

Blue Badge Application

**for Gateshead residents
who are disabled**

(This form is for both new applications and renewals)

PLEASE READ THIS PAGE BEFORE COMPLETING THIS 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. 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 form. Incomplete forms may be returned.

We will process your application as quickly as possible and tell you if you qualify for a Blue Badge. Blue Badges can only be approved immediately if you can provide evidence that you are eligible without further assessment. If your application requires further assessment, you will be contacted by an independent medical assessor and/or asked to attend an assessment. Where an assessment is required, it will take longer to process your application.

Please complete this application form using black or blue ink and either return it in person to Gateshead Civic Centre or one of our Customer Service Centres. Alternatively, please post it to: ***Parking Services, Development and Enterprise, Civic Centre, Regent Street, Gateshead, NE8 1HH.***

Do not send any money or photographs at this stage. If your application is approved, we will write to you to request the fee and a recent passport-size photograph (**taken within the last month**). Please note that photographs for Blue Badges must now meet passport standards. The fee for each new, renewed or replacement Blue Badge is **£10.00**.

Original supporting documents or cash should never be sent in the post. Gateshead Council cannot accept responsibility for any documents or cash that go astray on their way to us. Where you need to send documents or letters to us in support of your application, **please send photocopies.**

If you need help with this form or any further information, please telephone us on 0191 4332429 or email us at ParkingandRegulation@Gateshead.Gov.UK.

If you are an organisation which cares for and transports physically disabled people, please complete an *Organisational Blue Badge application* instead of this form.

Please allow a minimum of 28 days for your application to be considered and, where approved, for a Blue Badge to be issued. Please note that badges are produced nationally on behalf of local councils by an independent company.

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.*

Failure to provide the correct proofs will result in delays and may result in Gateshead Council being unable to approve your application.

GUIDANCE NOTES

Section 1 – information about you (<i>see main section for types of documents which are acceptable</i>)	Proof of your address, dated within the last 3 months.	
	Proof of your identity	
Section 2 – without further assessment applicants Please include the evidence required for the particular criterion you are applying under	Registered severely sight impaired (blind)	Certificate of Vision Impairment from an Ophthalmologist OR evidence of registration with an appropriate association (e.g. Social Services)
	In receipt of the Higher Rate Mobility Component of the Disability Living Allowance	Letter of entitlement showing that the higher rate is received for help with getting around. <i>The letter must be dated within the last 12 months and must show the length of the award.</i> You can get a copy from the Department for Work and Pensions by phoning 08457 123456 or emailing them at: DCPU.Customer-Services@dwp.gsi.gov.uk .
	Receiving War Pensioners Mobility Supplement	Original award letter from the Service Personnel and Veterans Agency. You can phone them on 0800 1692277 or email them at: veterans.help@spva.gsi.gov.uk .
	Awarded Benefit under tariffs 1-8 of the Armed Forces Compensation Scheme	Original award letter from the Service Personnel and Veterans Agency confirming the award. You can phone them on 0800 1692277 or you can send them an email at veterans.help@spva.gsi.gov.uk .
	Terminally ill	Formal documentary evidence of condition issued by an NHS hospital, GP or other medical professional.
Section 5 – 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 / Child Registration Number: <small>(NI Numbers start with two letters, followed by six numbers then another letter. Child Registration Numbers are issued to people under the age of 16)</small>					
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:		
Proof of your address: We need to check that you are a Gateshead resident before we can process your application.		I have enclosed a copy of either: a Utility Bill , dated within the last 3 months; or a Council Tax Bill for the current financial year			Please tick (✓)
Proof of your identity: You must attach a photocopy of one of the following as proof of your identity.		Birth Certificate / adoption certificate			
		Marriage/Divorce/Civil partnership/Dissolution certificate			
		Valid driving licence			
		Passport			

Section 2 - Without further assessment applicants

If you can answer **YES** to one of the following questions and you can supply the evidence required, you are eligible for a Blue Badge (see acceptable proof checklist). Please tick (✓) relevant boxes.

Registered Severely Sight Impaired (Blind)	Yes:		No:	
In receipt of the Higher Rate of the Mobility Component of the Disability Living Allowance	Yes:		No:	
If YES, have you been awarded this benefit indefinitely?	Yes:		No:	
If NO, when is your award of this benefit due to end?				
Receiving War Pensioners Mobility Supplement	Yes:		No:	
Awarded benefit under Armed Forces Compensation Scheme (AFCS)	Yes:		No:	

If you have answered YES to any of the questions in Section 2, please go straight to Sections 6 (doctor's details) and 7 (further information, declarations and signatures).

Do you have a terminal illness?	Yes:		No:	
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Please provide details below in Section 3. If you have any documentary evidence (such as letters from the hospital) it will help us to make a decision on your application if you send copies to us.

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

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

Please tick (✓) if any of the following are applicable to you:

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:

Please provide details of the healthcare professionals or specialists who have been treating you in relation to these conditions/disabilities

Name	Job title	Hospital/Health Centre	Telephone number

Do you anticipate that your walking condition will improve in the next 3 years?

Yes:		No:		Don't know:	
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If YES, please describe how much you expect your condition to improve:

How do the conditions/disabilities mentioned affect your ability to walk?

Please tick (✓) which of the following statements describe your walking ability:			
I can walk well, including recreational walks	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can walk around the supermarket to do my own shopping	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can walk and use public transport for some of my local trips	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can walk, but struggle with longer distances or hills	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can walk, but it's too painful to walk for more than a few minutes	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can walk, but use a wheelchair for longer trips outside the home	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can walk around my home, but I can't climb the stairs	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
I can't 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"/>
Are you able to walk outside without the help of another person?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>
If NO, please describe the help you need:			
Please provide a specific location or landmark (which could be found on a map) that you can walk to comfortably from your home:			
Please tick (✓) the box that best describes the way you walk:			
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"/>

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

You must answer all of the questions below

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

Do you drive regularly?	Yes:		No:	
Do you have a severe disability in both arms?	Yes:		No:	

Please describe your medical condition:

Are you unable to operate, or have considerable difficulty in operating all or some types of parking meter?	Yes:		No:	
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Please describe the difficulties you have operating the machines:

Do you drive a specially adapted vehicle?	Yes:		No:	
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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

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

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?	Yes:		No:	
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If YES, please describe the child's medical condition:

Please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the their contact details below:

Section 6 - Your Doctor's details

Name of your GP:	
Name of surgery:	
Address and telephone number of surgery	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

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

Please (tick) each one to indicate you have read, understood and agree with each declaration. **NOT** ticking one or more of these declarations will mean we are unable to issue you with a Blue Badge.

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 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.	

7(c) Optional declarations about the information you have provided and the application process

Please ✓ (tick) each one to indicate you have read, understood and agree with each declaration. Ticking these boxes will help to improve the service we can offer you.

<p>I consent to the local authority checking any information already held by the Council's Social Care department on the basis that:</p> <ul style="list-style-type: none"> • 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 	
<p>I agree to the disclosure of the information included in this form to other council departments/service providers so that I can be informed about other council services that may be of benefit to me.</p>	

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

<p><i>Please sign in the box below</i></p>	<p>Date: (DD/MM/YYYY)</p>
<div style="border: 1px dotted black; width: 450px; height: 80px; margin: 0 auto;"></div>	

For Gateshead Council use only below this line

Date application received _____ at which office? _____

Application checked by: _____

ID seen proof provided _____

Proof of residence seen proof provided _____

Automatic issue (Copy of evidence *must* be attached to form)

Sight impaired HRDLA War Pensioner AFCS Terminally ill

Input Date: _____ Permanent Issue Yes ____ No ____

Badge approved by: _____ Badge ref no: _____

Start date: _____ Expiry date: _____

Requires further assessment

Date referred to assessment unit: _____ Date returned to D&E: _____

Notes:

Receipt number (standard fee is £10.00)