

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 (please do not send original documents)

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:

- I 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

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.

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

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 numbers for the main vehicles 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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Section 2 – Checking the applicant meets the qualifying criteria

Please complete all the following sections.

Your diagnosis

To be eligible under this pilot, you must have a diagnosed mental disorder. We use this expression because it's a specific legal term. It encompasses all mental health problems, personality disorders and learning disabilities, however caused or manifested.

What is the condition you have been diagnosed with?

You should enclose a letter from a healthcare professional confirming your diagnosis.

Receiving social security benefits

To be eligible under this pilot, you need to receive one of the following social security benefits, at the specified rates.

Tick the box next to the benefit you currently receive.

- You get the higher rate of the care component of the Disability Living Allowance
- You get the middle rate of the care component of the Disability Living Allowance
- You get the higher rate of Attendance Allowance
- You get the lower rate of Attendance Allowance

You get Personal Independence Payment and have been awarded a total of at least 12 points in respect of the following:

- section 7 (communicating verbally)
 - section 8 (reading and understanding signs, symbols and words)
 - section 9 (engaging with other people face-to-face)

You get Personal Independence Payment and have been awarded a total of at least 8 points in respect of the following:

- section 7 (communicating verbally)
 - section 8 (reading and understanding signs, symbols and words)
 - section 9 (engaging with other people face-to-face)

You must enclose an original letter of entitlement to this benefit. We may also check that you are in receipt of this award with the Department for Work and Pensions.

If you are in receipt of Housing Benefit or Council Tax Reduction and have already provided us with an original letter confirming entitlement to one of these benefits please tick this box. With your permission we can check your Housing Benefit or Council Tax Reduction claim.

Background to your condition

Providing information about your condition will help the local authority make a full assessment of your application.

Please describe:

- Any courses of treatment you have undergone or specialist clinics you have attended in relation to the condition you have mentioned above.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

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What medication do you currently take in relation to the condition you described above?

Medication	Dosage	Frequency

Do you anticipate that your condition will improve in the next three years?

Yes: No: Don't know:

If you ticked yes, please describe how much you expect your condition to improve.

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Section 3 – Countersignatory questionnaire

These questions are intended for a healthcare or social work professional who has seen the applicant at some time over the last 12 months and who is not the applicant's GP.

They are designed to gather information about whether the applicant meets the Blue Badge criteria of **being someone who, because of a diagnosed mental disorder, lacks awareness of danger from traffic and is likely to compromise their safety, or the safety of others.**

You should therefore pass this part onto a healthcare or social work professional, who should complete the questions, **providing examples to support their answers**, and then sign this section.

Is there a healthcare or social work professional who has seen the applicant some time over the last 12 months and who is not the applicant's GP?

Yes: No: **If NO, an Independent Mobility Assessor may contact you about your application. Please go to Section 4.**

Healthcare or social work professional contact details:	Name
	Job title:
	Registration number:
	Organisation:
	Work telephone:
	Email address:

Can the applicant follow the route of a familiar journey on their own?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, does the applicant show any evidence of being able to learn this?

Can the applicant follow the basic instructions such as “slow down”, “stay here” or “stop”?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, please indicate how the applicant responds when given such instructions.

Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened.

Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that normally required for children of that age)?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened when the applicant did not receive this supervision?

Can the applicant deal with unexpected changes in their journey?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, please describe any behaviours that are putting the applicant or others at risk as a result of unexpected change.

Does the applicant wander off when exiting a vehicle, causing danger to themselves or others?

Yes: No: Sometimes:

Please explain your answer. In particular, if the answer is yes, please give an example of what has happened.

If the applicant is a child, has an NHS buggy been provided?

Yes: No: Not applicable:

If the answer is yes, please give the reasons for receiving it. In particular, was it provided for difficulties in keeping the child safe?

What coping strategies are currently in place to ensure the applicant's safety?

In your professional opinion, having considered the actual risk to this individual applicant, not the potential risk associated with the condition, does the applicant regularly place themselves or others in danger?

Yes: No:

Please explain your answer, and provide any other information that might be useful.

Your signature:

Date of signature:

(DD/MM/YYYY): / /

Please print your name here:

Section 4 – Declarations and signatures

- Please read the following declarations carefully.
- 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.

All documents relating to this application will be handled in line with the Data Protection Act 1998 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 that you have supplied to support this application is 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 by all applicants

- 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 my local authority of any changes that may affect my entitlement to a badge.
- I confirm that the photographs I have submitted with my application are 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: Rights and Responsibilities in Scotland” 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 local authority may need to contact an accredited 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 healthcare professional who is independent of my existing care and treatment in order to determine my eligibility for a Blue Badge.

Optional declarations about using your information

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 local authority checking any information already held by the local authority’s 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 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.

Options about participating in research

To help find out how this pilot to extend blue badge eligibility is working, Transport Scotland wants to get feedback from applicants or the person applying on their behalf. Anything you provide as part of this research would be confidential, and will not be used to make decisions regarding this or any future application. Participating in this research is completely optional.

Would you be happy for your contact details to be shared with Transport Scotland and for them to contact you about this?

- Yes, I am happy to be contacted by Transport Scotland for this research
- No, please do not contact me about this

Your signature against the declarations that you have ticked above

Your signature:

Date of application:

(DD/MM/YYYY): / /

Please print your name here:

If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.

Please indicate your relationship to the applicant:

Returning this form

Aberdeenshire Council
PO Box 18533
Inverurie
AB51 5WX
Tel: 03456 08 1200
Email: bluebadge@aberdeenshire.gov.uk

Blue Badge application form

Guidance notes

These notes have been produced to help you complete the application form.

Section 1 - Information about you

- ✓ This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.
- ✓ The form asks for a National Insurance Number or in the case of children under 16, the NHS number. This can be found on an NHS Medical Card or you can ask the child's GP for it.
- ✓ While you're asked to provide information about up to three vehicles in which the Blue Badge will be used, you can use a Blue Badge in other vehicles too. This information helps local authorities with enforcing the rules of the Blue Badge Scheme.
- ✓ A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued. For this reason, the local authority needs to check your identity, and information is given on the form about how to provide the necessary information. The local authority may ask to see your identity documents to be sure they're valid.

Section 2 – Checking the applicant meets the qualifying criteria

- ✓ This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.
- ✓ To be eligible under this pilot scheme, you must be in receipt of the social security benefits at the rates listed in this section. If you don't claim these benefits, talk to your council's Blue Badge service as you might be eligible under other criteria. Contact details are on page 9.
- ✓ If you need to check the benefits you currently receive, or need a specific letter to be issued again, call the Department for Work and Pensions disability benefits helpline on 0345 712 3456 if you were born after 8 April 1948, or 0345 605 6055 if you were born on or after 8 April 1948.

Section 3 – Countersignatory questionnaire

- ✓ This section should be completed by a healthcare or social work professional who has seen the applicant at some time over the last 12 months and is not the applicant's GP.
- ✓ You should get one of the following kinds of professional to complete the form:

A doctor with a current licence to practice
An arts therapist
An occupational therapist
A practitioner psychologist
A speech and language therapist
A nurse who is a specialist practitioner in mental health nursing (SPMH)
A nurse who is a specialist practitioner in learning disability nursing (SPLD)
A nurse who is a specialist practitioner in community mental health nursing (SCMH)
A nurse who is a specialist practitioner in community learning disabilities nursing (SCLD)
A social worker registered with the Scottish Social Services Council