

BLUE BADGE SCHEME

**INDIVIDUAL APPLICATION FORM
(MENTAL DISORDER / COGNITIVE
IMPAIRMENT EXTENSION – PILOT)
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:
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Surname at birth:	Male / Female:	Date of Birth: DD / MM / YYYY
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Current address (including postcode):

Previous address (including postcode):

School name and address (for under 16s only):

National Insurance Number (if 16 or over) Or NHS Number (if under 16):	Driving Licence Number (if held):
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Contact Telephone Number:	Town of Birth:
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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:	DD / MM / YYYY
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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

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

Eligibility

There are two ways to determine eligibility;

1. You will qualify for a Blue Badge without further assessment if you or the person on whose behalf you are applying are aged three years or over if you meet the following:

a) have a diagnosed mental disorder or cognitive impairment and can provide a letter that confirms this diagnosis and

b) is in receipt of either

(i) the higher rate of the care component of Disability Living Allowance (DLA)

(ii) the higher rate of Attendance Allowance (AA)

(iii) has been awarded at least twelve points in respect of activity 7 (communicating verbally), activity 8 (reading and understanding signs, symbols and words) and activity 9 (engaging with other people face to face) of the Personal Independence Payment (PIP) ***Please note that points can be accumulated from each of these activities***

and

c) a healthcare professional (excluding a GP) or a registered social worker can confirm that the applicant meets the definition by completing the questionnaire in Section 3 of this application form.

2. You may qualify for a Blue Badge following an assessment by Aberdeenshire Council if you or the person on whose behalf you are applying are aged three years or over and:

a) have a diagnosed mental disorder or cognitive impairment and can provide a letter that confirms this diagnosis and

b) is in receipt of either

(i) the middle rate of the care component of Disability Living Allowance (DLA)

(ii) the lower rate of Attendance Allowance (AA)

(iii) has been awarded at least eight points in respect of activity 7 (communicating verbally), activity 8 (reading and understanding signs, symbols and words) and activity 9 (engaging with other people face to face) of the Personal Independence Payment (PIP) ***Please note that points can be accumulated from each of these activities***

and

c) a healthcare professional (excluding a GP) or a registered social worker can confirm that the applicant meets the definition by completing the questionnaire in Section 3 of this application form.

Section 2

ALL applicants must complete all parts of this section.

Part 1

Please provide a letter(s) from a relevant healthcare professional (excluding a GP) which clearly confirms the "mental disorder" that you or the person you are applying for, have been diagnosed with.

I have enclosed a letter from a healthcare professional excluding a GP:

Yes

No (if you do not enclose a letter no further action can we cannot process your application.

Mental health disorder:

Name and address of Healthcare Professional:

Part 2

Please confirm which qualifying benefit you are currently in receipt of by ticking one of the following:

Higher rate of the care component of Disability Living Allowance (DLA)

Middle rate of the care component of Disability Living Allowance (DLA)

Higher rate of Attendance Allowance (AA)

Lower rate of Attendance Allowance (AA)

Personal Independence Payment (PIP) at **12 points** in respect of activities Section 7 (communicating verbally), Section 8 (reading an understanding signs, symbols and words) and Section 9 (engaging with other people face to face)

Personal Independence Payment (PIP) at **8 points** in respect of activities Section 7 (communicating verbally), Section 8 (reading an understanding signs, symbols and words) and Section 9 (engaging with other people face to face)

Part 3

Please advise the date that the benefit (as indicated above) was awarded and include the original letter of entitlement within the last 12 months as supporting evidence.

Yes **Date of benefit award: DD / MM / YYYY**

No (if you do not enclosed the award letter no further action can we cannot process your application)

Part 4(a)

Please describe any courses of treatment you have undergone or specialist clinics you have attended in relation to your medical condition / disability you have mentioned in Part 1

Part 4(b)

What medication do you currently take in relation to the conditions/disabilities you described in Part 1

Section 3 (Qualifying Questionnaire)

(This section of the form must be completed in support of the application by a registered healthcare professional (excluding a General Practitioner) with whom the applicants is or has been registered or a registered social worker on behalf of the applicant.)

In order to be eligible without further assessment for a Blue Badge, you must have seen the applicant within the last **12 months** and consider whether the applicant has: **“no awareness of danger from traffic and is likely to compromise their safety; or he safety of others”**

I have seen the applicant within the last 12 months: Yes No

Your name:

Your email address:

Your organisation and job title:

Your contact telephone number:

To help you make a decision you should consider and answer the following questions below, providing examples, before signing this section.

1) **Can the applicant follow the route of a familiar journey on their own safely?**

Yes No Sometimes (please provide an example to support your answer)

2) **Can the applicant follow basic instructions such as “slow down, stay here and stop”?**

Yes No Sometimes (please provide an example to support your answer)

3) **Is the applicant aware of the danger from traffic when crossing a road?**

Yes No Sometimes (please provide an example to support your answer)

4) **Does the applicant require continual supervision from a carer when travelling in the community?**

Yes No Sometimes (please provide an example to support your answer)

5) **Can the applicant deal with unexpected changes in their journey?**

Yes No Sometimes (please provide an example to support your answer)

6) **Is there any potential that the applicant may wander off when exiting a vehicle, causing danger to themselves and others?**

Yes No Sometimes (please provide an example to support your answer)

7) **If the applicant is a child aged 3 or above, has an NHS buggy been provided?**

Yes No Not applicable

8) **Please document how you believe a badge would keep the applicant safe and what coping mechanisms are currently in place when planning and undertaking a journey?**

9) **Having seen the applicant within the last 12 months and answered all questions above, in your professional opinion, does the applicant have *“No awareness of danger from traffic and is likely to compromise their safety, or the safety of others.”***

Yes No

Section 4 – Declarations and signatures

Mandatory declarations about the information you have provided and the application process

Please read the following declarations thoroughly. Please confirm that you have read and understood each declaration by signing the box at the end of this section. Not doing so 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 the local authority (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.

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.

I understand that the Aberdeenshire Council may need to contact an accredited healthcare professional for the purposes of obtaining further information in support of my application.

In relation to children, Aberdeenshire council may need to contact the child’s school.

I understand that I may be required to undertake an assessment with a healthcare professional who is independent of any existing care and treatment, in order to determine any eligibility for a Blue Badge.

I consent to Aberdeenshire Council checking any information already held by the Council’s Social Services Department on the basis that it can help determine my eligibility for a Blue Badge so that it can speed up my application and it may enable a decision to be made without the need for an 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.

Signature:			
I am the (please tick):	<input type="checkbox"/> Applicant	<input type="checkbox"/> Guardian	<input type="checkbox"/> Power of Attorney / Family Member
Print Name:		Date:	DD / MM / YYYY
If requested you be willing to provide feedback on the overall application process?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Guidance Notes for Section 1, 2 and 4

All applicants must complete Sections 1, 2, and 4.

Relevant registered social workers / healthcare professionals known to the applicant will need to complete the questionnaire within **Section 3**.

Section 3 should be completed by the relevant registered social worker / healthcare professional representing the applicant

The following guidance relates to the PIP criteria

Communicating verbally.

- a. Can express and understand verbal information unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to speak or hear. **2 points.**
- c. Needs communication support to be able to express or understand complex verbal information **4 points.**
- d. Needs communication support to be able to express or understand basic verbal information **8 points.**
- e. Cannot express or understand verbal information at all even with communication support. **12 points.**

Reading and understanding signs, symbols and words.

- a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. **0 points.**
- b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information. **2 points.**
- c. Needs prompting to be able to read or understand complex written information. **2 points.**
- d. Needs prompting to be able to read or understand basic written information. **4 points.**
- e. Cannot read or understand signs, symbols or words at all. **8 points.**

Engaging with other people face to face.

- a. Can engage with other people unaided. **0 points.**
- b. Needs prompting to be able to engage with other people. **2 points.**
- c. Needs social support to be able to engage with other people. **4 points.**
- d. Cannot engage with other people due to such engagement causing either –
 - (i) overwhelming psychological distress to the claimant; or
 - (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. **8 points.**

Please note that the term “mental disorder” is defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and incorporates people with a mental illness, personality disorder or learning disability.

Information about you

This section should be filled in by all individual applicants for a Blue Badge, all fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, as they will not have a National Insurance Number, you should provide their NHS number. When you register your child with a GP practice, you are given a medical card. The NHS number is printed on the card, each NHS number is made up of 10 digits shown in a 3-3-4 format, usually as follows 943/476/5919.

Please note that the “first names”, “surname” and “surname at birth” fields can only hold up to 20 characters due to badge printing restrictions.

Guidance notes for Section 3 - Questionnaire to establish eligibility

*** (These questions may have been completed by a health care professional or registered social worker known to the applicant, paying particular attention to the definition below. Where badges are to be issued subject to assessment by the local authority, you should consider, using the supporting guidance contained in this questionnaire, whether the answer and examples provided satisfies you that the applicant meets the definition)***

"People, who as a result of a diagnosed mental disorder or cognitive impairment, have no awareness of danger from traffic and are likely to compromise their safety, or the safety of others."

Core Questions

(the list of questions below must apply to be entitled to a badge)

- On the whole, can the applicant follow the route of a familiar journey safely on their own?

- This does not have to be the case all the time as they may have days when they can travel alone safely. However the inability to follow sequential tasks and the uncertainty surrounding whether or not they are able to follow the route safely, indicates that a badge may be required.

- Can the applicant follow basic instructions such as "slow down, stay here and stop"?

- Most people will respond to the instructions listed above and heed the warning that danger is imminent. Those who may have a cognitive impairment / mental disorder may not necessarily be able to recognise the dangers that surround them and not react accordingly.

- Is the applicant aware of the dangers from traffic when crossing a road?

- If the applicant has had an accident and risks injury every time they attempt to cross a road without supervision then this is an indication that a badge may be required.

- Does the applicant require continual supervision from a carer when travelling in the community?

- If the applicant requires continual supervision from a carer when travelling in their local community, this suggests that they have no awareness of the dangers around them, therefore there may be a need for a badge.

- Can the applicant deal with unexpected changes in their journey?

- If the applicant is visibly anxious and unnerved as a result of a change midway through a journey and unable to complete the journey, this would suggest that they are unable to travel without support, thus increasing their need for a badge. Also parking in a familiar parking bay close to amenities etc. will help create a familiar route, whereas if the vehicle is parked in a variety of locations, resulting in a walk across a busy carpark for example, this may lead to confusion and could place the individual in danger.

- Is there potential that the applicant may wander off when exiting a vehicle, causing danger to themselves and others?

- If the applicant has the potential to wander off inexplicably, this is an indication that they are completely unaware of any danger and pose a real and present danger to themselves and others as a result of their actions. The individual completing the form may document the measures that have been put in place to mitigate this. These are likely to contribute to the decision making process of the local authority.

Other factors to consider when deciding eligibility

*** (factors that could be taken into consideration when deciding whether to award a badge, however are not indicators in themselves as to one's eligibility) ***

- Use of an NHS buggy

- This confirms that the individual has already been assessed as having very significant issues with their behaviour, such that they are at risk to themselves and others and require a buggy for their safety

- Assessing children

The child's behaviour, ability to follow instructions / directions and the level of supervision required must be out with that of a typical child their age.