

Blue Badge: Individual Application Form



Application no:

This form should be completed by applicants who are applying under the following criteria, which will be fast tracked through the application process.

People who:

- a. have a terminal condition **and** have a mobility impairment; and
- b. have an original DS 1500 form, supporting letter from their McMillan nurse or other relevant health specialist.

Please complete section 1 below and sign the declarations at the last page. You will also need to supply the appropriate documents.

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.

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

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 *		
Current Address *		
Post Code *		
Contact Details *	Contact Name (if different to the applicant)	
	Primary Contact Number	
	Secondary Contact Number	
	E-mail	
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.		
Do you have a DS1500 form or a supporting letter from a Macmillan nurse or other relevant health specialist. Please provide a copy	Yes	No

Section 2 – Declarations and signatures

2a) Mandatory declarations about the information you have provided and the application process

Please read the following declarations thoroughly, and sign section **2b)** 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.

2b) 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.

Os ydych chi wedi gwneud cais am Fathodyn Glas ar ran person arall, rhaid i chi fod yn ymwybodol y gallai defnyddio'r Bathodyn Glas yn groes i'r rheolau sy'n llywodraethu'r cynllun arwain at erlyniad, dirwy a thynnu'r Bathodyn Glas yn ôl.