



South Tyneside Council

Blue Badge Application Form (2)

(Eligible Subject to Further Assessment)

This form should be completed by people who may qualify for a Blue Badge, who are more than two years old, and:

- are unable to walk, or
- have an enduring [likely to last 3 years] and substantial disability, which means you may experience
 - very considerable difficulty walking
 - very considerable psychological distress

You can apply for yourself or someone else, you'll need to provide proof of identity, address and other evidence of the criteria you think you meet, along with a recent photograph of the applicant's face including shoulders.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria. **Visit: gov.uk/apply-blue-badge to apply on line.**

TO BE COMPLETED BY SOUTH TYNESIDE RESIDENTS ONLY

Please read the information below and complete all appropriate sections of this form carefully, to avoid delaying your application.

About this Form:

This Form is split into 6 sections.

Sections 1, 6,7 and 8 must be completed, where relevant, for all applications.

Sections 2,3, 4 and 5 relate to the specific conditions and criteria you may be applying under. Please complete the one most relevant to your difficulty or disability.

Section 1 - Information about the applicant

Who are you applying for? Myself Someone Else

If you are applying for someone else, fill in the answers and sign the form on their behalf. Where the form says 'you' it is referring to the applicant.

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes No

Enter 6 digit badge number (if known)

Full Name:

Full name at birth if different from above:

Gender: Male Female

Date of Birth (DD/MM/YYYY): / /

Identified in a different way, enter here:

National Insurance Number/Child Registration Number:
(see Section 1 of the accompanying guidance notes)

Postal Address
(where the badge will be posed to if it is issued):

Address

Postcode:

Main Phone Number:

Alternative Phone Number (optional):

Email:

Previous address, if different in the last three years:

Postcode:

If you are applying on behalf of somebody else: Who should be contacted about this application ? (if you are the contact put your full name here)	
Relationship to the applicant:	

Which of these are you providing as proof of identity? (choose one to attach as a certified copy)

A certified copy is a photocopy of a document that has been verified as being true by a person who holds a certain position of responsibility. The individual formally confirming the documents should include the text:

"This copy is a true likeness of the original" alongside their signature. They should also print their name, address, and occupation alongside this information.


Birth or adoption certificate	Marriage/Civil partnership/ Dissolution or Divorce Certificate	Passport	Driving License

You must also attach a proof of address. Which of these are you providing:

Council Tax bill	Utility bill	Driving License	School Record
Benefit letter			

Recent photograph of the applicant

You will need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo. It's best to get someone else to take the photo. It must have the applicant's name and a signature on the back.

	<p>Make sure it:</p> <ul style="list-style-type: none"> • Was taken within a month of the application date • Has a plain, light background • Includes face and shoulder • Shows the face clearly • Is a true likeness • Is in colour, free from red eye, shadows or reflections • Has nothing covering the face and a neutral expression
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Vehicle Registration

Do you drive yourself, or do you normally travel in a specific motor vehicle?

Yes

Enter the vehicle registration number

<p>No <input type="checkbox"/></p> <p><i>If there is no main vehicle you travel in, please select this option</i></p>	<p>The vehicle could be owned by the applicant, or one that is owned and driven by their main carer e.g. their partner/ spouse or their parent/carer.</p> <p>Blue Badges can be used in any motor vehicle the holder is travelling in.</p>
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Badge issue fee

We will explain how payment should be made, if the application is successful.

A Blue Badge cost is £10

Section 2 - Walking Difficulties

Do you have an enduring and substantial condition or disability which means you cannot walk or find walking very difficult?

Yes

Continue answering the questions in this section

No

Go to Section 3 – Non visible disabilities

Remember, when we are referring to "you" this is the applicant. If you're applying for somebody else, answer the questions on their behalf.

Please provide as much background to your condition and why you require a badge.

Name any health conditions or disabilities that affect your walking

(Try to use the correct medical terms, if you know them)

Be as descriptive as possible, but we'll ask you some more questions after this about how our walking is affected and things like medication.

How does your health condition make walking difficult for you?

Only fill in the extra text-boxes if you've ticked the checkbox.

Excessive pain

If you didn't tick "Excessive Pain", don't answer this section.

How would you describe the pain you experience, when walking? (You can choose more than one)

When I take my pain relief medication I am able to cope with the pain

Even after taking pain relief medication I have to stop and take regular breaks

Even after taking pain relief medication the pain makes me physically sick

Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable

Other - Describe the pain

Breathlessness

If you didn't tick "Breathlessness", don't answer this section.

When do you get breathless? (You can choose more than one)

Walking up a slight hill

Trying to keep up with others on level ground

Walking on level ground at my own pace

Getting dressed or trying to leave my home

Other - Describe the pain

Balance, coordination or posture

Describe how the way you walk is affected by your condition

(For example, if your posture is affected or you struggle to take full steps)

How would you describe your balance or coordination, when walking? (You can choose more than one)

I can walk around a supermarket, with the support of a trolley

I can walk up/down a single flight of stairs in a house

I can only walk around indoors

I can walk around a small shopping centre

Other - Describe your balance or coordination, when walking

Have you seen a healthcare professional for any falls in the last 12 months?

Yes

No

It's dangerous to my health and safety

Describe how your condition makes walking dangerous

Do you have a chest, lung or heart condition / epilepsy?

Yes

No

Something else

What is it about your condition that causes you difficulty walking?

Help to get around

What is this aid or support?

(For example, a wheelchair, crutches or a member of your family)

When do you need this help?

(For example, to get to the shops)

If it's an aid, how was it provided?

(For example, Hospital or bought privately, provided by Adult Social Care)

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How long can you walk for without stopping?

“Stopping” could be to take a rest or to catch your breath.

Only tick one. (If you listed an aid, then your answer should be when using that aid)

I can't walk at all

Less than a minute

Between 1 and 5 minutes

Between 5 and 10 minutes

More than 10 minutes

Other - Describe your balance or coordination, when walking

How far would you estimate you are able to walk using any walking aids, before you feel severe discomfort?

- The average adult step is just less than 1 metre (1.1 yards or 3 ft 4 inches)
- If you walk alongside someone and they take 100 steps you will have walked roughly 90 metres/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

Describe somewhere you can walk from and to (Be specific and use place names or house numbers)

For example, “from my home to Tesco” or “from my home to No. 36 on my street”

How long does it take you? (For example, 8 minutes)

If you use an aid to get around, then your answer should be whilst using that aid

You can now go to: Section 6 – Treatments, medication, healthcare professionals & supporting documents

Section 3 - non-visible (hidden) conditions

Do you have a non-visible (hidden) condition, causing you to severely struggle with journeys between a vehicle and your destination?

Yes

Continue answering the questions in this section

You must be able to provide evidence to support the information you provide, from a relevant health or social care professional who has knowledge of your condition.

(For example, this might include a Physiotherapist, Occupational Therapist, Consultant, Educational Psychologist, Psychiatrist, Social Worker, Community Psychiatric Nurse, Neurologist, Rheumatologist, Gastroenterologist etc.)

- A letter stating support of the application will not be sufficient to meet eligibility for a Blue Badge.
- If sufficient information is not provided, this may affect a decision to award a Blue Badge, and we may need to contact you to gather further information if this hasn't been provided which could delay a decision and award of a badge.

No

If no, go to the other sections in this form which you may wish to consider applying under.

What affects you taking a journey? (Tick all that apply)

I am a risk near vehicles, in traffic or car parks

When are you a risk?

Almost never

Sometimes

Almost every journey

Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks

I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys

Every journey

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others - **How often does this happen?**

Almost never

Sometimes

Almost every journey

Every journey

Please describe the kinds of incidents that have happened or are likely to happen on journeys

I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control - How often does this happen?	
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
<input type="checkbox"/> Every journey	

I can become extremely anxious or fearful of public/open spaces When do you become extremely anxious/fearful?	
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
<input type="checkbox"/> Every journey	

If some of most of the above do not apply to you please use the box below to explain what affects you.

How would a Blue Badge improve taking a journey between a vehicle and your destination for you?
(Describe your needs, in detail)

What coping strategies or measures are currently taken to try to improve journeys for you between a vehicle and your destination? (List the measures taken to try to improve journeys)
Remember, when we are referring to "you" this is the applicant. If you're applying for somebody else, answer the questions on their behalf.

How effective are they?

Section 4 - Disability that affects both arms

Do you have a disability in both arms?	
<input type="checkbox"/> Yes Continue answering the questions in this section	<input type="checkbox"/> No (you may wish to consider one of the other eligibility sections and complete the appropriate information)
Do you drive regularly?	
<input type="checkbox"/> Yes Continue answering the questions in this section	<input type="checkbox"/> No
Name any health conditions or disabilities that affect your arms (Try to use the correct medical terms, if you know them)	
Do you struggle to operate parking machines?	
<input type="checkbox"/> Yes Attach copies of your insurance details or Vehicle Registration document as supporting documents.	<input type="checkbox"/> No
Describe how you struggle to operate parking machines	

Section 5 - Children under 3 years old

This section is for people applying on behalf of a child that is under 3 years old.

Are you applying for a child under 3 years old?	
<input type="checkbox"/> Yes Continue answering the questions in this section	<input type="checkbox"/> No (Go to Section 7)
Which of these applies to the child under 3?	
<input type="checkbox"/> They need to be accompanied by bulky medical equipment	<input type="checkbox"/> They need to be near a vehicle to receive or be taken for treatment
<input type="checkbox"/> Neither of these	

**Name any health conditions or disabilities that affect the child
(Try to use the correct medical terms, if you know them)**

You should enclose a letter from any healthcare professionals that are involved in the child's treatments, which confirms the details of the condition.

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Section 6 - Treatments, medication, associated professionals & documents

All Applicants must complete information below - Remember, when we are referring to "you" this is the applicant.

If you're applying for somebody else, answer the questions on their behalf.

Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.

Yes

Add the treatment details below

No

Go to "Medication"

Treatment

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.

Date of the treatment

If it's in the future – Do you expect the condition to improve afterwards?

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Medication

Do you take any medication for your condition?

(Any medication or pain relief you currently take for your condition)

Yes

Add the medication details below

No

Go to "Associated professionals"

Medication

Name of this medication or pain relief and is it prescribed?

How much do you take at a time? (Dosage)

How often do you take this?

Name of this medication or pain relief and is it prescribed?	How much do you take at a time? (Dosage)	How often do you take this?

Associated or healthcare professionals

Do you currently see any professionals for your condition? (Or if you have seen any in the last 3 years)

Examples of professionals could be consultants, teachers, therapists, neurologists, psychologists, or psychiatrists

Yes

Add their details below

No

Go to "Supporting documents"

Associated health or social care professionals

These are the health and social care professionals who are involved in your support and treatment and who you may have contacted to provide you with supporting evidence for your application.

Name and role of the professional

(If this includes your GP, you must also have evidence from other people involved in your treatment or support)

Where do they work?

(Include organisation name, address, email and telephone number if possible)

Section 7 - Supporting Documents - (you will be asked later for proof of identify and address details)**Please list below the documents you are attaching.**

Please provide as much information as you can in the form, and provide proof or verification from a relevant medical professional who is involved in your treatment or diagnosis (see note at top of Section 3)

This could include a letter confirming diagnosis of your condition, care plans, patient summaries Education, Health and Care plans (EHC), or any other documents or letters you feel support your information.

What documents are you attaching?

Section 8 - Declarations and signatures

These questions should be answered by all applicants for a Blue Badge.

Mandatory declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act (2018) and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be "sensitive personal data" and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

Declarations to be completed by all applicants (if you are applying on behalf of someone else, you must agree to the following on behalf of the applicant)

Please read the declarations carefully and only sign once you are clear.

- 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 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 England" 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.

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

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you.

- I consent to the local authority checking any information already held by the local authority 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 the need for a mobility assessment.

Your signature against the declarations

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print your name here:	

Confirmation of address:

(Photocopies only - we will not take responsibility for lost, damages or original documents).
Please supply a copy of the following as proof you live in South Tyneside. Whichever one you provide, it must be dated within the last twelve months.

Utility Bill	Council tax bill	Prescription	Bank statement
Driving licence	Benefit award letter	Other - please describe	

Confirmation of Identity:

(Photocopies only - we will not take responsibility for lost, damages or original documents).
Please supply a copy of the following as proof of your identity.

Valid British passport	Birth/Adoption certificate	Medical card	Valid driving licence
Bus Pass	Marriage/Civil Partnership or Divorce certificates		

If you require this form in an alternative version we can provide it in other languages, large print, Braille or CD. Please contact the Customer Contact Centre on 0191 4277000 and let us know which format you require.

Post completed applications to: Let's Talk Blue Badge Team, Town Hall and Civic Offices, Westoe Road, South Shields, NE33 2RL

Please note we have no facilities to see applicants at this office address.

PLEASE ENSURE THAT THE CORRECT AMOUNT OF POSTAGE IS APPLIED AS IT IS LIKELY TO BE MORE THAN A STANDARD 1ST OR 2ND CLASS STAMP

You may also send information by secure email to: bluebadge@southtyneside.gov.uk - please contact us before you send any personal information, so we can send you a secure link.