

# Blue Badge Application

for **Gateshead residents** who are  
unable or virtually unable to **walk**  
(for *all applications, including renewals or replacements*)

**Please read this page *BEFORE* completing the form**

**Please complete all relevant sections of the application form fully and supply the appropriate documents to confirm your address, identity and evidence of eligibility.** The guidance notes on the next page will help you. We will not issue you with a badge if you do not provide adequate evidence that you meet the eligibility criteria or if you do not fully complete the parts of the form which apply to you. ***Incomplete forms may be returned.***

We will process your application as quickly as we can and tell you if you qualify. Blue Badges can only be approved immediately if you provide evidence that you are *eligible without further assessment*. If further assessment is required, you will be contacted by an independent mobility assessor and/or asked to attend an assessment (at the assessor's discretion). Where an assessment is required, your application will necessarily take longer to process.

**Please use only black or blue ink** to complete this form and return it to Gateshead Council, either in person or by post to: **Parking Services, Communities & Environment, Civic Centre, Regent Street, Gateshead, NE8 1HH.**

**Please DO NOT send any money or photographs until we ask you to.** If your application is approved, we will write to you for the fee and a recent passport-size photograph. By law, photographs for Blue Badges **must** now meet passport standards and have been taken **in the last month** (you cannot reuse an old one). The fee for a Blue Badge is **£10.00**.

**Please DO NOT send original supporting documents or cash in the post;** the Council will not accept responsibility for documents or cash that go missing on their way to us. Where you need to send documents or letters to us in support of your application, you should **always send photocopies**. If you do send original documents, they will not be returned.

If you still have questions after you have read this form, please call us on 0191 4333636 for further advice; please call between 9.00am and 11.30am or between 2.00pm and 4.00pm on normal working days. Or you can email us at [ParkingandRegulation@Gateshead.Gov.UK](mailto:ParkingandRegulation@Gateshead.Gov.UK) at any time, and we will respond as soon as we can after we have read it.

Please allow enough time for your application to be received, considered and, if approved, for a Blue Badge to be issued. We do turn applications round as quickly as we can, but the whole process can take **up to 6 weeks**. Blue badges are no longer produced here, but on our behalf by a company in Nottinghamshire. **Expired badges are not valid** and should not be used.

Organisations which care for and transport physically disabled people should complete an ***Organisational Blue Badge application form*** instead of this form.

## Acceptable proof checklist

Please ensure you have enclosed **photocopies** of all of the relevant documents for the sections of this application form that are relevant to you. Please use the checklist below as a reminder of what you need to enclose. *Only those sections of the form where documentary evidence is required are listed here.*

***IMPORTANT: Please read carefully, as failure to provide the correct proofs shown below will result in delays or even in us being unable to approve your application.***

### **GUIDANCE NOTES**

<b>Section 1 –</b> information about you (see main section for which documents are acceptable)	<b>Proof of your address</b> , dated within the last 3 months.	
	<b>Proof of your identity</b> You <b>must</b> also provide your <b>National Insurance number</b> in the relevant box (they always have two letters, followed by six numbers then another letter). <i>If you do not, your application will be <b>rejected</b> (unless it is for a child under the age of 16).</i>	
<b>Section 2 –</b> “without further assessment” applicants.  Include evidence for the particular criterion you are applying under.	Registered blind or severely sight impaired ( <b>NOT partially sighted</b> )	Certificate of Vision Impairment from an Ophthalmologist OR evidence of registration with an appropriate association or Council
	In receipt of the <b>Higher Rate Mobility Component</b> of Disability Living Allowance (DLA) ( <i>not the same as Attendance Allowance</i> )	Letter of entitlement showing <b>higher rate</b> is received for help with <b>getting around</b> . <i>The letter must be dated</i> (the date it was sent to you, not when the benefit runs out) <i>within the last 12 months and show the length of the award (minimum of 6 months remaining)</i> . If you have lost your original award letter, you can get a copy from the Department for Work and Pensions by phoning: <ul style="list-style-type: none"> <li>• 0345 605 6055 (if you were born on or before 8 April 1948) or</li> <li>• 0345 712 3456 (if you were born on or after 9 April 1948)</li> </ul>
	Receives a <b>Personal Independence Payment</b> for being unable to walk further than 50 metres (a score of <b>8 points</b> or more under the “ <b>moving around</b> ” activity of the mobility component)	Letter of entitlement showing this benefit is being received. <i>It must be dated in the last 12 months, show the length of the award and include the points calculation.</i> You can get a copy (called a <b>PIP.0500</b> ) from the Personal Independence Payment Enquiry Line by phoning them on 0345 850 3322.
	Receiving War Pensioners <b>Mobility Supplement</b>	Copy of letter from Veterans UK confirming the award. You can phone them on 0808 1914218 or email them at <a href="mailto:veterans-uk@mod.uk">veterans-uk@mod.uk</a> .
	Awarded Benefit under <b>tariffs 1 to 8</b> of the Armed Forces Compensation Scheme	Copy of letter from Veterans UK confirming the award. You can phone them on 0808 1914218 or email them at <a href="mailto:veterans-uk@mod.uk">veterans-uk@mod.uk</a> .
<b>Section 5 –</b> Children under the age of three	A letter on headed paper from a healthcare professional that has been involved in the child’s treatment, giving details of condition and type of medical equipment needed.	

## Section 1 – Information about you

If you are completing the form on behalf of a child who is under 16 years of age, please provide their details in 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.

Do you currently have a Blue Badge? Please tick (✓)		Yes:		No:	
If you already have a Blue Badge:	Which Council issued it?				
	Serial number:				
	Expiry date:				

Title:		Forename(s) (in full):			
Surname:			Surname at birth:		
Date of Birth:			Gender (please ✓):	Male:	Female:
Place of Birth (Town and Country):					
National Insurance Number (NI Numbers start with two letters, followed by six numbers then another letter.)				<b>(You MUST complete this box)</b>	
Do you work?	Yes	No	If so what is your occupation?		
Driving Licence (driver) number (if you have a licence):					
Current address and contact details:		Address:			
			Postcode:		
		Home Tel:		Mobile Tel:	
		Email:	@		
Previous address (if under 5 years at current address)		Previous address:			
			Postcode:		
<b>Proof of your address:</b>  We need to check that you are a Gateshead resident before we can process your application.		I have enclosed a copy of <b>either:</b> <b>a Utility Bill, dated within the last 3 months; or</b> <b>a Council Tax Bill for the current financial year</b>			Please tick (✓)
<b>Proof of your identity:</b>  You must attach a <b>photocopy</b> of <b>one</b> of the following as proof of your identity.		Birth Certificate / adoption certificate			
		Marriage/Divorce/Civil partnership/Dissolution certificate			
		Valid driving licence			
		Valid Passport			

## Section 2 - Without further assessment applicants

A person is automatically eligible for a blue badge if they are over two years old and can answer **YES** to at least one of the following questions **and** can supply evidence to support it (see "acceptable proof checklist" earlier in this form). Please tick (✓) relevant box(es).

Receives the Higher Rate of the Mobility Component of the <b>Disability Living Allowance (DLA)</b> <i>(please note: this is <u>not</u> the same as Attendance Allowance)</i>	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Receives a <b>Personal Independence Payment</b> for being unable to walk further than 50 metres <i>(a score of 8 points or more under the "moving around" activity of the mobility component)</i>	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Registered Blind (Severely Sight Impaired) <i>(please note: "Partially Sighted" does <u>not</u> qualify automatically)</i>	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Receives War Pensioners <b>Mobility Supplement</b>	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Received a lump sum benefit in <b>tariff levels 1 – 8</b> of the Armed Forces Compensation Scheme (AFCS) and has been certified has having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

**If you have answered YES to any of the questions in Section 2 above, please go straight to Section 7 (further information, declarations and signatures). Otherwise, you MUST continue and complete Section 3, answering ALL questions as fully as you can.**

## Section 3 - Applicants subject to further assessment who have severe walking difficulties.

Applicants will only qualify for a Blue Badge under this criterion if they are over three years of age and have a **permanent and substantial disability** which means they are **unable to walk** or have **very considerable difficulty in walking**.

Please describe the main medical conditions/disabilities, as diagnosed by a medical professional, which affect your walking, as well as how they affect you:

Please describe any surgery, courses of treatment or specialist clinics you have undergone or attended in relation to each medical condition or disability. Please also include dates (where appropriate):

What *prescribed* medication do you currently take in relation to the conditions/disabilities mentioned? (please include dosage):

<b>Are you currently taking any pain relief in relation to the conditions/disabilities mentioned?</b>	Yes:		No:	
Please provide details of what you take and how frequently you need it:				

<b>Have you been diagnosed with a terminal illness?</b>	Yes:		No:	
<i>(Please provide documentary evidence from your medical professional confirming diagnosis/treatment).</i>				

<b>Please tick (✓) if any of the following are applicable to you:</b>	
Awaiting surgery in relation to the conditions mentioned?	
Recuperating from surgery in relation to the conditions mentioned?	
Awaiting treatment for any of the conditions mentioned?	
Managing your condition/disability since you have been advised it is not expected to improve any further?	
None of the above?	
Please provide further details of whichever statement applies to you:	

<b>Please provide details of the healthcare professionals or specialists who have been treating you in relation to these conditions/disabilities</b>			
Name	Job title	Hospital/Health Centre	Telephone number

<b>Do you anticipate that your walking condition will improve in the next 3 years?</b>			
Yes:		No:	
		Don't know:	
If YES, please describe how much you expect your condition to improve:			
How do the conditions/disabilities mentioned affect your ability to walk?			

<b>Please tick (✓) which of the following statements describe your walking ability:</b>			
I <b>can</b> walk well, including recreational walks	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can</b> walk around the supermarket to do my own shopping	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can</b> walk and use public transport for some of my local trips	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can</b> walk, but struggle with longer distances or hills	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can</b> walk, but it's too painful to walk for more than a few minutes	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can</b> walk, but use a wheelchair for longer trips outside the home	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can</b> walk around my home, but I <b>can't</b> climb the stairs	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I <b>can't</b> walk at all	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
Other (please describe in the box below)	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
<b>Are you able to walk outside without the help of another person?</b>	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
If NO, please describe the help you need:			
Please provide a specific location or landmark (eg: garden gate, corner shop, local place of worship) that you can walk to comfortably from your home:			
<b>Please tick (✓) the box that best describes the way you walk:</b>			
Normal	No specific problems with walking		<input type="checkbox"/>
Adequate	For example, you walk with a slight limp		<input type="checkbox"/>
Poor	For example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance		<input type="checkbox"/>
Extremely poor	For example, you drag your leg, stagger, swing through two crutches or need physical support		<input type="checkbox"/>
Other	If none of the above are applicable, please describe how you walk in the space below		<input type="checkbox"/>

<b>Do you use any of the following when you are walking? Please tick (✓) as appropriate</b>			
1 elbow crutch		2 elbow crutches	
1 walking stick		2 walking sticks	
Walking (zimmer) frame		Rollator	
Wheelchair		Powered wheelchair	
Other, please provide details:			
<b>Were your walking aids..... please tick (✓)</b>			
Purchased privately		Prescribed by a healthcare professional	
Provided by Social Services		Other (please specify)	

***You must answer ALL of the questions below***

<b>How far would you estimate you are able to walk before you feel severe discomfort?</b> (please use either metres or yards, whichever you prefer) When answering this question please note that:			
<ul style="list-style-type: none"> <li>• The average adult step is just less than 1 metre (a metre is 3'3")</li> <li>• If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres or 100 yards</li> <li>• The average double-decker bus is about 11 metres or 12 yards long</li> <li>• A tennis court is about 24 metres, or 26 yards long</li> <li>• A full size football pitch is about 100 metres or 110 yards long</li> </ul>			
_____ Metres (or)	_____ Yards		
<b>Roughly how much time would you estimate it takes you to walk this distance?</b>		_____ Minutes	
<b>Are you able to continue walking after a short rest?</b>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>If you are able to continue, roughly how long in minutes are you able to walk for in total?</b>		_____ Minutes	
<b>Please tick (✓) either 'yes' or 'no' below for each of the following questions:</b>			
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/>
Do you get short of breath walking with other people of your own age on level ground?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/>
Do you have to stop for breath when walking at your own pace on level ground?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/>
Do you get too breathless after getting dressed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/>
Do you get breathless if you walk for more than a few minutes?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/>

**Section 4 - Applicants subject to further assessment with a disability in both arms.**

You will only qualify for a Blue Badge under this criterion if the applicant is over 3 years of age and **drive a vehicle regularly, have severe disability in both arms and are unable to operate, or have considerable difficulty in operating , parking meters.**

Please tick (✓) the appropriate box below.

<b>Do you drive regularly?</b>	Yes:		No:	
<b>Do you have a severe disability in both arms?</b>	Yes:		No:	
Please describe your medical condition:				
<b>Are you unable to operate, or have considerable difficulty in operating all or some types of parking meter?</b>	Yes:		No:	
Please describe the difficulties you have operating the machines:				
<b>Do you drive a specially adapted vehicle?</b>	Yes:		No:	
Please describe how the vehicle has been adapted for you:				



## Section 5 - Applicants subject to further assessment under the age of 3.

Children under the age of three may be eligible for a Blue Badge because:

They have a condition requiring the transportation of bulky medical equipment at all times  
 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 so treated.

Please tick (✓) the appropriate box below.

<b>Are you applying on behalf of a child under 3 who has a condition requiring transportation of bulky medical equipment at all times?</b>	Yes:		No:	
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If YES, please say exactly what equipment is required:

<b>Are you applying on behalf of a child under the age of 3 who suffers from a condition that requires 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?</b>	Yes:		No:	
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If YES, please describe the child's medical condition:

**Please enclose a letter from a healthcare professional involved in your child's treatment (such as your GP or paediatrician) giving details of the medical condition and the type of medical equipment they need, and provide their contact details:**

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## Section 6 - Your Doctor's details

<b>Name of your GP:</b>	
<b>Name of surgery:</b>	
<b>Address and telephone number of surgery</b>	Address:
	Postcode:
	Tel:

## Section 7: Further information, declarations and signatures

These questions are required to be answered by all applicants for a Blue Badge.

### 7(a) Please enter below any further information you think is relevant in support of your Blue Badge application

### 7(b) Mandatory declaration about the information you have provided and the application process.

***By signing in box 7(c) below and returning this form, you are agreeing to and making all of the statements set out in the rest of this section below.***

***Your application will not be approved if you do not sign in box 7(c) on the next page.***

I confirm that the all of the information is complete and accurate to the best of my knowledge and belief. I realise that you may take action against me if I have provided false information in this application form.

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.e. not by Gateshead).

I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.

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 local authorities, the police and parking enforcement officers to help detect and prevent fraud.

I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.

I agree to the local authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge.

I consent to the local authority checking any information already held by the Council's Social Care department on the basis that:

- It can help determine my eligibility for a Blue Badge
- It may speed up the processing of my application
- It may enable a decision to be made without a mobility assessment



**7(c) Your signature against the declarations in section 7(b)**

**Please write the date in the box on the right** (DD/MM/YYYY)  
**then sign in the box below**

/ /

**I believe that the facts stated in this application for a Blue Badge are true**

Signature

Your form will be returned if not signed

*For the avoidance of doubt, this application form relates to Blue Badges issued in England pursuant to the Chronically Sick and Disabled Persons Act 1970.*

**For Gateshead Council use only below this line**

Input Date: \_\_\_\_\_ Permanent Issue: Yes  No

Badge approved by: \_\_\_\_\_ Badge ref no: \_\_\_\_\_

Start date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Requires further assessment

Date referred to assessment unit: \_\_\_\_\_

Notes:

**Receipt number** (standard fee is £10.00)