

Blue Badge Application Form



Please complete only the relevant sections of this application form as noted in the table overleaf 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 helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

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 the appropriate sections and sign the form on their behalf. Please also confirm your relationship to the applicant and, where the applicant has a significant mental impairment with lack of mental capacity, that you are the person responsible for ensuring the legitimate use of the badge. For instance you may have parental responsibility, guardianship or Power of Attorney rights.

Completed forms can be posted to the Local Authority or handed in to any of the Authority's HUB's – please see the accompanying guidance notes for location details. If you wish to submit your application/documents at one of our Hubs, please telephone

01267 234567 to make an appointment or book online at carmarthenshire.gov.wales by selecting 'Your Council', then 'Most Popular', then 'Book'. If it is not possible to keep to the appointment, please telephone to rearrange.

If you do not qualify for a Blue Badge automatically, then the Local Authority may use the Blue Badge Local Authority Verification Toolkit, contact a Health Care Professional or refer you to an independent advisory service for assessment for further information to determine if you are eligible for a Blue Badge.

The badge is usually valid for 3 years. You will need to re-apply for a Blue Badge at the end of the 3 years. It is the responsibility of badge holders to re-apply in plenty of time to ensure they have a valid badge as it can take up to 12 weeks to process an application. You should consider this to make sure you are not without a Blue Badge.

A separate form will need to be completed when applications are made for Organisational Blue Badges.

MAE'R FFURFLEN HON AR GAEL YN GYMRAEG

Please complete the form using ONLY ONE of the categories below.

CATEGORY A - Please complete sections 1, 2, & 9

IF YOU THINK YOU QUALIFY FOR A BADGE BECAUSE YOU MEET THE FOLLOWING CRITERIA:

CRITERIA	EVIDENCE REQUIRED:
1) Severely sight impaired	Certificate of blindness or defective vision (BP1 (3R)) or certificate of vision impairment (CVI)
2) People receiving Personal Independence Payments (PIP) and include either of the following descriptors:- - 'Planning and Following Journeys' Descriptor F or, - 'Moving Around' Descriptors C,D,E or F. See Blue Badge Guidance Notes page 8 for further information.	PIP points required to qualify for a blue badge: Planning & Following Journeys = 12 Points Moving around = 8 Points or more, confirmed on statement of entitlement <u>dated within last 12 months</u> . If this letter is not dated within the last 12 months, you must include your current annual letter, dated within the last 12 months.
3) People receiving Higher Rate Mobility component of the Disability Living Allowance	Letter of entitlement dated within the last 12 months
4) People who receive War Pensioner's Mobility Supplement	Original War Pensioners Mobility Supplement (WPMS) Entitlement letter
5) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme	Official letter confirming the level of your award

CATEGORY B: Complete sections 1, 3 & 9

If you do not meet the criteria in A above but have walking difficulties.

EVIDENCE REQUIRED: Prescription and supporting letter from a Health Care Professional describing the severity of your mobility difficulties.

CATEGORY D: Complete sections 1, 5 & 9

If the application is for a child under the age of three.

EVIDENCE REQUIRED: Supply letter from a Health Care Professional involved in your child's treatment and name and address of your family doctor.

CATEGORY F: Complete sections 1, 7 & 9

If you do not meet the criteria in A above but have a cognitive impairment and are unable to plan or follow any journey, to such an extent that you/they require constant supervision.

EVIDENCE REQUIRED: Diagnosis Letter and supporting letter from a Health Care Professional seen in the past 12 months or if you are in receipt of higher rate care component of the Disability Living Allowance. Completion of additional forms may be required.

CATEGORY C: Complete sections 1, 4 & 9

If you do not meet the criteria in A above but have impairments in both arms.

CATEGORY E: Complete sections 1, 6 & 9

If you have a terminal illness and mobility impairments.

EVIDENCE REQUIRED: Supporting evidence DS1500/SR1 or supporting evidence from a Health Care Professional or a family doctor with name and address.

CATEGORY G: Complete sections 1, 8 & 9

If you do not meet the criteria in A above but have considerable difficulty walking or are unable to walk and have a temporary but substantial disability which is likely to last for the next 12 months.

EVIDENCE REQUIRED: Supporting letter from a Health Care Professional.

Please remember you need to complete the form using ONLY ONE of the categories

BLUE BADGE APPLICATION FORM

Office Use Only:

Submission date: _____

Processed by: _____

CF No.: _____

Badge No.: _____

Please tick one below

New Application

Reapplication
(if you have received
a badge previously)

Lost/ stolen/damaged badge

ALL CATEGORIES - 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 the appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance notes.

PART A - PERSONAL DETAILS

Title: (Please Select)

Mr Mrs Miss Ms

Other:

Please state

First name(s) in full:

Surname:

Gender: (Please Select)

Man (or boy): Woman (or girl):

Identify in a different way. Enter gender identified with:

Date of Birth:

(DD/MM/YYYY) ____ / ____ / ____

Surname at Birth:

Place of Birth:

Town:

Country:

National Insurance Number/ Child Registration Number

(see Section 1 of the accompanying guidance notes)

Current address:

Post code:

Home Tel No:

Mobile Tel No:

E-mail:

Previous address, if different in the last three years:

Post code:

Contact Details:

(This should be the name of the main point of contact).

Contact Number:

Email Address:

For enforcement purposes please nominate the vehicle registration numbers for the main cars to be used with the blue badge.

Do you currently hold a Blue Badge or have you held a Blue Badge before?

Yes No

If you answered **YES** please answer the following questions:

Which local authority issued you with the last badge?

What is the expiry date of the last badge?

What is the serial number on the last badge?

PART B - PROOF OF YOUR ADDRESS

We need to check that you are a resident in this Local Authority area before we can process your application. Please select from the following options, the ones that you consent for us to check (you can select more than one).

- 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 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 so that I do not need to submit proof of my address.
- I give consent to the Local Authority to check my personal details on the local authority's Communities Department Database (formerly known as social services) so that I do not need to submit proof of my address.
- 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 enter the name of the school or education establishment that the applicant attends.

PART C - PROOF OF YOUR IDENTITY

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. **If you have received a previous Blue Badge issued by Carmarthenshire County Council we do not need to recheck your identity. If this is a first-time application with Carmarthenshire County Council we need to check your identity, please complete one of the following boxes.**

- If you currently hold a Concessionary Bus Pass, from Carmarthenshire County Council, please enter the number that is displayed on the bus pass in the box below. You do not need to enclose a photocopy of the bus pass.

If you provide the above information, you do not need to provide any further documents. If you do not hold a bus pass please submit ONE of the following as a certified copy:

- Birth certificate/Adoption certificate
- Civil Partnership/Dissolution certificate
- Marriage/Divorce certificate
- Valid Passport, not expired (personal details page)
- Valid driving licence (photocard or paper version)

Please refer to the guidance notes page 5 'Proof of Identity' for instructions on certifying the documents. Identification documents that include a photograph are preferable. Please note if you send original documentation with your application in the post, the local authority cannot be held responsible for any lost original documents.

PART D - PHOTOGRAPH

Please enclose a recent colour passport-style photograph of the applicant. The colour 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. The 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 refer to the guidance notes to ensure that the photograph meets requirements as it is critical to a successful badge application. A photograph is required to support your application, and will not be processed without one, (new and reapplications). Please note a photograph is NOT required if applying under Category E. Please ensure that the applicant's name and date of birth is written on the back of the photograph.

Have you enclosed your photo? Yes No

Have you written your name and date of birth on the reverse of the photo? Yes

If you are unable to enclose a recent colour passport style photograph, you may make an appointment at one of our Hubs by telephoning **01267 234567** where a photograph can be taken of you, at present there is no charge for this photograph.

PART E - REPLACEMENT BADGES

Are you applying to renew your blue badge because it has already expired or it is due to expire shortly? Yes No

If you answered **YES**, please go to the next appropriate Section of the form. If you answered **NO** please continue with this question.

If you are applying to replace your badge because it has been lost or damaged, then the Authority may apply a charge for the replacement badge. Stolen badges will be replaced free of charge if you provide a police crime number with your application.

Are you applying for a replacement badge because your original badge has been :

Stolen Yes No

Damaged Yes No

Lost Yes No

Police Crime Number:

Please provide details below"

CATEGORY A - SECTION 2

This Section is to be completed by applicants who may have automatic entitlement to a Blue Badge without any further assessment.

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

- are registered as blind (severely sight impaired); **Complete Part A**
- receive the Personal Independence Payment (PIP) and as part of the decision been awarded descriptor F Planning and Following Journeys or descriptor C,D, E or F for Moving Around (please see Guidance Notes for further information) **Complete Part B**
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance; **Complete Part C**
- receive the War Pensioner's Mobility Supplement; **Complete Part D** or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme. **Complete Part E**

If you are unsure whether these questions apply to you, please read Section 2 of the guidance notes enclosed with this application form.

PART A - PEOPLE WHO ARE SEVERELY SIGHT IMPAIRED

1. Are you registered as blind (severely sight impaired)? Yes No
- 1a. If you answered **YES** to question 1, do you give consent to us to check the local authority's register of blind people to see whether your impairment is already known to the council? Yes No

If you have answered **YES** to question 1 and 1a and you are registered with Carmarthenshire County Council, then you do not need to provide any further evidence of your visual impairment as part of this application.

- 1b. If you answered **NO** to question 1a, then 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 report signed by a Consultant Ophthalmologist which Confirms Severely Sight Impaired.

**PART B - PEOPLE WHO RECEIVE PERSONAL INDEPENDENCE PAYMENTS (PIP)
ASSESSED WITH THE ELIGIBLE DESCRIPTORS**

1. Do you receive Personal Independence Payments (PIP)? Yes No
Do you consent to the Council checking your award details on the DWP Searchlight system, If you provide consent you do not need to provide any PIP documents.
Yes No
If **NO** please continue to answer the questions below
- 1a. If you answered **YES** to question 1 does your award include any of the following descriptors?

Personal Independence Payments Descriptors for Mobility Component

In order to automatically qualify for a Blue Badge you must score 12 points on 'Planning and Following Journeys' OR 8 points or more on 'Moving Around'

Planning and Following Journeys - 12 points required

Did you score 12 points on the 'Planning and Following Journeys' part of the assessment?

- Yes - if your award has an end date, enter the end date
- No - answer the next question under PIP

Moving Around - 8 points or more required

Did you score 8 points or more in the 'Moving Around' part of mobility assessment?

- Yes - How many points were scored?
- No

If your award has an end date, enter the end date.

If you are in receipt of the Personal Independence Payment (PIP) you must enclose your statement of entitlement, which must be dated within the last 12 months showing points awarded. If this letter is not dated within the last 12 months, you must also include your current annual letter, dated within the last 12 months.

If you are unable to provide this information please telephone the Department for Work and Pensions on **0800 121 4433** to request a copy before submitting your application.

PART C - PEOPLE WHO RECEIVE THE HIGHER RATE MOBILITY COMPONENT OF DISABILITY LIVING ALLOWANCE

1. Do you receive the Higher Rate Mobility Component of Disability Living Allowance?

Yes No

If YES, do you consent to the Council checking your award details on the DWP

Searchlight system? Yes No

If you provide consent you do not need to provide any DLA documents.

If No, you must enclose your letter of entitlement which must be dated within the last 12 months. If you are unable to provide this information please telephone the Department for Work and Pensions on **0800 121 4600** (Please refer to page 9 in the guidance notes for further details) to request a copy before submitting your application.

PART D - PEOPLE WHO RECEIVE THE WAR PENSIONER'S MOBILITY SUPPLEMENT

1. Do you receive the War Pensioner's Mobility Supplement? Yes No

If YES have you been awarded this benefit indefinitely Yes No

If NO when is this benefit due to come to an end.

If you are in receipt of War Pensioners Mobility Supplement (WPMS) you must enclose this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the freephone enquiry number: **0800 169 2277**

PART E - PEOPLE WHO RECEIVE A BENEFIT UNDER THE ARMED FORCES AND RESERVE FORCES (COMPENSATION) SCHEME

1. 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? Yes No

2. Have you been awarded Tariff 6 - Permanent Mental Disorder of the Armed Forces Compensation Scheme Yes No

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award. **You must enclose this letter as proof of entitlement.** If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: **0800 169 2277**

If you have answered YES to any of the questions in SECTION 2 please go straight to SECTION 9. If you have answered NO go to SECTION 3.

CATEGORY B - SECTION 3 - WALKING DIFFICULTIES

This section is for applicants who do not meet the automatic eligibility criteria but have walking difficulties

These questions are intended for people who have answered **NO** to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion 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**.

We will undertake a desktop assessment for information or ask you to attend a mobility assessment to determine whether you are eligible for a blue badge.

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

- 1a. Please describe your condition or impairment you have been diagnosed with and if you know them, please state the medical terms.

- 1b. Is your medical condition or impairment permanent? Yes No

If you tick the NO box at this time you are not eligible, however, if your condition changes you may reapply.

2. Please describe how your condition affects your walking.

3. Briefly explain how you manage with daily living tasks i.e. shopping, household chores, personal care.

- 4a. **Please confirm the name and address of your GP.**

- 4b. Do you regularly take medication that is prescribed by health professionals for your mobility? Yes No

If you answered YES please enclose your prescription.

If prescription is not enclosed please confirm reason why.

4c. Do you use an inhaler/nebuliser or GTN spray? Yes No

If YES do you require these for all journeys? Yes No

If NO how often do you use them?

5a. Have you been seen by a health professional in the last 12 months for any ailment that affects your mobility. Yes No

If you answered NO go to **question 6**

5b. If YES please provide details.

Name	Job title	When were you seen

Please provide a supporting letter from a health care professional to support your application, describing the severity of your mobility difficulties.

Letter enclosed Yes No

5c. Do you receive Attendance Allowance? Yes No

If you are in receipt of AA you must enclose your letter of entitlement which must be dated within the last 12 months.

6. Are you registered disabled with the local authority Yes No

7a. Has your house been adapted to meet your mobility needs? Yes No

If you answered YES go to **question 7b**. If you answered NO, go to **question 8**

7b. Who provided the adaptations?

7c. Please confirm what adaptations have been made or are in your property.

8. Do you have a disabled reduction in your council tax because of your impairment? Don't know Yes No

9a. Do you receive any other services to support your lifestyle, eg: care services? Yes No

If you answered YES go to **question 9b**, if you answered NO go to **question 10**

9b. What are they?

9c. Who provides the services?

10. Have you undergone any assessments of how your condition affects you?
For example from education, communities department (formerly known as social services) Yes No

If you answered **YES** go to **question 11**, if you answered **NO**, go to **question 12**.

11. Please provide details of the assessments

Name	Job title	Contact details	When were you assessed

12a. Do you require assistance to get in and out of a vehicle? Yes No
If you answer **YES** go to **question 12b**, if you answered **NO** go to **question 13**

12b. If yes, please explain the help you need

13. Has your vehicle been adapted for your needs? Yes No
If yes please confirm how the vehicle has been adapted for you and enclose a photocopy of your insurance details verifying this adaptation

14a. Do you use oxygen? Yes No
If you answered **YES** go to **question 14b**, if you answered **NO** go to **question 15a**

14b. If yes is it piped oxygen within your home or portable oxygen?

14c. When you go out do you need to travel with oxygen? Yes No

14d. Please explain how frequently you need to take oxygen?

15a. Please tick the box if you use any of the following walking aids

1 elbow crutch

Motorised Scooter

Walking stick

2 elbow crutches

Walking frame (Zimmer frame)

2 walking sticks

Wheelchair

Rollator (walking frame with wheels)

Prosthetic lower limbs

Powered wheelchair

Furniture Support

Tri-Quad Walker

Other Walking Aids (please describe in this space)

Please confirm how often you use walking aids

15b. Please confirm if your walking aids were: (Please tick whichever options apply to you)

Purchased privately by me.

Provided by the Communities Department (formerly known as social services) or the NHS.

Other (please describe below).

If you have completed SECTION 3 please go straight to SECTION 9

CATEGORY C - SECTION 4 - DRIVERS WITH DISABILITIES IN BOTH ARMS

Questions for 'subject to further assessment' applicants with an impairment in both arms

These questions are intended for people who drive a vehicle regularly, have a severe impairment in both arms and are unable to operate, or have considerable difficulty in operating parking meters. The badge can only be used if the applicant is the driver of the vehicle.

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

1. Do you drive regularly? Yes No

2a. Do you have a severe impairment in both arms? Yes No

If you answered **YES** go to **question 2b**, if you answered **NO** go to **question 3a**

2b. Please describe your impairment, and if known please state medical condition.

2c. Please describe any other day to day activities you are having problems with because of your impairment.

3a. Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb impairment?

Yes No

3b. If you answered **YES** to **question 3a** above, please describe the difficulties you have with operating parking meters and pay and display machines.

4a. Do you drive a specially adapted vehicle? Yes No

If you answered **YES** to **question 4a** above, then please enclose a photocopy of your license coded as **40 Adapted Steering**.

4b. If you answered **YES** to **question 4a** above, please describe how the vehicle has been adapted for you, and enclose a photocopy of your insurance details verifying this adaptation.

5. Is your driving licence subject to restrictions due to your impairment?

Yes No

Driving Licence Number:

If you answered **YES** to **question 5** above, then please enclose a photocopy of your licence.

If you have completed SECTION 4 please go straight to SECTION 9

CATEGORY D - SECTION 5 - APPLICATIONS ON BEHALF OF CHILDREN 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:

- a. They have a condition requiring the transportation of bulky medical equipment at all times; or
- b. 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.

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

1a. 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

1b. If you answered **YES to question 1a** above, please state what type of equipment is required during transportation:

2a. 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

2b. If you answered **YES to question 2a** above, please describe the child's medical condition.

2c. Can you estimate how often they will need treatment?

If you have answered **YES to questions 1 or 2** 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 or provide the healthcare professional's contact details overleaf:

3. Please provide the name and address of the applicant's family doctor

By providing the health care professional's or family doctor's details above and signing Section 9, you are giving us permission to contact the health care professional/family doctor to clarify/verify the information you have provided, if need be.

If you have completed SECTION 5 please go straight to SECTION 9

CATEGORY E - SECTION 6 - TO BE COMPLETED BY APPLICANTS WHO HAVE A TERMINAL ILLNESS AND MOBILITY IMPAIRMENTS

This section is for people who have a terminal illness and mobility impairments. When completing this section you may find the accompanying guidance notes are helpful.

If you apply under this category, a photo is not required.

1. I have a Document DS 1500/SR1 and I am enclosing the document with my application
Yes No

If you have been issued with the document DS 1500/SR1 and need a Blue Badge please ensure you have completed Section 1 of this application form and signed at the end of Section 9 and submit your DS 1500/SR1 with this form. If you do not have the document DS 1500/SR1 we will need to seek information from involved Health Care Professionals or from another source to determine your eligibility for a blue badge. Signing Section 9 will give your consent to release information relating to this application.

2. Please give the name and address of your doctor

3. Please enclose any supporting evidence from other health professionals if you have any as this may avoid us having to contact your family doctor and enable us to process your application quicker.

Have you enclosed any supporting evidence from a health care professional?

Yes No

If you have completed SECTION 6 please go straight to SECTION 9

CATEGORY F - SECTION 7 - COGNITIVE IMPAIRMENT

This section is to be completed by applicants who have a cognitive impairment and have difficulty in planning and following journeys to such an extent that they need constant supervision.

This section should be completed by applicants who:

- a. have a cognitive impairment; and
- b. are unable to plan or follow any journey to such an extent that you/they require constant supervision, or are in receipt of Higher Rate Care Component of Disability Living Allowance.

You can still apply under this criteria if you are outside the qualifying age for PIP or you choose not to apply for the benefit. Depending on the result of the decision record tool, applicants who apply under this criteria and who are unable to clearly demonstrate their needs may be passed for 'further assessment' to an Independent Advisory Service and maybe required to provide additional information. This service will be responsible for making a decision in the cases passed to them. Further guidance on completing this section can be found in Section 7 of the accompanying guidance notes.

1. If you know them please state the medical terms for the condition/impairment that you have been diagnosed with:

- 1a. Diagnosis letter enclosed. Yes No

- 2a. Can you plan and follow the route of a familiar journey without constant supervision? For example, travelling to a local friend's house or to a newsagent /local shop unaccompanied. Yes No

- 2b. If **NO**, please explain the difficulties you have in planning and following a journey and indicate what level of support you require.

3. Are you currently in receipt of any Disability Living Allowance benefits?
For example, a DLA Care or DLA Mobility component. Yes No

If you are in receipt of the Higher Rate of the Care Component of Disability Living Allowance you must enclose your letter of entitlement to this benefit issued within the last twelve months or your original annual uprating letter for the current year.

4a. Please provide details from any relevant health specialist you have seen in the last 12 months who would be able to support your claim

Name of Health Specialist	Job Title	Hospital/ Health Centre	Telephone Number of Health Specialist	Date Last Seen

4b. Please provide copies of any letters to support your claim

Memory Clinic letter/report

Consultant letter/report

Specialist Dementia Nurse letter/report

Information from Day Care Provider or Carers

5. Are you currently receiving support from the Community Mental Health Team?

Yes No

If YES, please confirm which team

6. Do you attend a memory clinic?

Yes No

If Yes, please provide an appointment card or letter of your attendance supporting your application.

7. Are you on the Local Authority Learning Disability Register?

Yes No

If YES, please state which Authority you are registered with.

Completion of additional form maybe required.

If you have completed SECTION 7 please go straight to SECTION 9

CATEGORY G - SECTION 8 - TEMPORARY DISABILITY

This section of the application form should be completed by applicants if they are:

- unable to walk or have considerable difficulty walking

and

- have a **temporary but substantial disability** which is likely to last for the **next 12 months.**

You may be referred to an Independent Advisory Service for an assessment for further information to determine if you are eligible for a temporary Blue Badge.

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 (please tick either YES or NO)	YES	NO	If you ticked YES what is the estimated recovery time?
1. Are you recovering from a complex leg fracture, possibly managed with external fixators?			
2. Are you undergoing therapy in order to recover from stroke or head injury that has impacted on your mobility?			
3. Are you undergoing therapy in order to recover from spinal trauma with the loss of leg function?			
4. Are you undergoing medical intervention, for example treatment of cancer, that impacts on your mobility?			
5. Do you have a severe functional leg impairment and are awaiting or have undergone joint replacement (e.g. unilateral or bilateral hip, knee etc)			

6. Other, please describe:

What is the estimated recovery time?

Please provide details of any health professionals you have seen who would be able to support your claim.

This may include:

- Surgeons
- Occupational Therapists
- Social Services Rehabilitation Team
- Health professional that provides specialist services e.g. physiotherapist
- Macmillan nurses or others involved in patient care

Name	Job Title	Hospital/ Health Centre	Telephone Number	Date Last Seen

Please Enclose any medical letters from Health Care professionals to support your application for a temporary Blue Badge.

Letters enclosed Yes No

If you have completed SECTION 8 please go straight to SECTION 9

How we use your information

All information relating to this application will be dealt with in line with the General Data Protection Regulation 2016/679 and will be used only for purposes relating to the operation and administration of the Blue Badge scheme. We (Carmarthenshire County Council) will only share your information with your consent but in some circumstances may be required to share your information without your consent, for example where we have a legal obligation to do so. As such, information relating to this application may be shared with relevant organisations for purposes relating to the detection and prevention of fraud.

In order to process your application, we and other relevant organisations (i.e. the Department for Work and Pensions, GP's, Occupational Therapists etc) may need to share information relevant to this application with each other in order to validate proof of entitlement to a Blue Badge.

9. Mandatory declarations and consent

- 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.
- I understand that I must not hold more than one valid Blue Badge at any time.
- 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 you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them with other relevant organisations for purposes relating to the detection and prevention of fraud.
- I understand that the Local Authority and other relevant organisations may need to share information relevant to this application for the purpose of validating proof of entitlement to a Blue Badge.
- 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.

By signing this application form I confirm that I have read and understood the declarations and consent to:

- (i) Carmarthenshire County Council and other relevant health and social care professionals (e.g. GP's, Occupational Therapists) sharing relevant information relating to this application to validate proof of entitlement to the Blue Badge scheme;
- (ii) Carmarthenshire County Council contacting other council departments (i.e. Council Tax, Electoral Registrar) to validate proof of address as outlined in Section 1 Part B.

Signature:

Print Name:

Date:

If you are applying on behalf of another person, please indicate your relationship

- | | |
|--|--|
| <input type="checkbox"/> Official Guardian | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Parental Responsibility | <input type="checkbox"/> 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 and a fine and the withdrawal of the Blue Badge.

Your consent to use your information to improve the service you receive

Please tick the box if you agree to the disclosure of the information included in this form to other local authority departments/service providers so that you can be informed about other local authority services that may be of benefit to you.

CHECKLIST OF DOCUMENTS YOU MAY NEED TO ENCLOSE

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose or authorise consent to check:

SECTION 1 – INFORMATION ABOUT THE APPLICANT

- Proof of address, dated within the last 12 months.
- A certified copy of proof of your identity.
- One passport standard photograph of the applicant with the name and date of birth written on the reverse.

SECTION 2 – PART A – PEOPLE WHO ARE SEVERELY SIGHT IMPAIRED

- An ophthalmologist report/CVI/BP1 (3R) form (if you have not give us consent to check the blind register).

SECTION 2 – PART B – PEOPLE WHO MEET A 'MOVING AROUND' DESCRIPTOR OR PLANNING AND FOLLOWING JOURNEYS FOR THE MOBILITY COMPONENT OF PERSONAL INDEPENDENCE PAYMENT (PIP)

- Personal Independence Payment statement of entitlement dated within the last 12 months showing points awarded and current address. If this letter is not dated within the last 12 months, you must also include your current annual letter dated within the last 12 months and showing current address.

SECTION 2 - PART C – PEOPLE WHO RECEIVE THE HIGHER RATE MOBILITY COMPONENT OF DISABILITY LIVING ALLOWANCE

- Letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance dated within the last 12 months and showing current address.

SECTION 2 – PART D – PEOPLE WHO RECEIVE THE WAR PENSIONER'S MOBILITY SUPPLEMENT

- An original letter of entitlement for the War Pensioner's Mobility Supplement.

SECTION 2 – PART E – PEOPLE WHO RECEIVE AN AWARD UNDER THE ARMED FORCES AND RESERVE FORCES (COMPENSATION) SCHEME

- An original letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces(Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

SECTION 3 - WALKING DIFFICULTIES

- Repeat prescription
- Consultant Letters
- Appointment Letters
- Attendance Allowance Letter

SECTION 4 – DRIVERS WITH A DISABILITY IN BOTH ARMS

- A copy of your insurance details if you drive a specially adapted vehicle.
- A copy of your driving license

SECTION 5 – CHILDREN UNDER THE AGE OF THREE

- A letter from a healthcare professional that has been involved in the child's treatment, giving details of condition and type of medical equipment needed.

SECTION 6 - TERMINAL ILLNESS

- I enclose the document DS1500/SR1

SECTION 7 – COGNITIVE IMPAIRMENT

- A letter from a health specialist you have seen in the last 12 months who would be able to support your claim.
- An appointment card or letter of your attendance to a memory clinic.
- If you are in receipt of the Higher Rate Care Component of Disability Living Allowance you must enclose your letter of entitlement to this benefit issued within the last twelve months or your original annual uprating letter for the current year.
- Diagnosis letter.

FOR OFFICE USE ONLY

Date application received @ CCC: _____ Date application received @ BB Team: _____

Name of applicant: _____ Expiry date of last badge: _____

Medical Referral

GP Referral Yes

Sent: _____ Date: _____

OT Referral Yes

Date: _____

Date outcome received : _____ Date: _____

Date: _____

Referred to Able 2 _____ Date _____

Received from Able 2 _____ Date _____

Search light check Yes Outcome _____

Not eligible / Refusal Yes Refusal Authorised by: _____

Refusal letter sent: _____ Date: _____ Date: _____ Date: _____

Proof of identity

Bus Pass Confirmed with: _____ Date: _____

Identity document: _____ Seen by: _____ Previous badge

Identity checked: Original Certified Copy Copy to be Certified

Original documents returned, date: _____

Documents returned: _____

Proof of address

Address checked: C Tax Electoral CF EDUC DWP DL Previous Badge

Other _____

Confirmed with: _____ Date: _____

Evidence/Eligibility Document Required: _____ Date Req: _____ Date Rec: _____

Evidence/Eligibility recorded: _____

Photo received: Yes No NA Yes - saved Consent given

Notes:
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