **please do not send payment** with your application. If your application is successful we will contact you to arrange payment. Even if you have an existing badge that has expired or is about to expire, please note that reapplying does not mean that you will automatically receive a new badge. This is because renewal applications are treated in the same way as first time applications.

If you are substantially or permanently disabled by illness, injury or congenital deformity under the terms of the Chronically Sick and Disabled Person's Act 1972 and wish a Radar Key for access to Disabled Public Toilets, this can be purchased online at **<http://disabilityrightsuk.org>**.

If you require any assistance completing this application form please contact me on 03456 08 12 00.

Yours sincerely

Blue Badge Team



BLUE BADGE SCHEME

**INDIVIDUAL APPLICATION FORM
(DISCRETIONARY APPLICATION)
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 <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, which local authority issued you with the last badge?		
Serial Number on the last badge:		
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 and provide supporting documentation where relevant:

- I give consent for you to check my personal details on the Aberdeenshire 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 for you 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 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, or;
- 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, or;
- 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

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 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.

If you would like us to use a recent photograph you have supplied in relation to a National Entitlement Card please tick this box:

Badge issue fee:

There is a charge of £20.00 for each badge issued. **Payment will be requested from you once a decision has been made to award you a badge. PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION.** We will contact you when we have made a decision about your application.

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)

1.

2.

3.

Section 2 – Questions for applicants with walking difficulties

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.

Please select one of the following:

- 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 or courses of treatment / clinics

Dates you received this treatment

About Medication

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:

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 on the previous page.

Name	Job Title	Hospital / Health Centre	Telephone Number

Do you anticipate that your conditions / disabilities will improve in the next three years? Yes No

If **YES**, please describe how much you expect your condition(s) / disabilities to improve?

How do the conditions/disabilities you described on the previous page affect your ability to walk?

Please tick whichever of the following statements describe your general walking ability:

- 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 up the stairs
- I am unable to walk at all
- Other, please describe:

Are you able to walk outside without help?

If **YES**, please describe the help you need in the space below?

Yes

No

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

- Normal – no specific problems 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 balance problems
- Extremely poor – for example, you drag your leg, stagger, swing through two crutches or need physical support
- Other, please describe below

Do you use any of the following walking aids? (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 (walking frame with wheels) |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Other (please describe: | |

Were your walking aids (please select whichever options apply to you)

- Purchased privately by me
- Prescribed by a healthcare
- Provided by Social Services
- Other

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 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres long, or 110 yards long

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 have answered YES, 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 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 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:

Do you drive a specially adapted vehicle? Yes No

If **YES**, please describe how the vehicle has been adapted for you, and enclose a photocopy of your insurance details verifying the adaption.

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

Section 4 – Questions for 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 they must be always kept near a motor vehicle so 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

- 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.

5a) 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.

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 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;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.

Your Signature:	
Date of Application:	
Print Name:	