



Please either post your application to Blue Badge Department, Franklin House, 4 Commercial Road, Hereford, HR1 2BB or

Scan your application and documents to- bluebadges@herefordshire.gov.uk (we can contact you to take a card payment)

You must enclose

- One colour passport size photograph
- A cheque for £10.00 – You can also pay by card over the phone.

Proof of your identity.

You will need to send ONE of the following documents as proof of your identity:

- Passport
- Marriage / Divorce Certificate;
- Birth / Adoption Certificate;
- Valid Driving Licence;
- Bus Pass.

You will need to send ONE of the following documents as proof of your address:

- Current Council Tax Bill;
- Utility Bill dated within the last 6 months;
- Tick the declaration on the Blue Badge form to allow us to check the Herefordshire Council Tax System.

You will need to send proof of your disability if you don't automatically qualify-

(Please send clear photocopies of any supporting documents you need to supply).

If you automatically qualify for a Blue Badge under:

- **PIP** (Personal Independence payment) please supply a copy of your decision letter – dated within 12 months of your application.
- **HRDLA** (Higher Rate Disability Living Allowance) Please supply a copy of your HRDLA letter showing you receive the higher rate mobility component dated within 12 months of your application .
- **Remember to enclose all documentation you feel may be relevant in support of your application.**
- **Your application may take up to 6 weeks to process.**



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

Postcode:

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

If you have:

Which Local Authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

Proof of your address, dated within the last 12 months:

We need to check that you are a resident in this Local Authority area before we can process your application. Please select one of the following options and provide documentation where relevant. Photo-copies are accepted:

Either: ☐ 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.

Or: ☐ I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.

Or: ☐ Benefit Award letter from Department for Work and Pensions (DWP)

Or: ☐ Valid Driving Licence

Or: ☐ Private Pension Letter

Proof of your identity: Please note: Photo-copies supplied with your application are non-returnable

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of your identity:

- | | | |
|----------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Birth certificate / adoption certificate | <input type="checkbox"/> Marriage / Divorce certificate | |
| <input type="checkbox"/> Civil Partnership / Dissolution certificate | <input type="checkbox"/> Passport | <input type="checkbox"/> Valid Driving Licence |
| <input type="checkbox"/> Certificate of British Nationality | <input type="checkbox"/> HM forces ID Card | <input type="checkbox"/> ID card for foreign nationals |

Photographs:

Please supply one recent photo, of passport quality and standard, taken within the month prior to the date of application.

The photograph must:-

- be in sharp focus and clear with a PLAIN light grey or cream background
- be a close-up of your head and shoulders, facing forward, so that you can be easily identified
- be looking straight at the camera
- show you with neutral expression and your mouth closed (no grinning, frowning or smiling/laughing)
- be taken with your eyes open and clearly visible (no sun glasses, tinted lenses or hair across the eyes)
- be free from reflection or glare on your glasses and frames must not cover the eyes.
- Show your full head without head covering , unless you wear one for religious beliefs or medical reasons
- Show you on your own with no other people in the photo

~~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 ensure that the applicant's name is on the back of the photograph and that you complete Sections 6(a) and 6(d) of this form to confirm that the photograph is a true likeness.

Please note: Photographs are non-returnable

Badge issue fee:

A charge of £10 is made for all new, renewal and replacement badges issued. The charge is only applied to successful applications. If your application is unsuccessful and you are not awarded a badge, you will not be charged.

Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:

(Up to three registration numbers can be nominated, but please remember that other vehicles can also be used).

Section 2 – Questions for 'without further assessment' applicants.

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

- are severely sight impaired (blind);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive the appropriate component of Personal Independence Payment;
- receive the War Pensioner's Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

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

2a) People who are severely sight impaired (blind)

Please note: If you are registered partially sighted and thus not eligible under this criteria, please turn to Section 3 as you may be eligible under the criteria 'subject to further assessment'.

Are you registered as blind (severely sight impaired)?

Yes: ☐ No: ☐

If YES, please state which Local Authority you are registered with:

If YES, do you give consent to us to check the Herefordshire Council register of blind people to see whether your disability is already known to the council?

Yes: ☐ No: ☐

If NO, or Not registered with Herefordshire Council then please enclose a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind:

Yes: ☐ No: ☐

2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance

Do you receive the Higher Rate of the Mobility Component of 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?

(DD/MM/YYYY): / /

Please note: if you're eligible for a Blue Badge it will only be awarded to match this benefit end date.

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

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2c) People who receive Personal Independence Payment (PIP) from the DWP People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Does your 'Moving Around' descriptor for the Mobility Component meet/match any of the following statements?

- ☐ You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)
- ☐ You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. (10 points)
- ☐ You can stand and then move more than 1 metre but no more than 20 metres. (12 points)
- ☐ You cannot stand or move more than 1 metre. (12 points)

If you did not tick any statement above, please tick the 'NO' box.

No: ☐

If you have ticked a statement above (8, 10 or 12 points); have you been awarded this benefit for an ongoing period?

Yes: ☐ No: ☐ If NO, when is your award of this benefit due to end?
(DD/MM/YYYY): / /

Have you been awarded this benefit indefinitely?

Yes: ☐ No: ☐

If you have ticked one of the above statements (8, 10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose your letter of entitlement to this benefit issued within the last twelve months. Please supply ALL pages of the letter. Photo-copies are accepted.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2d) People who receive the War Pensioner's Mobility Supplement

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 your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose an original letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

2e) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

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 disability which causes inability to walk or very considerable difficulty walking?

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 and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose the original of 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 22 77.

NOTE: If you have answered "Yes" to any of the questions in Section 2, please go straight to Section 6.

Section 3a – Questions for ‘subject to further assessment’ applicants with 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 disability which means you are unable to walk or you have very considerable difficulty in walking.**

Please ensure to send in supporting documents with application form.

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

From 1 April 2012, legislation prescribes that the eligibility of those applying ‘subject to further assessment’ be confirmed by an independent mobility assessor. Herefordshire Council is therefore now working in partnership with ABLE2 Occupational Therapy Services to provide this service. This may take up to 6 weeks.

If you are claiming under the above criteria, you will be contacted direct by ABLE2 in order to confirm your eligibility.

Please note: Whilst ABLE2 will confirm eligibility, Herefordshire Council will at all times remain responsible for the issuing of the Blue Badge.



It would be helpful if you could attach a copy of your repeat prescription. Is it attached?

Yes: ☐ No: ☐

Do you have regular therapy or Treatment such as Physiotherapy?

Yes: ☐ No: ☐

If yes please detail below.

Have you experienced or do you experience falls? Of do you have difficulties with your balance

Yes: ☐ No: ☐

If yes, please describe how often you fall and what causes you to fall.

Have you had any medical investigations or treatment to see why you are falling?

Yes: ☐ No: ☐

If yes, please describe what has been undertaken.

BEHAVIOURAL FACTORS

Please confirm whether you have any history of emotional, psychological and/or behavioural factors that might affect your ability to use transport (*violent outbursts inappropriate behaviour e.g. whilst sitting too close or over friendly with other passengers etc*)

Yes: ☐ No: ☐

If yes, please describe and include any treatment you have had or receive.

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.

Please describe:

- Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

What medication do you currently take in relation to the conditions / disabilities you described above?

Medication	Dosage	Frequency

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: ☐ No: ☐

If Yes, please explain what you are taking and how frequently you need it:

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below).

- ☐ Awaiting surgery in relation to the conditions / disabilities described above?
- ☐ Recuperating from surgery in relation to the conditions / disabilities described above?
- ☐ Awaiting treatment for any of the conditions / disabilities described above?
- ☐ Managing your condition / disability since you have been advised it is not expected to improve any further?
- ☐ None of the above.

Please give details of the healthcare professionals or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Job title	Hospital / Health Centre	Telephone number

Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate).

Yes: ☐ No: ☐

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

Do you have good and bad days, please describe?

How do the conditions/disabilities you described above affect your ability to walk?

Please tick whichever of the following statements describe your general walking ability:

(Please tick whichever options apply to you - you can tick more than one box).

- ☐ I am able to walk well, including recreational walks.
- ☐ I am able to walk around the supermarket to do my own shopping.
- ☐ I am able to walk and can use public transport for some of my local trips.
- ☐ I am able to walk, but struggle with longer distances or hills.
- ☐ I am able to walk, but get breathless if I walk for more than a few minutes.
- ☐ I am able to walk, but find it too painful to walk for more than a few minutes.
- ☐ I am able to walk but use a wheelchair for longer trips outside the home.
- ☐ I am able to walk around my home, but am unable to climb the stairs.
- ☐ I am unable to walk at all.
- ☐ Other (please describe below).

Are you able to walk outside without help?

Yes: ☐ No: ☐ (please describe the help you need in the space below...)

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

Please tick the box that best describes the way you walk:

- ☐ Normal - no specific problems with walking.
- ☐ Adequate - for example, you walk with a slight limp.
- ☐ Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- ☐ Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
- ☐ Other.

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

MOBILITY**Do you use any equipment to help you to walk? (delete as appropriate)**

	Yes	No	Indoors	Yes	No	Outdoors	Yes	No	Both	Yes	No
Walking stick											
Number used			Indoors	One		Two					
			Outdoors	One		Two					
Elbow crutch	Yes	No	Indoors	Yes	No	Outdoors	Yes	No	Both	Yes	No
Walking Frame	Yes	No	Indoors	Yes	No	Outdoors	Yes	No	Both	Yes	No
Wheelchair	Yes	No	Indoors	Yes	No	Outdoors	Yes	No	Both	Yes	No

Please describe how you walk and whether you use walking equipment.

A Indoors

B Outdoors

Were your walking aids...

(Please tick whichever options apply to you).

- ☐ Purchased privately by me.
- ☐ Prescribed by a healthcare professional.
- ☐ Provided by Social Services.
- ☐ Other (please describe below).

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

(Please state the distance in metres or yards using whichever measure is best for you).

: metres : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- 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.

Please describe how long you can stand without the need to sit down

If you have difficulties standing describe why you cannot stand for long

Describe how you manage steps and stairs

Indoors

Outdoors

Do you experience any pain when walking?

If so on a scale of 0 to 10 circle the relevant number which confirms the level of pain you are experiencing
0 is no pain and 10 is severe intolerable pain

At rest

0 1 2 3 4 5 6 7 8 9 10

When walking

0 1 2 3 4 5 6 7 8 9 10

When resting following walking

0 1 2 3 4 5 6 7 8 9 10

How long does it take for your pain to reduce once you have stopped walking?

Less than 5 minutes ☐ Between 5 & 10 minutes ☐ Between 10 & 20 minutes ☐

More than 20 minutes Please specify below

Do you experience breathing difficulties whilst walking ?

If yes please describe how this affects your ability to walk and detail
how far you can walk in metres or yards

Yes**No****If you need to stop and rest how long does it take for you to recover?**

Less than 5 minutes ☐ Between 5 & 10 minutes ☐ Between 10 & 20 Minutes ☐

More than 20 minutes ☐ Please specify below

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes: ☐ No: ☐

Do you get short of breath walking with other people of your own age on level ground?

Yes: ☐ No: ☐

Do you have to stop for breath when walking at your own pace on level ground?

Yes: ☐ No: ☐

Do you get too breathless to leave your home, or after dressing?

Yes: ☐ No: ☐

TRAVEL AND TRANSPORT

Please confirm how you usually travel.

Private car ☐ Taxi ☐ Bus ☐ Tube ☐ Walk ☐ Other ☐

Describe how you use the transport detailed above. For example if travelling in a car do you drive yourself, or are you driven? How do you use the bus or tube? Do you need assistance to use this transport?

How often do you use the above modes of transport, and what do you use it for?(leisure, shopping, hospital appointments etc)

Daily ☐ Weekly ☐times/ week Monthly ☐ times/month Other ☐

If other, please detail how often you use the transport.

If you are unable to use public transport, please confirm why.

Section 3b – Activities of Daily Living

Please confirm the type of property that you live in

House:

Are there steps to the front door. If yes how many?

Yes: ☐ No: ☐

Do my have rails by the door to support you?

Yes: ☐ No: ☐

Describe how you manage the steps

Are there stairs in your home?

Yes: ☐ No: ☐

How many rails are fitted alongside your stairs?

Describe how you use the stairs

On which floor do you sleep?

Ground floor: ☐ First floor: ☐ Other: ☐ Please specify below

Flat or Maisonette - If Maisonette please answer the questions above relating to the stairs

On which floor is your flat/Maisonette located?

Is there a lift to your Flat/Maisonette door?

Yes: ☐ No: ☐

Are there steps to the main door?

Yes: ☐ No: ☐

If yes, how many? Please detail below

Do you have any rails by the door to support you?

Yes: ☐ No: ☐

Are there stairs leading to your flat door?

Yes: ☐ No: ☐

If yes, how many flights of stairs?

Describe how you access your home?

Have you or do you use any specialist equipment or adaptations in your home at present?

Yes: ☐ No: ☐

If yes, please detail below what type of equipment and adaptations you have

Do you need assistance with personal care? Yes: ☐ No: ☐ Sometimes: ☐

If yes, describe what help you have

Do you need help with Household tasks such as cleaning and cooking?

Yes: ☐ No: ☐ Sometimes: ☐

If yes, please describe what help you have

Do you need help with shopping? Yes: ☐ No: ☐ Sometimes: ☐

Describe how you do your shopping

Please describe what type of chair you usually sit on in your home and how you transfer on and off it

Section 4 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.

These questions are intended for people who **drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.**

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

Do you drive regularly?

Yes: ☐ No: ☐

Do you have a severe disability in both arms?

Yes: ☐ No: ☐

Please describe your medical condition / disability:

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

Yes: ☐ No: ☐

If yes, please describe the difficulties you have with operating parking meters and pay and display machines:

Do you drive a specially adapted vehicle?

Yes: ☐ No: ☐

If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation:

Section 5 – Questions for ‘subject to further assessment’ applicants 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:

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

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

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: ☐

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three that suffers from 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 on the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: ☐ No: ☐

If YES, please describe the child's medical condition:

If you have answered yes to either of the questions above 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 healthcare professional's contact details below:

Section 6 – Declarations and signatures.

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

6a) 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 1998 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

- ☐ I confirm that 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.

Declarations to be completed by all applicants

- ☐ I confirm that the photograph I have submitted with my application is a true likeness and taken within the month prior to the date of application.
- ☐ 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.
- ☐ I understand that if my circumstances change I must return my badge immediately to the Local Authority and that it is an offence to allow someone else to use a badge once it's no longer applicable.

Non-compliance may result in the Blue Badge being confiscated and the applicant needing to reapply.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3, 4 or 5)

- ☐ I understand that the Local Authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application.
- ☐ 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.

6b) 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's Social Services 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 the need for a mobility assessment.
- ☐ I agree to the disclosure of the information included in this form to other Local Authority departments/service providers so that I can be informed about other Local Authority services that may be of benefit to me.

6c) 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.

Section 1 – Information about you

- ☐ Proof of your address, dated within the last 12 months.
(if you have not given consent for us to check Council Tax / electoral register / school records).
- ☐ A copy of proof of your identity.
- ☐ one passport-style photograph of yourself with your name on the back.
- ☐ Cheque for £10.00 made payable to Herefordshire Council

Section 2a – People who are severely sight impaired

- ☐ A copy of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register).

Section 2b – People who received the Higher Rate of the Mobility Component of Disability Living Allowance

- ☐ An original letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter.

Section 2c – People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

- ☐ An original Personal Independence Payment decision letter issued within the last 12 months.

Section 2d – People who receive the War Pensioner's Mobility Supplement

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

Section 2e – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

- ☐ An original award 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 4 – Drivers with an disability in both arms

☐ A copy of your insurance details if you drive a specially adapted vehicle.

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 medical condition and type of medical equipment needed.

6d) Your signature against the declarations in section 6a and 6b

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:	

Once payment and eligibility have been confirmed the badge will be processed and posted direct to the applicant's address by standard 2nd class delivery.

All expired, defaced or invalid badges MUST be returned to the issuing authority to be removed from circulation.

Contact Name: Blue Badge Department
Email: bluebadge@herefordshire.gov.uk
Telephone: 01432 260433

Return Address: Herefordshire Council
Blue Badge Department
Franklin House
4 Commercial Road
Hereford
HR1 2BB

Blue Badge Application Form - Guidance Notes

What sections of the application form should I complete?

All individual applicants should complete Section 1 and Section 6.

Individual applicants will also need to complete:

- Section 2 if they receive the Higher Rate of the Mobility Component of Disability Living Allowance.
- Section 2 if they receive a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP).
- Section 2 if they are registered blind (severely sight impaired), or if they wish to be registered blind and have a Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist which states that they are severely sight impaired (blind).
- Section 2 if they receive the War Pensioner's Mobility Supplement.
- Section 2 if they receive the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive).
- Section 3 if they have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
- Section 4 if they are a driver who has a severe disability in both arms and is unable to operate, or has considerable difficulty operating, all or some types of on-street parking equipment.
- Section 5 if the applicant is a child under the age of 3 who must be accompanied by bulky medical equipment or who needs to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

Section 1 - Information about you

This section should be completed by all individual applicants for a Blue Badge. It does not need to be completed if you are applying for an Organisational Blue Badge. All fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, then you will need to provide their Child Registration Number. This can be found on Child Benefit documentation.

There are questions for those who have already held a Blue Badge or who have a Blue Badge which is due to expire shortly. Applicants should note that only one badge will be valid for one applicant at the same time. The serial number can be found on the front of the badge.

Proof of your identity and address

Identity:

A photocopy of one of the following must be submitted with your application: your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.

Address:

Proof of address should be in the form of an original Council Tax bill bearing your name and address. The original must be submitted with your application and will be returned at the end of the application process.

You will not need to submit your Council Tax bill if you have ticked the appropriate box in Section 1, which gives your consent for the Local Authority to check your address on their Council Tax records.

Blue Badge Issue Fee

A charge of £10 is made for all new, renewal and replacement badges issued. The charge is only applied to successful applications. If your application is unsuccessful and you are not awarded a badge, you will not be charged and the cheque will be returned to you.

We will accept payment by Credit/Debit card or by Cheque – made payable to Herefordshire Council. **WE DO NOT ACCEPT CASH PAYMENTS.**

You will only be issued with a Blue Badge once your payment has been received.

Other information

You should also provide the Vehicle Registration Numbers of the three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information helps local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.

Photograph

The Blue Badge will include a digital photograph which will form part of the badge design. The digital photograph will also be stored on the national database for identification and enforcement purposes.

You should supply one recent photo, of passport quality and standard, taken within the month prior to the date of application, clearly showing your full face so that you can be easily identified.

The requirements for a photograph on the badge are set out in the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) No.2 Regulations 2011 and follow closely the recommendations for passport photographs: <https://www.gov.uk/photos-for-passports>

The photograph must be a close-up, digital photograph of the head and shoulders of the badge holder. The photograph shall have a strong definition between face and background and shall be:

- x. in colour;
- xi. 45 millimetres in height and 35 millimetres in width (passport size);
- xii. taken:
 - a. within the month prior to the date of the application;
 - b. against a light grey or cream background
- xiii. undamaged;
- xiv. free from 'redeye', shadows, reflection or glare from spectacles;
- xv. of the full head of the holder (without any other person visible or any covering, unless it is worn for religious beliefs or medical reasons):
 - a. facing forward;
 - b. with nothing covering the face;
 - c. looking straight at the camera;
 - d. with a neutral expression and mouth closed;
 - e. with eyes open and clearly visible (without sunglasses or tinted spectacles and without hair or spectacle frames obscuring the eyes);
- xvi. in sharp focus and clear;
- xvii. printed professionally or in digital format;
- xviii. a true likeness, without amendment

Section 2 – Questions for 'without further assessment' applicants

You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2. You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of proof of entitlement

is proof of payment of the allowance. Any documents sent in as proof of entitlement will be returned to the applicant as quickly as possible, once they are no longer needed by the local authority.

Section 2a

Please complete this section if you are registered as severely sight impaired (blind). You are asked to state the name of the Local Authority with which you are registered. In many cases, you will be registered with the same authority to which the application for a badge is being made. If this is not the case, local authorities will check with the named authority that you are registered as severely sight impaired (blind).

The current formal notification required to register as severely sight impaired (blind) is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist, which states that you are severely sight impaired (blind). However, registration is voluntary.

Section 2b Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). You will have had an award notice letter from the Department for Work and Pensions (DWP). You will also have been sent an annual uprating letter stating your entitlement. This uprating letter can be used as proof of receipt of HRMCDLA if your award letter is more than 12 months old. If you have lost your HRMCDLA award letter or your uprating letter, then please contact the PDCS for a current award letter by:

- Telephone: 08457 123 456
- Textphone: 08457 22 44 33

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: <https://www.gov.uk/dla-disability-living-allowance-benefit/what-youll-get>

Section 2c Please complete this section if you receive a Personal Independence Payment (PIP) and your decision letter states that you meet one of the following 'Moving Around' descriptors within the Mobility Component:

- You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)
- You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. (10 points)
- You can stand and then move more than 1 metre but no more than 20 metres. (12 points)
- You cannot stand or move more than 1 metre. (12 points)

Your decision letter can be used as proof of receipt of the relevant PIP award. If you have lost your PIP decision letter, then please contact DWP for a PIP decision letter by:

- Telephone: 08457 123 456
- Textphone: 08457 22 44 33

This helpline is open from 8am to 6pm Monday to Friday, and further details can be found online at: <https://www.gov.uk/PIP>

Section 2d

Please complete this section if you receive a War Pensioner's Mobility Supplement (WPMS). You should have an official letter from the Service Personnel and Veterans Agency demonstrating receipt of the grant. You must enclose the original of 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 22 77.

Section 2e

Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by the Service Personnel and Veterans Agency as having a permanent and substantial disability which causes

inability to walk or very considerable difficulty in walking. You will have been issued with a letter from the Service Personnel and Veterans Agency confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose the original of 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 22 77.

Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties

Section 3 is to be completed if the questions in Section 2 do not apply to you and if you have a permanent and substantial disability which means you cannot walk or which means that you have very considerable difficulty walking. A permanent disability is one that is likely to last for the duration of your life. Medical conditions such as asthma, autism, psychological / behavioural problems, Crohn’s disease / incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

You are asked to describe the nature of your disability and give an estimate of the maximum distance that you can walk without assistance from another person or severe discomfort. It can be difficult to accurately work out the distance you can walk. There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under 1 metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres (or 100 yards).
- The average double-decker bus is about 11 metres (or 12 yards) long.
- A full-size football pitch is about 100 metres (or 110 yards) long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance.
- About your walking speed.
- The way that you walk, for example, shuffling or small steps etc.

Please send in any documents that support your application i.e. prescription lists, hospital letters, reports appointments etc.

Your Local Authority may ask you to have a mobility assessment with a medical professional, such as a physiotherapist or occupational therapist, in order to determine whether you meet the eligibility criteria. You may have had a mobility assessment in the last 12 months which covered your walking ability and you can give details of this in the final box of Section 3.

Section 4 – Questions for ‘subject to further assessment’ applicants with disabilities in both arms

Section 4 should be completed by applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment. You will need to satisfy all three conditions above in order to obtain a badge. Local authorities may make arrangements to meet applicants applying under this criterion.

Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three

Section 5 should be completed on behalf of:

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;

- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

A Local Authority may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

Section 6 – Declarations and signatures

Section 6a): The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, since not ticking those that are relevant to your applicant may result in your Local Authority being unable to accept your Blue Badge application.

Section 6b): You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

Section 6c): All applicants must sign and date the form prior to submitting it.

A Local Authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

If your badge application is successful, the leaflet “The Blue Badge scheme - rights and responsibilities in England” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. The leaflet can be viewed at <https://www.gov.uk/government/publications/the-blue-badge-scheme-rights-and-responsibilities-inengland>

