

**Gwasanaeth Cyswilt Cwsmer /
Customer Contact Service
Galw Gwynedd
Rheolwr / Manager
Joanne Parry**



Annwyl Ymgeisydd

Ynglyn â: Bathodyn Glas – Cais Unigolyn

Diolch am eich ymholiad ynglŷn â Bathodyn Glas.

Rwy'n amgáu ffurflen gais. Ar ôl ei llenwi, anfonwch hi drwy'r post i'r cyfeiriad isod, neu ewch â hi i un o'n Siopau Gwynedd (mae manylion ar y ffurflen).

Gallwch lenwi'r ffurflen ar ran rhywun arall, gan roi eu manylion hwy a defnyddio'ch llofnod eich hun.

Nid ydym yn defnyddio Meddygon teulu i asesu ceisiadau am Fathodyn Glas (yn dilyn penderfyniad gan y Bwrdd Iechyd Lleol). Oherwydd hyn bydd rhaid chi roi tystiolaeth yn dangos sut yr ydych yn cyrraedd y meini prawf.

Ar ôl i ni dderbyn eich ffurflen gais orffenedig, byddwn yn asesu eich cais yn ôl y meini prawf. Os na fyddwn yn gallu dod i benderfyniad, mae'n bosib y byddwn yn anfon eich cais ymlaen at aseswr annibynnol. Byddan nhw yn penderfynu ar sail y wybodaeth a roddwyd gennych chi ar y ffurflen neu trwy siarad wyneb-yn-wyneb efo chi.

Fe all gymryd hyd at 28 diwrnod iddynt ddod i benderfyniad ar ôl derbyn yr holiadur asesu pellach, mae'n bwysig ei ddychwelyd cyn gynted â phosib.

Cofiwch, os na fydd tystiolaeth ddigonol yn cael ei dderbyn i gefnogi'r cais, bydd yn cael ei wrthod. Mae'n hanfodol i'r ffurflen gais gael ei chwblhau yn gyflawn gan gynnwys y dogfennau priodol.

Dear Applicant

Re: Blue Badge – Individual Application

Thank you for your enquiry concerning a Blue Badge.

I enclose an application form. After completing it, send it by post to the address below, or take it to any of our Siop Gwynedd locations (details are on the form).

You can complete the form on behalf of someone else, giving their details and using your own signature.

We no longer use General Practitioners to assess Blue Badge applications, (following a decision by the Local Health Board) due to this you must provide evidence to confirm how you meet the qualifying criteria.

After receiving your completed application if we are unable to make a decision based on the information you have submitted, it may be forwarded to an independent assessment company. They will make a decision on your eligibility, either on the information you provide or by conducting a face-to face assessment with you.

It may take up to 28 days for them to make a decision after receiving your application, therefore it is important that this is returned as soon as possible.

Please note, if sufficient evidence is not received to support the application, it will be refused. It is essential that the application form is completed fully by including the appropriate documents.

Yn gywir / Yours sincerely

Galw Gwynedd

Further guidance on completing this form can be found in the accompanying guidance notes.

(01766) 771000
bathodynglas@gwynedd.llyw.cymru
bluebadge@gwynedd.llyw.cymru
www.gwynedd.llyw.cymru

Galw Gwynedd
Uned 2, Parc Busnes Eryri
Minffordd
Penrhyndeudraeth
Gwynedd
LL48 6LD

f.8 Hydref2019

Blue Badge: Individual Application Form



Application no:

Please refer to the table below for instructions of what sections you need to complete and use the supporting guidance to assist you. **It is also possible to apply online: gov.uk/apply-blue-badge**

Please complete the relevant sections of this form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. We ask you to provide accurate information to help us assess your application as we may refuse to issue a badge if you do not provide the relevant information to verify your personal details.

Further guidance on completing this form can be found in the accompanying guidance notes.

Please note that fraudulent applications or misuse of a badge may result in a fine of £1,000 and/or forfeit of the badge.

Tick ✓ the relevant option	Complete Sections	
People who are registered blind or have a severe sight impairment (If you are partially sighted please complete section 3)	1, 2a & 8	
People receiving Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA - this is not Attendance Allowance)	1, 2b & 8	
People receiving Personal Independence Payment (PIP) (see level of award in guidance notes)	1, 2c & 8	
People who receive War Pensioner's Mobility Supplement	1, 2d & 8	
People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme	1, 2e & 8	
If you have walking difficulties	1, 3 & 8	
If you have temporary walking difficulties, which are likely to last at least 12 months	1, 4 & 8	
If you are unable to plan or follow a journey	1, 5 & 8	
If you have impairments in both arms	1, 6 & 8	
If you are completing on behalf of applicants under the age of three	1, 7 & 8	

In order for Gwynedd Council to assess your application for a blue badge, you may be required to undertake a mobility assessment with an independent mobility assessor.

Please state your language preference for this assessment.

Welsh	<input type="checkbox"/>	English	<input type="checkbox"/>	Other _____
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For Office use Only – Date Received

Staff Initials:

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.

* Mandatory fields

Application Number		
First Name *		
Surname *		
Date of Birth (DD/MM/YYYY) *		
National Insurance Number *		
Address *		
Post Code *		
Contact Details *	Contact Name (if different to the applicant)	
	Primary Contact Number	
	Secondary Contact Number	
	E-mail address	
Previous address, if different in the last three years		
Post Code		
Do you currently hold a Blue Badge, or have you held a Blue Badge before?	Yes	No
Which local authority issued you the badge?		
What is the expiry date?		
Please provide the first 6 digits of the serial number		


Should you be successful in your application for a blue badge do you wish to receive notification from us when your badge is due to expire? In order to receive notifications you must provide a valid mobile number or e-mail address	Yes	No

Evidence Checklist

We will ask you to submit evidence with your application for a blue badge. Please do not send original copies of documents in the post as we will not be able to return them. Please send photocopies. **Any documents must be dated within the last 12 months. We will not be able to process your application without this evidence.**

Residency Check		✓
We need to check that you are a resident in our local authority area before we can process your application. Please select one of the following options and provide a photocopy where relevant:		
I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.		
I have enclosed a photocopy of a Council Tax bill bearing my name and address, dated within the last 12 months.		
I have enclosed a photocopy of a benefit award letter dated within the last 12 months from the DWP.		
I do not pay Council Tax, am over the age of 16 and give consent to the local authority 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 the local authority to check school records to confirm their address. Please note which school the applicant attends: _____		

Proof of your identity		✓
We need to check that you are a resident in our local authority area before we can process your application. Please select one of the following options and provide a photocopy where relevant:		
Birth / Adoption Certificate		Passport
Marriage / Divorce Certificate		Valid Driving Licence
Civil Partnership / Dissolution Certificate		Utility Bill

Photograph for the Blue Badge	
	<p>Please enclose a recent photograph of the applicant.</p> <p>You'll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo and it's best to get somebody else to take the photo</p> <p>Make sure it:</p> <ul style="list-style-type: none"> • is in colour. • Has a plain, light background • Includes face and shoulders • Shows the face clearly • Is a true likeness or taken within the last 6 months. <p>Please ensure that the applicant's name is on the back of the photograph.</p>

After completing the form send by post to:

Galw Gwynedd
Unit 2
Snowdonia Business Park
Minffordd
Penrhyndeudraeth
Gwynedd
LL48 6LD

Or you can take the form to:

- Siop Gwynedd, Ffordd y Cob, Pwllheli
- Siop Gwynedd, Cae Penarlâg, Dolgellau
- Siop Gwynedd, Stryd y Jêl, Caernarfon

Evidence Checklist

We will ask you to submit evidence with your application for a blue badge. Please do not send original copies of documents in the post as we will not be able to return them. Please send photocopies. **Any documents must be dated within the last 12 months. We will not be able to process your application without this evidence**

Supporting Evidence – Automatic Criteria Please confirm that you included the relevant required evidence with your application	✓
People who are blind (sight impaired) - your Certification of Blindness or Defective Vision (BP1) (3R) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist.	
People who receive the Higher Rate of the Mobility Component of Disability Living Allowance (this is not Attendance Allowance) - I give consent to the local authority to check my personal details on the DWP Searchlight database to confirm eligibility so that I do not need to submit proof of my entitlement.	
People who receive Personal Independence Payment - I give consent to the local authority to check my personal details on the DWP Searchlight database to confirm eligibility so that I do not need to submit proof of my entitlement.	
People who receive the War Pensioner’s Mobility Supplement or who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme – Please enclose a photocopy of a letter dated within the last 12 months confirming the awarding of the compensation. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77 .	

Supporting Evidence – Discretionary Criteria Please confirm that you included the relevant required evidence with your application:	✓
<p>Applicants with Mobility Impairment (Permanent and temporary)</p> <ul style="list-style-type: none"> • Consultant letter – summary of discussion following appointment • Physiotherapy treatment/prognosis report • Occupational Therapy report/provision of equipment summary • Repeat prescription list • Pain Management Clinic information/summary of discussion • Care Agency Care Plan • District Nurse treatment plan 	
<p>Applicants who are unable to plan or follow a journey</p> <ul style="list-style-type: none"> • Psychiatrist/Paediatrician/Consultant Letter – summary of discussion following appointment • Specialist Nurse Summary report • Learning Disability Carer/Day Care/Supported Living care plan • Memory Clinic Treatment Plan/Summary of discussion • Mental Health Support Workers – care plan/report • Individual Development Plan / Statement of Educational Needs (SEN) • Speech and Language Treatment Summary/Plan • Occupational Therapy/Physiotherapy Summary 	
Applicants under the age of three - Please enclose a letter from a healthcare professional that has been involved in your child’s treatment (for example your paediatrician) giving details of the child’s medical condition and the type of medical equipment they need	

Section 2 – Automatic Criteria

These questions are intended for people who may qualify for a Blue Badge because they:

- **2a)** are blind or have a severe sight impairment;
- **2b)** receive the Higher Rate of the Mobility Component of Disability Living Allowance;
- **2c)** receive Personal Independence Payment (PIP);
- **2d)** receive the War Pensioner's Mobility Supplement; or
- **2e)** receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme

2a) People who are blind (sight impaired)	Yes	No
Are you registered as blind or have a severe sight impairment? If you are registered as partially sighted please complete section 3		
If YES , please state which local authority you are registered with: _____		
Please indicate whether you have enclosed your Certification of Blindness or Defective Vision (BP1) (3R) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist.	Yes	No

2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance (this is not Attendance Allowance)	Yes	No
Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance? (this is not Attendance Allowance)		
If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance please indicate on page 6 if you give consent for us to check the DWP Searchlight database to confirm your entitlement if not please enclose a photocopy of the entitlement letter dated within the last 12 months Please do not include the original copy.		

2c) People who receive Personal Independence Payment		
	Yes	No
Do you receive Personal Independence Payment, as detailed below?		
I meet a 'Moving around' descriptor for the Mobility Component of Personal Independence Payment (PIP) that indicates that I cannot stand or cannot walk more than 50 metres – score of 8 points or more		
I meet a 'Planning and following journeys' descriptor for the Mobility Component of Personal Independence Payment (PIP) that indicates that I can't follow the route of a familiar journey without another person, an assistance dog or an orientation aid – score of 12 points or more..		
If you are in receipt of PIP please indicate on page 6 if you give consent for us to check the DWP Searchlight database to confirm your entitlement if not please enclose a photocopy of the entitlement letter dated within the last 12 months confirming this which clearly shows the score for each activity. Please do not include the original copy.		

2d) People who receive the War Pensioner's Mobility Supplement	Yes	No
Do you receive the War Pensioner's Mobility Supplement?		

2e) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme	Yes	No
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 impairment which causes inability to walk or very considerable difficulty walking?		
Have you been awarded tariff 6, – Permanent Mental Disorder of the Armed Forces Compensation Scheme?		
If you are in receipt of the above mentioned award please enclose a photocopy of a letter dated within the last 12 months confirming the awarding of the compensation. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.		

If you have answered "Yes" to any of the questions in Section 2, please complete the declarations in Section 8

Section 3 – Discretionary Criteria

Questions for applicants with mobility impairment

Please note that you will only qualify for a Blue Badge under this criteria if you, or the person on whose behalf you are applying, are over two years of age and have a **permanent and substantial** impairment which means you/they are **unable** to walk or have **considerable difficulty in walking** (see section 3 guidance notes for definition of considerable difficulty in walking).

Where possible we ask that you provide evidence in the form of letters /documents from any healthcare professionals in order to support your application. Please see our checklist on page 6 in which we have outlined a list of evidence which may be included with your application. Please note this list is not exhaustive. **Without this supporting evidence we will be unable to assess your application.**

1 HEALTH AND DISABILITY		
Is your condition or impairment permanent?	Yes	No
Have you been prescribed oxygen to support your mobility needs on a daily basis? If YES please describe when and how you need to use it.	Yes	No
<p>Please provide evidence in the form of a prescription or delivery note</p>		
Please describe your mobility difficulties.		
Do you have regular therapy such as Physiotherapy? If YES please detail below	Yes	No
Have you had any surgical treatment or is any planned? If YES please detail below	Yes	No

Have you or do you experience falls? If YES, please describe how often you fall and what causes you to fall.	Yes	No

2. MOBILITY					
Do you use any equipment to help you mobilise?					
Please ✓ one or more options that apply to you and if you use them indoors / outdoors:					
	Indoors	Outdoors		Indoors	Outdoors
Powered Wheelchair			1 or 2 elbow crutches		
Wheelchair			1 or 2 Walking Sticks		
Prosthetic Lower Limbs			Furniture / Person Support		
Walking Frame			Mobility Scooter		
Leg Brace			Other (please specify)		
Has this equipment been prescribed to you by the NHS? Please provide evidence in the form of a prescription or delivery note.				Yes	No
How far can you walk? (50 metres is the equivalent of half a length of a football pitch)					✓
Please ✓ one statement that applies to you.					
Cannot, or have severe difficulty walking up to 50 metres without any walking aids					
Can walk up to 50 metres with or without walking aids but experience severe pain or difficulty, during or afterwards					
Can walk up to 50 metres with or without walking aids but no severe pain or difficulty, during or afterwards.					
What is the impact during or following journeys outside of the home?					✓
Please ✓ all options that apply to you					
Extensive Recovery					
Extensive Pain requiring medication					
Severe breathlessness					
Reduces to a very slow speed					
Increased unsteadiness or falls					

Describe somewhere you can walk to and from. Be specific and use place names or house number for example "from my home to Tesco" **How long does it take you?** For example 10 minutes.

--

Please describe how long you can stand without the need to sit down. If you have difficulties standing describe why you cannot stand for long.

--

Describe how you manage steps and stairs

Indoors:

--

Outdoors:

Do you experience any pain when walking? If so, on a scale of 0 to 10 circle the relevant number which confirms the level of pain you are experiencing. 0 is no pain and 10 is severe pain.

At rest:
 0 1 2 3 4 5 6 7 8 9 10

Walking:
 0 1 2 3 4 5 6 7 8 9 10

How long does it take for your pain to reduce once you have stopped walking?

Less than 5 minutes		Between 5 &10 minutes		Between 10 & 20 minutes	
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If more than 20 minutes please give details.

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Do you experience breathing difficulties when walking? If YES please describe how this affects your ability to walk and detail how far you can walk in metres or yards.	Yes		No	
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If you need to stop and rest how long does it take for you to recover?

Less than 5 minutes		Between 5 &10 minutes		Between 10 & 20 minutes	
---------------------	--	-----------------------	--	-------------------------	--

If more than 20 minutes please give details.

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Do you need support from another person getting in and out of a vehicle for <u>all</u> journeys?		
If Yes ✓ one option below:		
A person either side		One person
Describe how and why they help		
Do you regularly take medication to assist your mobility? Please include the name and dosage and provide evidence in the form of a prescription.		
Do you need to use an inhaler, nebuliser or GTN spray for all journeys?	Yes	No

3.ACTIVITIES OF DAILY LIVING							
Please confirm the type of property you live in.							
House		Flat		Maisonette		Bungalow	
On which floor do you sleep?							
Ground Floor		First Floor		Other			
Do you have rails to support you?				Yes		No	
Are there stairs leading to your flat or Maisonette? If YES how many flight of stairs?				Yes		No	
Describe how you access your home							
Have you or do you use any specialist equipment or adaptations in your home at present to aid you in your daily living? If YES please detail below what type of equipment and adaptations you have						Yes	No

Do you have assistance with personal care, such as washing? If YES please describe what help you have	Yes	No
Do you have help with household tasks such as cleaning and cooking? If YES please describe what help you have	Yes	No
Do you have help with shopping? Describe how you do your shopping	Yes	No
Do you receive any other support, for example Attendance Allowance, meal delivery service, care or additional services including family support? If YES please provide further details	Yes	No
Is there anything else you would like to tell us to support your application?		

If you have completed Section 3, you must complete the declarations in Section 8

Section 4 – Discretionary Criteria

Questions for applicants with a temporary mobility impairment

Please note that you will only qualify for a Blue Badge under this criteria if you, or the person on whose behalf you are applying, are over three years of age and have a **temporary and substantial** impairment which is likely to last for at least the next 12 months and means you/they are **unable** to walk or have **considerable difficulty in walking**.

Where possible we ask that you provide evidence in the form of letters /documents from any healthcare professionals in order to support your application. Please see our checklist on page 6 in which we have outlined a list of evidence which may be included with your application. Please note this list is not exhaustive. **Without this supporting evidence we will be unable to assess your application.**

1 HEALTH AND DISABILITY				
If you are aware of them, please note the medical terms for the condition/impairment that you suffer from according to the diagnosis:				
Please choose which of the following statements applies to the condition that you have been diagnosed with and how long it will be likely to last?				
✓	Condition / Impairment			Estimated recovery time
	I am recovering from a complex leg fracture, possibly managed with external fixators			
	I am undergoing therapy in order to recover from a stroke or head injury that has impacted my mobility			
	I am undergoing therapy in order to recover from spinal trauma with the loss of leg function			
	I am undergoing medical intervention, for example treatment for cancer, that impacts my mobility			
	I have severe functional leg impairments and I am awaiting or have undergone joint replacement (e.g. unilateral or bilateral hip, knee, etc.)			
	Other, please describe:			
<p>Please provide details of any health professionals you have seen who would be able to support your application. These may include: Surgeon, Occupational Therapists, Social Services Rehabilitation Team or Health Professional that provides specialist services e.g. physiotherapist, Macmillan Nurse or others involved in patient care.</p> <p>You will also need to provide evidence in the form of letters / documents from any of the named healthcare professionals to support your claim, without this supporting evidence we will be unable to assess your application.</p>				
Name	Job Title	Hospital / Health Centre	Telephone Number	Date of Last Appointment

If you have completed Section 4, please complete the declarations in Section 8.

Section 5 - Discretionary Criteria

Questions for applicants who are unable to plan or follow a journey

Please note that you will only qualify for a Blue Badge under this criteria if you, or the person on whose behalf you are applying, have a cognitive impairment; **and** are unable to plan or follow any journey, to such an extent that you/they require constant supervision.

Where possible we ask that you provide evidence in the form of letters /documents from any healthcare professionals in order to support your application. Please see our checklist on page 6 in which we have outlined a list of evidence which may be included with your application. Please note this list is not exhaustive. **Without this supporting evidence we will be unable to assess your application.**

If you know them please state the medical terms for the condition/impairment that you have been diagnosed with:				
Please provide details <u>and</u> letters from any relevant health specialists you have seen in the last 12 months who would be able to support your claim:				
Name	Job title	Hospital/Health Centre	Telephone Number	Date last seen
Are you on the Local Authority Learning Disability Register? Please state which:				
Do you attend a Memory Clinic? Please provide an appointment card or letter to support your application.				
Can you plan and follow the route of a familiar journey without constant supervision? For example, travelling to a local friends house or to a news agent/ local shop unaccompanied. If NO please provide evidence				
Are you currently in receipt of any Disability Living Allowance benefits? For example, a care or mobility component. If YES please provide a copy of the award letter to support your application. If not please provide details of any other benefit which you are in receipt of.				

If you have completed Section 5, please complete the declarations in Section 8.

Section 6 - Discretionary Criteria

Questions for applicants with impairment in both arms

These questions are intended for people who:

- drive a vehicle regularly, have an impairment in both arms and are unable to operate, or have considerable difficulty in operating parking equipment, such as ticket barriers and pay meters.

When applying under this criteria please note that the badge may only be used if the applicant is the driver of the vehicle

Do you drive regularly?	Yes	No
Do you have an impairment in both arms?	Yes	No
Please describe your medical condition/impairment:		
Are you UNABLE or have considerable difficulty operating parking Equipment?	Yes	No
If YES , please describe the difficulties you have with operating ticket barriers 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 to verify this adaptation.		
Is your driving license subject to restrictions due to your impairment? If YES, please enclose a photocopy of your license.	Yes	No
Your Driving Licence Number		

If you have completed Section 6, please complete the declarations in Section 8.

Section 7 – Discretionary Criteria

Questions for applicants under the age of three

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 treated.

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 that they must be always kept near a motor vehicle so that 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:		

Can you estimate how often they will need treatment?

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 pediatrician) 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 5, please complete the declarations in Section 8

Section 8 – Declarations and signatures

8a) Mandatory declarations about the information you have provided and the application process

Please read the following declarations thoroughly, and sign section **8b)** to indicate that you have read and understood each declaration. Failure to provide a signature may mean that we are unable to consider your application. Providing fraudulent information may result in prosecution and a fine.

How we use your information

We collect your personal details in order to process your application. We need your information in order to fulfil our legal duty to issue blue badges.

We share your information with government departments and, where necessary, with Able-2 Occupational Therapy Services and other local authorities.

We will keep your information for 4 years from the date of application.

For more details, please see our Privacy Statement on our web page.

As a public authority, Gwynedd Council is required by law to protect the public funds it administers. We may share information provided to us with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud. For further information, see <http://www.gwynedd.llyw.cymru/DataMatching>

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 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 - Rights and Responsibilities in Wales" leaflet which will be sent to me with the badge. Fraudulent applications or misuse of a badge may result in a fine of £1,000 and/or forfeit of the badge.
I understand that I must not hold more than one valid Blue Badge at any time.
I understand that I will return my previous badge once it has expired.
I confirm that I do not currently hold a Blue Disabled Person's Parking Badge that has been issued by a different local authority.
I understand that I will meet any costs if myself, Local Authority or Independent Advisory Service are required to contact any relevant health specialist (not my G.P) if further evidence is needed for my application.
Where further information is required, I understand that I may be required to undertake a face to face interview with a member of the Blue Badge team, in order to determine my eligibility for a Blue Badge.

8b) Your signature against the declarations	
Your signature	
Print name	
Date of Application	
If you are applying on behalf of another person, please indicate your relationship	✓
Official Guardian	
Power of Attorney	
Parental Responsibility	
Other (Please describe) _____	

Where you have applied for a Blue Badge on behalf of another person you must be aware that using the Blue Badge contrary to the rules governing the scheme may result in prosecution, a fine and the withdrawal of the Blue Badge.

**** Please complete the evidence checklist on pages 5 & 6 to ensure that you have included all necessary evidence with your application. ****

Guidance Notes – What sections of the application form should I complete?

Section 1 – Information about you

This section **MUST** be completed by all applicants for a Blue Badge. All mandatory fields are flagged with an asterisk (*).

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

If you have previously been awarded a Blue Badge and it is due to expire, you are still required to provide up to date evidence to confirm your eligibility. Please ensure that you apply in good time, at least two months before the badge expires as it is an offence to use an expired badge, even if you have applied for a new one. It is badge holders responsibility to ensure that it is valid.

Proof of your identity and residency

- A copy of one of the following must be submitted with your application:
- your birth/adoption certificate
- marriage/divorce certificate
- civil partnership/dissolution certificate
- valid driving license
- passport

Photograph

The photograph can be provided electronically to the local authority in the form of a jpg. The photograph must have a strong definition between face and background and must, *as far as practicable*, be;

- in colour;
- 45 millimetres in height and 35 millimetres in width (passport size);
- taken **within a month** prior to the date of the application;
- against a light grey or cream background;
- undamaged;
- free from “red eye”, shadows, reflection or glare from spectacles;
- of the full head of the holder (without any other person visible or any covering, unless it is worn for religious beliefs or medical reasons);
- facing forward and looking straight at the camera;
- with nothing covering the face;
- with a neutral expression and mouth closed;
- with eyes open and clearly visible (without sunglasses or tinted spectacles and without hair or spectacle frames obscuring the eyes);
- in sharp focus and clear;
- printed professionally or in digital format;
- a true likeness, without amendment.

Address

Proof of address should be in the form of a of your Council Tax bill bearing your name and address.

You will not need to submit your Council Tax bill if you have ticked the appropriate box, which gives your consent for the local authority to check your address on their Council Tax records or electoral register.

If you are completing the application form on behalf of someone under the age of 16, you should give your consent for the local authority to check school records to confirm their address.

Blue Badge Issue Fee

There is no charge to the Blue Badge holder upon first issue of a badge, however, a fee of up to £10 may be charged for badges issued as replacements in the case where a badge has been lost, stolen or damaged to an extent it cannot be read by people who will be checking the badge when used for parking or other concessions.

Your local authority may request that credit/debit card details and/or a cheque are included with the application form in readiness for payment to be taken if your application is successful. Your local authority will only issue successful applicants with a Blue Badge once payment of the required fee has been received.

Section 2 – Automatic Criteria applicants

You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2.

You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of this is payment allowance. This evidence will need to be in the form of photocopies of documents.

Section 2a

Please complete this section if you are registered as blind (sight impaired). You are asked to state the name of the local authority with which you are registered. In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered with.

The current formal notification required to register as blind (sight impaired) is a Certification of Blindness or Defective Vision (BP1 (3R)), or a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist, which states that you are blind (sight impaired). Previous equivalents are also acceptable, however, registration is voluntary.

Section 2b

Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). You will have had an award notice letter from the Pension, Disability and Carers Service (PDCS). You will also have been sent an annual uprating letter stating your entitlement. This uprating letter can be used as proof of receipt of HRMCDLA if your

award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your uprating letter, then please contact the PDCS for a current award letter by:

- Telephone: 0345 712 3456
- Text phone: 0345 722 4433
- Email: DCPU.Customer-Services@dwp.gsi.gov.uk

This helpline is open from 7.30am to 6.30pm Monday to Friday, and further details can be found online at:

www.gov.uk/disability-benefits-helpline

Blue Badges issued in these circumstances will be issued for the duration of the award of HRMCDLA or for three years, whichever is the shorter period.

Section 2c

Please complete this section if you have been awarded Personal Independence Payment (PIP) at the level detailed:

- Mobility Activity 1, descriptor f; or
- Mobility Activity 2, descriptors c, d, e or f.

Mobility Activity 1 relates to 'Planning and following a journey'. *Descriptor f* is the definition within the activity that is awarded to a person who has the greatest difficulty following any route or journey without another person, assistance dog or orientation aid.

Mobility Activity 2 relates to 'Moving around'. *Descriptor c* is the definition within the activity at which a person has difficulty standing and moving, being unable to move more than 50 metres. *Descriptors d* and *e* identify increasing levels of difficulty moving around with *f* identifying people with the greatest difficulty with either standing or moving more than a metre aided or unaided.

You should have an award letter with details of your award issued by DWP. You must enclose a photocopy of this letter.

Section 2d

Please complete this section if you receive a War Pensioner's Mobility Supplement (WPMS). You should have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. You must enclose a photocopy of this letter.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 191 4218.

Section 2e

Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking. You

will have been issued with a letter from the Service Personnel and Veterans Agency confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking. You must enclose a photocopy of this letter.

If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0808 191 4218.

Section 3 – Discretionary Criteria, Questions for applicants with walking impairment.

It is important that this section is completed fully. Where you feel a question may not apply, please briefly indicate why. Failure to complete all questions may result in the form being returned to you and if you should be assessed as eligible, the issue of your Blue Badge delayed. This is particularly important where a current Blue Badge holder is applying for a new badge. Refer back to note at the beginning of Section 1.

A permanent impairment is one that is likely to last for the duration of your life. Medical conditions such as asthma, Crohn's disease / incontinence conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criteria, but only if they are unable or have considerable difficulty walking, in addition to their condition.

Having considerable difficulty walking means being unable to walk very far without experiencing difficulty, such as;

- Excessive pain
- Breathlessness
- Speed of walking
- Use of walking aids
- Use of medication

It is important that you provide evidence to support your application and that this is recent.

Section 6 – Discretionary Criteria, Questions for applicants with impairment in both arms.

Section 6 should be completed by applicants who have a impairment in both arms. You will need to show that you are a driver and have an impairment in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on street parking equipment.

A driver's license number is requested for enforcement purposes as you will only be eligible to use the badge if you are the driver of a vehicle.

Section 7 – Discretionary Criteria, Questions for applicants under the age of three.

Section 7 should be completed on behalf of:

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

You must enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your pediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact. The letter should include a reference to your child's home address to provide your local authority with proof of residence.

Section 8 – Declarations and signatures.

- Section 8a): The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, not signing your application may result in your local authority being unable to accept your Blue Badge application.
- Section 8b): All applicants must sign and date the form prior to submitting it.

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.

If your badge application is successful, the leaflet “The Blue Badge Scheme - Rights and Responsibilities in Wales” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. It is most important that you read the leaflet on receipt of your new Blue Badge, even if you have held a Blue Badge previously as there may be new rules on how you must use the badge. Failure to comply with the rights and responsibilities could result in:-

- the badge being withdrawn
- fixed penalty notice for a parking offence
- prosecution for various offences where the rights and responsibilities have been incorrectly or fraudulently applied.

The leaflet can be viewed at

<http://wales.gov.uk/topics/transport/integrated/bluebadgeschemeinfo/?lang=en>

Other information

Blue Badges are normally issued for three years and you will need to return your badge if your condition improves and you no longer need the badge. After three years you will have to apply for a new badge if you wish to continue in the scheme.

When a Blue Badge is no longer needed due to bereavement the ‘Tell us Once’ service provided by the local authority will provide a reminder of the duty to return the badge.