

# Blue Badge: Organisational Application Form

Application No:



These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle/vehicles (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge.

One application form can be used to apply for more than one Organisational Blue Badge.

**An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.**

Organisational badges will therefore only be issued to an organisation which:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge – and must not be used for the employee's benefit when they are carrying out other business on behalf of the organisation. Such use may result in prosecution, a fine and the withdrawal of the Blue Badge.

It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge

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

By e-mail to: [bluebadge@gwynedd.llyw.cymru](mailto:bluebadge@gwynedd.llyw.cymru)

<b>For Office use Only – Date Received</b>	
Staff Initials:	

## Section 1 – Information about the organisation

### \*Mandatory Fields

Application Number		
Name of Organisation * (maximum of 30 characters)		
Main Contact Name*		
Role in Organisation		
Address*		
Postcode*		
Telephone*		
E-Mail		
<b>Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge?</b>	Yes	No
If <b>YES</b> , please give details		
<b>As part of that care, does your organisation provide them with transportation?</b> If <b>YES</b> , please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:	Yes	No
<b>Type of Vehicle</b>	<b>Vehicle Registration Number</b>	<b>Frequency used to transport disabled people</b>
<b>Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation class?</b> If <b>YES</b> , please give details and attach a photocopy of the tax disc(s) to this application:	Yes	No

<b>How many disabled people are in the care of your organisation?</b>		
<b>How many of these people are already in receipt of a Blue Badge as individuals?</b>		
<b>How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals?</b> (see description of eligible criteria listed below)		
<ul style="list-style-type: none"> <li>• People who are registered blind or have a severe sight impairment</li> </ul>		
<ul style="list-style-type: none"> <li>• People receiving the Higher Rate Mobility Component of Disability Living Allowance (HRMC)</li> </ul>		
<ul style="list-style-type: none"> <li>• People receiving Personal Independent Payment (PIP) <i>Moving Around descriptor – score of 8 points or more; Planning and Following Journeys descriptor – score of 12 points or more.</i></li> </ul>		
<ul style="list-style-type: none"> <li>• People who receive War Pensioner's Supplement</li> </ul>		
<ul style="list-style-type: none"> <li>• People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8; or awarded tariff 6 – Permanent Mental Disorder.</li> </ul>		
<ul style="list-style-type: none"> <li>• People who have a substantial condition or disability that will last for at least 12 months that means they cannot walk or find walking very difficult</li> </ul>		
<ul style="list-style-type: none"> <li>• People who have a cognitive impairment and are unable to plan or follow any journey, to such an extent that they require constant supervision</li> </ul>		
<ul style="list-style-type: none"> <li>• Children under the age of 3 who have a condition requiring the transportation of bulky medical equipment at all times; or they must always be kept near a 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.</li> </ul>		
<b>Charity Number of your organisation.</b> (if applicable)		
<b>Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:</b>		
<b>How often do you envisage your organisation will use the Blue Badge?</b>		
Do you currently hold a Blue Badge, or have you held a Blue Badge before?	<b>Yes</b>	<b>No</b>
Which local authority issued you the badge?		
What is the expiry date?		
Please provide the first 6 digits of the serial number.		
<b>How many organisational badges are you applying for?</b>		
<b>Why do you require more than one Blue Badge?</b>		

<b>A fee of £10 will apply for each badge. Please choose how you would like to pay?</b>	✓
<b>I enclose a cheque for £10 for each badge, made payable to 'Gwynedd Council'.</b>	
<b>Contact me in order to take payment by credit / debit card over the phone.</b> <b>If so, note your phone number:</b>	

## Section 2 – Confirmation and signatures

### 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>

<b>2b) I declare that the information I have given on this form is correct as far as I know.</b>
Your signature
Print name
Date of application

**Cais am fathodyn glas sefydliadol / Request for organisational blue badge**



“Mae ‘sefydliad’ wedi’i ddiffinio mewn deddfwriaeth fel sefydliad sy’n ymwneud â gofalu am bobl anabl y mae modd rhoi bathodyn unigolyn anabl ar eu cyfer.”

“An ‘organisation’ is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person’s badge may be issued.”

Enw'r Sefydliad:  
Name of Organisation:

Rwyf yn cadarnhau fod gennyf awdurdod i gynrychioli'r 'sefydliad' a bod y sefydliad yn ymwneud â gofalu am bobl anabl y mae modd rhoi bathodyn unigolyn anabl ar eu cyfer.  
*I confirm that I am authorised to represent the 'organisation' and that the organisation, is concerned with the care of disabled persons to which a disabled person's badge may be issued.*

Rwyf yn cadarnhau fod gan y 'sefydliad' yr wyf yn ei gynrychioli gerbyd sydd yn cael ei gadw o fewn ardal yr awdurdod cyhoeddi, ac mae'n cael ei ddefnyddio gan neu ar ran y sefydliad i gludo pobl anabl o unrhyw ddisgrifiad penodol.  
*I confirm that the 'organisation' I represent, has a motor vehicle kept in the area of the issuing authority and it is used by or on behalf of the organisation to carry disabled persons of any prescribed description.*

Rwyf yn cadarnhau y bydd y 'sefydliad' yr wyf yn ei gynrychioli dim ond yn defnyddio'r bathodyn glas wrth gludo pobl anabl a fyddai eu hunain yn gymwys am fathodyn glas unigolyn, ac yn cytuno mai ein cyfrifoldeb ni fel sefydliad yw sicrhau bod y bathodyn glas sefydliadol yn cael ei ddefnyddio dan yr amgylchiadau hyn yn unig.  
*I confirm that the 'organisation' I represent will only use the organisational blue badge when transporting disabled persons who would themselves be eligible for an individual blue badge, and agree that it is up to us as an organisation to ensure that the organisation blue badge is only used in these circumstances.*

Rwyf yn cadarnhau fy mod i, ar ran y 'sefydliad' yr wyf yn ei gynrychioli, yn deall ei bod yn drosedd i unrhyw un gamddefnyddio'r bathodyn, a gall wneud hynny arwain at ddirwy o £1,000 ac, o ganlyniad, gall yr awdurdod lleol ofyn i'r bathodyn gael ei dychwelyd.  
*I confirm that I, on behalf of the 'organisation' I represent, understand that it is a criminal offence for anyone to misuse the badge, and doing so could lead to a £1,000 fine and may result in the local authority asking for the badge to be returned.*

**Derbyn / Accept**

Rwyf yn cytuno y bydd y Bathodyn Glas Sefydliadol yn cael ei ddefnyddio yn unol â Rheoliadau Personau Anabl (Bathodynau ar gyfer Cerbydau Modur) (Cymru) 2000.  
*I agree that the Organisational Blue Badge will be used in accordance with The Disabled Persons (Badges for Motor Vehicles) (Wales) Regulations 2000.*

Rhaid arwyddo a dychwelyd y ddogfen hon cyn bydd penderfyniad yn cael ei wneud am eich cais.  
*This document must be signed and returned before a decision will be made on your application.*

Enw a swydd yr unigolyn sy'n gwneud y cais:  
Name and role of individual making the application:

Llofnod  
Signature

Dyddiad  
Date