

# Application form for a disabled person's parking badge



Please use this form if you are applying for a Blue Badge for the first time, or if you need to renew your existing badge which is due to expire.

Do not use this application form if your blue badge has been lost or stolen. Please contact 020 7926 5555 for information regarding procedures for lost and stolen badges. You must report any lost or stolen badge to the police, A police report is required as part of replacing a lost or stolen blue badge.

Please review the checklist to ensure you have completed all relevant parts of the form and enclosed supporting documentation before returning to:

London Borough of Lambeth  
Accessible Transport Services  
PO Box 734  
Winchester  
SO23 5DG

## Notes to assist you with the completion of this application form

- We need to see proof of some things you tell us about. We have put this sign where you need to send us proof. **Proof needed ✓**
- Use blue or black ink, do not use pencil.
- Please write clearly in CAPITAL LETTERS.
- If you make a mistake, cross it out and put the correct answer next to it.
- Do not use correction fluid.
- Please fill in all the details we ask for or your application will be delayed.



## SECTION A YOUR DETAILS

If you are completing this form on behalf of the applicant please provide **their details** and complete the representative's or guardian's declaration at the end of the form.

Title: Mr/Mrs/Miss/Ms/Other:

First names (in full):

Last name:

Address:

Postcode:

Date of birth: dd/mm/yyyy

National Insurance number:

2 letters

6 numbers

1 letter

Daytime phone number(s): Home

Work

Mobile

**Proof needed** ✓

You will be required to provide documentation to confirm your residency and identity, this is outlined in Section D.

### FOR OFFICE USE ONLY

Application received

Framework ID

Expiry date

Pass No

**Previous address** (if you have moved within the last three (3) years):

Address:

	Postcode:
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Borough:

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**For Previous Blue Badges only:**

What is the serial (short) number?

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When does your Blue Badge expire?

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Was it issued by Lambeth or another council?

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## SECTION B AUTOMATIC ELIGIBILITY

If you answer 'Yes' to any of the questions in this section you may be automatically eligible to a Blue Badge.

**Q1: Do you receive the higher rate mobility component of the disability living allowance (HRMCDLA)?**

Yes  No

If 'Yes' is the award indefinite?

Yes  No

**Proof needed** ✓

If you have answered 'Yes' to having HRMCDLA you will need to provide one (1) of the following:

- A copy of your award notice letter, issued within the last six (6) months. The letter must state the award period. (If you do not have an award letter please call the Disability Living Allowance helpline on 0845 7123 456).
- A copy of your indefinite HRMCDLA award certificate.

**Q3: Are you registered or certified as blind (severely sight impaired)?**

Yes  No

If 'Yes' is the registration with Lambeth?

Yes  No

**Proof needed** ✓

If you have answered 'Yes' to being registered blind you must provide:

- A copy of your ophthalmologist's CVI or BD8 report.

**Q4: Do you receive a War Pensioner's Mobility Supplement?**

Yes  No

**Q5: Have you been awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme?**

Yes  No

**Proof needed** ✓

If 'Yes to either Q4: or Q5:' you must provide:

- A copy of your award letter.

If you answered 'Yes' to any questions in **Section B** go to **Section D**.

If you answered 'No' to all questions in **Section B** please go to **Section C**.

## SECTION C ELIGIBILITY SUBJECT TO FURTHER ASSESSMENT

If you answered 'No' to all questions in **Section B** you may qualify for a Blue Badge under one of the following assessment categories. You need only complete the question(s) relevant to your circumstances.

### 1. People with severe disability in both arms

Badges may be issued to a person who 'drives a vehicle regularly, has a severe disability in both arms, and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter'.\*1

Do you drive regularly? Yes  No

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

Are you unable to operate, or have considerable difficulty operating, all or some types of parking meter? Yes  No

Please describe your medical condition.

Do you have a specially adapted vehicle? Yes  No

If 'Yes' please describe how the vehicle has been adapted for you.

#### Proof needed ✓

To qualify under this category you must provide a letter from your GP or Health Professional verifying your medical condition **and** if you have an adapted vehicle you must provide a copy of the insurance details verifying this.

### 2. People with severe walking difficulties

Badges may be issued to a person who 'is unable to walk or has very considerable difficulty in walking because of a permanent and substantial disability', or 'the exertion to walk would constitute a danger to their life or would be likely to lead to serious deterioration in their health'. \*1

**Your medical conditions**

List your medical conditions and or disabilities and when did they start?

**Your difficulties in walking**

Please describe your difficulty in walking?

What is the maximum distance you are usually able to walk?

How far can you walk before experiencing serious difficulty or having to stop?

Do these difficulties affect you:

Always  Usually  Occasionally

Only in certain circumstances (if so what are these)?

**Your medication and treatment**

Please give details of any treatment that you have received in the past twelve months relating to your disability? (e.g. physiotherapy or attendance at a pain management clinic)

Have you been given medical advice to restrict activity such as walking?

Yes  No

If 'Yes' who gave you this advice?

Do you take prescribed medication to control your condition?

Yes  No

If 'Yes' by which medical professional?

If 'Yes' how often?

**Walking aids and assistance**

Do you use a wheelchair?

Yes  No  Sometimes

Do you regularly use a walking aid/device?

Yes  No  Sometimes

If 'Yes' please say what type of walking aid/device and when you use it:

If you replied 'Yes' to either using a wheelchair or walking aid/device, who recommended your wheelchair, walking aid/device?

On what date was your wheelchair, walking aid/device provided? (If known).

Are you able to travel alone without someone helping you?

Yes  No

**Receipt of services**

Have you received, or are you currently receiving any of the following services?

occupational therapy aids or

day care

adaptations

older persons' freedom pass

personal care

disabled persons' Blue Badge

domestic care

taxicard

meals

carelink alarm

Please ensure you have provided contact details for all health professionals referred to above in Section A.

**Applicants who do not automatically qualify for a Blue Badge are usually invited to attend a mobility assessment. If you choose not to attend, we will make a decision on your application based on the information provided.**

If English is not your first language, will you need an interpreter?

Yes  No

If 'Yes' please specify the language.

### 3. Children under three years of age

Are you applying of behalf of a child under three (3) years of age who:

either has a 'condition that requires that they be always accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty' \*<sub>1</sub>

Yes  No

If 'Yes' what type of equipment is required?

**and/or** has a 'condition that requires that they must always be kept near a motor vehicle 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' \*<sub>1</sub>

Yes  No

If 'Yes' please describe the child's medical condition and the need for immediate treatment.

**Proof needed** ✓

To qualify under this category you must enclose a letter from your GP or Health Professional verifying the above details.

Please go to **Section D**.

## SECTION D RESIDENCY & IDENTITY DOCUMENTATION AND PAYMENT

You must provide us with the following documentation, if you do not your application will be delayed while we return it to you.

### 1. Proof of residence in the London Borough of Lambeth

**Proof needed** ✓

Please provide a **photocopy** of any two (2) of the following documents to confirm your name and address, one (1) of which must be dated within the last three (3) months (please tick). If you are applying on behalf of a Child under three (3) years of age refer to the guidance notes.

- Council tax bill
- DWP letter of benefits or pension entitlement
- Utility bill e.g. gas, electricity, land line phone, water
- Bank statement
- Rent book
- Tenancy agreement or contents insurance agreement
- Letter confirming you are on the electoral register
- Domiciliary care bill

### 2. Proof of your identity

**Proof needed** ✓

Please provide a **photocopy** of one (1) of the following documents (please tick).

- Driving licence photo card or paper copy
- Passport photo page (current or expired)
- Birth certificate
- Marriage certificate
- Asylum seekers registration card or standard acknowledgement letter

### 3. Passport sized photograph

**Proof needed** ✓

Please provide one (1) recent passport sized colour photograph. **You must print your name and write your reference number or DoB the reverse side of the photograph** (please tick). If you are applying on behalf of someone else, ensure you sign for them and complete the representative or guardian declaration.

### 4. Payments

**Proof needed** ✓

Once your application form has been approved we will notify you regarding method of payment.

Please do not send any money with your application form.

## SECTION E DATA PROTECTION NOTICE

We will deal with the personal information you provide in line with the Data Protection Act 1998. We will use the information to assess whether you qualify for a disabled person's parking badge and manage our services. We will not use your information for any other purpose.

We may use the information that you have provided to prevent or detect fraud. We may also share the information you have provided with other sections in the council and with agencies such as the police or Transport for London.

We cannot discuss your application or personal details with anyone unless you give us permission to do so. If a representative or guardian has completed this form on your behalf we may discuss your application with them.

## SECTION F DECLARATION

This section **must** be completed by the applicant or their representative or guardian.

1. I declare that to the best of my knowledge all the information I have provided is correct. I confirm that the photographs submitted are a true likeness of my current appearance. I understand that the council can take action against me if I provide false documentation.
2. I agree that if you issue me a Blue Badge it will only be displayed in a vehicle in which I am travelling. I will return it when I no longer need it, it expires or I collect a new badge upon successful renewal.
3. I will not misuse the Blue Badge by altering it, copying it, using it once it has expired or by allowing others to use it. I understand that misuse can result in the Blue Badge being withdrawn and a fine imposed upon conviction.
4. 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 agencies and the police to detect and prevent fraud.
5. I understand that by submitting my application I agree that the Accessible Transport Unit will check internal Council systems such as the Council Tax and Housing Benefit systems to verify the information I have supplied.
6. I understand that by submitting my application I agree that the Accessible Transport Unit can check with my GP in exceptional circumstances to verify the information that I have provided.

Your signature, or your representative's or guardian's signature

Date

### REPRESENTATIVE OR GUARDIAN

If a representative or guardian is completing this form they should print and sign their name below:

Name

Signature

Date

Address

Your relationship to the applicant

Daytime phone number(s): Home

Work

Mobile

### CHECKLIST

Please complete appropriate sections and enclose relevant documents.

#### Completed:

- Section A including consent to share information
- Section B or
- Section C if required
- Section D

#### Enclosures:

- Eligibility documentation from Section B or C
- Proof of residence
- Proof of identity
- One passport photograph
- Expired Blue Badge

#### Declaration:

- Section F
- Signature for Blue Badge

### BADGE SIGNATURE

Please put your signature in this box in order for it to be copied and placed on your Blue Badge.

This form is separated from the main application form and will not be used as part of your assessment. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our processes to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application.

<b>SEX:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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<b>ABOUT YOU</b> Gender identity:	Is your gender identity the same as the gender you were born with?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live and work full time in the gender role opposite to the one you were born with?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>ABOUT YOU</b>	What is your ethnic group? Please choose one selection from (1) to (e) and then tick the appropriate box to indicate your cultural background.	
(a) White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other please specify: _____	
(b) Dual Heritage	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other please specify: _____	
(c) Asian	<input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other please specify: _____	
(d) Black	<input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other please specify: _____	
(d) Chinese or Other	<input type="checkbox"/> Chinese <input type="checkbox"/> Other please specify: _____	

<b>ABOUT YOU</b> Do you consider yourself disabled?	What do we mean by a disability? The Disability Discrimination Act defines disability as 'a physical or mental impairment with long term, substantial effects on ability to perform day to day activities.'  <input type="checkbox"/> Yes <input type="checkbox"/> No
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**ABOUT YOU**

How would you describe your sexual orientation? Please tick one box only.

- heterosexual/straight
- Bisexual
- Gay
- Lesbian
- Other
- Prefer not to say

**ABOUT YOU**

What is your faith/religion/belief? Please tick one box only.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Humanist
- Muslim
- Sikh
- Other please specify \_\_\_\_\_
- Prefer not to say

**ABOUT YOU**

Please select your age group

- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- 65 and over

**Expired Blue Badges must be returned to the Accessible Transport Unit before a new badge can be issued.**



