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| --- | --- |
| **Apply for a Blue Badge**  Apply for yourself, someone else or an organisation.  Please ensure that you complete **all** the relevant sections of the application form and supply **photocopies** of appropriate documents. You will need to provide proof of your identity, address and eligibility along with a **recent** passport style photograph (with your name printed on the back).  You will need to pay the £10 administration fee at <https://www.oldham.gov.uk/payment> or by calling 0161 770 1222  Failure to do so will delay the processing of your application.  The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria or provide the relevant information. |  |
| **Who are you applying for?**   |  |  | | --- | --- | |  | Myself (The badge is for you) | |  | Someone else (A relative or somebody you care for)  Fill in the answers and sign the form on their behalf. Where the form says “you”, it is referring to the applicant. | |  | An organisation (Which transports disabled people) | | If you’re applying for somebody else, we’ll ask for your name and your relationship to the applicant.  If applying for a child under 3, please go to **Section 6** once you have completed **Section 1**.  For organisations, you only need to fill in the organisation section at **Section 8.** |
| **Do you already have a Blue Badge?**   |  |  | | --- | --- | |  | Yes  Enter the badge number (6 digits) and expiry date | |  | No | | If you don’t know the badge number, leave it blank and your local authority should be able to find the badge using your details. |
| **Section 1 – Applicant details**  For organisations, please complete section 8  **Full name** (First name and Last name)  **Has your name changed since birth?**   |  |  | | --- | --- | |  | Yes  Enter full name at birth | |  | No | | Should be the full name of the person the badge is for. |
| **Gender**   |  |  | | --- | --- | |  | Man (or Boy) | |  | Woman (or Girl) | |  | Identify in a different way  Enter gender identified with | |  |
| **Date of birth** (Day / Month / Year) |  |
| **National Insurance Number**  (Leave blank if you don’t have one) | This helps us to find your details if you call up about your application. |
| **Your address**  (This is where the badge will be posted to)  Postcode: |  |
| **Email address (if you have one)** |  |
| **Main phone number** (required) | Including the applicants telephone number helps enforcement officers check the badge is being used correctly. |
| **Alternative phone number** (optional)  **If this is not your number please state who’s number it is** |  |
| **If you are applying on behalf of somebody else**  **Who should be contacted about this application?**  (If you’re the contact, put your full name here) |  |
| **Your relationship to the applicant** |  |
| **For you or the person you’re applying for**  **Which of these are you providing as proof of identity?**  (Choose one, to attach as a certified copy)   |  |  | | --- | --- | |  | Birth or adoption certificate | |  | Marriage / Civil partnership / Dissolution or Divorce certificate | |  | Valid Passport | |  | Valid Driving licence | | Attach **a certified copy** of the proof of identity to this application. |
| **Do you give the local authority permission to check their records to prove your address?**   |  |  | | --- | --- | |  | Yes  Which records should we check? (Choose one)  Council tax / Electoral roll / School records | |  | No  You must provide a copy of your proof of address |   **Recent photograph of the applicant**  You’ll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.   |  |  | | --- | --- | | **../../../../../dev/blue-badge/prototype-blue-badge/app/assets/images/passport-photo.png** | Make sure it:   * Has a plain, light, background * Includes face and shoulders * Shows the face clearly – facing forward * Is a true likeness * Has their full name on the back | | If you don’t give us permission. You must attach a copy of either:   * Council tax bill * Driving licence * School records * A recent letter from a government department such as HMRC or Department for Work and Pensions   It’s best to get somebody else to take the photo.  The photo can be taken on a mobile device as long as it adheres to the requirements stated. |
| Vehicle Registration  Do you drive yourself, or do you normally travel in a specific motor vehicle?   |  |  | | --- | --- | |  | Yes  Enter the vehicle registration number | |  | No  If there is no main vehicle you travel in, please select this option | | 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.  Blue Badges can be used in any motor vehicle the holder is travelling in. |
| **Badge issue fee**  The fee for each Blue Badge is £10 for a three year period or to the end of your DWP award (whichever is soonest). Please pay online at <https://www.oldham.gov.uk/payment> or by calling 0161 770 1222  **We do not accept cash payments.** |  |
| **Section 2 – Benefits or severely sight impaired**  You may automatically qualify for a Blue Badge if you either:   * Are severely sight impaired (blind) – **not** partially sighted * Receive 8 or more points in the “moving around” part of the mobility assessment for Personal Independence Payment * Receive 10 points **specifically** (Descriptor E) in the “planning and following a journey” part of the mobility assessment for Personal Independence Payment * Receive the higher rate of the mobility component for Disability Living Allowance * Receive the War Pensioners’ Mobility Supplement * Receive a qualifying award under the Armed Forces Compensation Scheme   If none of these apply to you, go to **Section 3**. Otherwise, you should complete the relevant section below and then go to **Section 9**. | Unless you are registered as severely sight impaired (blind), you will need to attach a copy of the proof of your benefit to this application. |
| **Severely sight impaired (blind)**  **Are you registered as blind (severely sight impaired – not partially sighted)?**   |  |  | | --- | --- | |  | Yes  Enter the name of the local authority you are registered to | |  | No  Enclose a copy of your Certificate of Vision Impairment (CVI) | | Proof of your blind registration could also be in the form of a yellow card or registration certificate issued by the Local Authority |
| **Disability Living Allowance (DLA)**  **Were you awarded the higher rate of the mobility component?**   |  |  | | --- | --- | |  | Yes  If your award has an end date, enter the end date | |  | No  If no, you should answer the questions in **Section 3** |   If you were awarded the higher rate of the mobility component, you need to attach a copy of the letter from the DWP, **dated within the last 12 months**. This letter of entitlement should confirm your mobility rating and the dates it has been awarded to. | Make sure you send a copy of the award letter with this application. |
| **Personal Independence Payment (PIP)**  **Did you score 8 points or more in the “moving around” part of the mobility assessment?**   |  |  |  | | --- | --- | --- | |  | Yes  How many points were scored?  If your award has an end date, enter the end date |  | |  | No  Answer the next question under “PIP” |   If you did score 8 points or more in the “moving around” part of the mobility assessment, you need to attach a copy of **every** page from the award letter from the DWP. It should show your entitlement to PIP, your mobilty assessment scores and the dates it has been awarded to. | Make sure you send a copy of **all** of the pages from the award letter with this application. |
| **Personal Independence Payment (PIP)**  **Did you score this specific points descriptor in the “planning and following a journey” part of the mobility assessment?**   |  |  | | --- | --- | | Descriptor E (10 points) - You cannot undertake any journey because it would cause overwhelming psychological distress | | |  | Yes  If your award has an end date, enter the end date | |  | No  If no, you should answer the questions in **Section 3** |   If you did score the 10 points outlined above in the “planning and following journeys” part of the assessment, you need to attach a copy of **every** page from the award letter from the DWP. It should show your entitlement to PIP, your mobility assessment scores and the dates it has been awarded to. | Make sure you send a copy of **all** of the pages from the award letter with this application. |
| **Armed Forces Compensation Scheme**  **Have you received a lump sum payment within tariff levels 1 to 8 of the scheme?**  **and**have you been certified as having a permanent and substantial disability?   |  |  | | --- | --- | |  | Yes  Enclose the original letter from Veterans UK\* as proof. | |  | No | | You must enclose the **original** version of your letter as proof of entitlement.  \*Letters were previously issued by the Service Personnel and Veterans Agency (SPVA) |
| **War Pensioners’ Mobility Supplement**  **Do you receive the War Pensioners’ Mobility Supplement?**   |  |  | | --- | --- | |  | Yes  If your award has an end date, enter the end date | |  | No | | You must enclose the **original** version of your letter as proof of entitlement. |
| **Section 3 – Walking difficulties**  If you answered “yes” to any of the questions in section 2, go straight to **Section 7**.  **Do you have a 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 4** | | Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf. |
| **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 your walking is affected and things like medication. |
| **How does your health condition make walking difficult for you?**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Excessive pain  If you didn’t tick “Excessive pain”, **don’t** answer this section.  **Describe the pain you get when walking. How severe is the pain?** (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 when you get breathless | | |  | 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 | | Only fill in the extra text-boxes if you’ve ticked “Excessive pain”.  Also known as shortness of breath, this could be described as an intense tightening in the chest, or a feeling of suffocation. |
| |  |  | | --- | --- | |  | 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 If yes, please specify | |  | Something else  What is it about your condition that causes you difficulty walking? | | **Only fill in the extra text-boxes if you’ve ticked the checkbox.** |
| **Help to get around**   |  |  |  | | --- | --- | --- | | **What is this aid or support?**  (For example, a wheelchair, scooters, zimmer frame, 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) | |  |  |  | | |
| **How long can you walk for without stopping?**  (If you listed an aid, then your answer should be when using that aid)   |  |  | | --- | --- | |  | I can't walk at all – go straight to Section 7 | |  | Less than a minute | |  | Between 1 and 5 minutes | |  | Between 5 and 10 minutes | |  | More than 10 minutes | | “Stopping” could be to take a rest or to catch your breath.  **Only tick one**. |
| **If you cannot walk, go to section 7**  **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, 10 minutes)  You can now go to: **Section 7 – Treatments, medication, healthcare professionals & supporting documents** | If you use an aid to get around, then your answer should be whilst using that aid |
| **Section 4 – non-visible (hidden) conditions**  If you answer "no" to the first question in this section, but “yes” to any of the questions in section 3, you can skip this section and go straight to **Section 7**.  **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 | |  | No  Go to **Section 7** | | Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.  **It is the applicant’s responsibility to provide the supporting evidence from any healthcare professionals to support their application.** |
| **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 to yourself or others near vehicles, in traffic or car parks | |  | I struggle to plan or follow a journey between a vehicle and my destination  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 on journeys | |  |  | |  | I regularly have intense and overwhelming responses to situations causing temporary loss of behavioural control  How often does this happen?  Almost never  Sometimes  Almost every journey  Every journey  Please give examples of the situations that cause temporary loss of behavioural control | |  |  | |  | I can become extremely anxious or fearful of public/open spaces  When do you become extremely anxious/fearful?  Almost never  Sometimes  Almost every journey  Every journey  Please describe the levels of anxiety | |  |  | |  |  | |  | Something else  Please describe what affects you taking a journey | | If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.  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 would a Blue Badge improve taking a journey** **between a vehicle and your destination for you?**  (Describe your needs, in detail) |  |
| **What 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)  **How effective are these measures?** | Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf. |
| **Section 5 – Disability that affects both arms**  **If you answer "no" to the first question in this section, but “yes” to any of the questions in sections 3 or 4, you can go straight to Section 7**.  **Do you have a disability in both arms?**   |  |  | | --- | --- | |  | Yes  Continue answering the questions in this section | |  | No  Go to **Section 6** | | Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf. |
| **Do you drive regularly?**   |  |  | | --- | --- | |  | Yes  Continue answering the questions in this section | |  | No  Go to **Section 6** |   **How often do you drive?**  (for example, every day, a few times a week)   |  |  | | --- | --- | |  |  | | **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?**   |  |  | | --- | --- | |  | Yes  Describe how you struggle to operate parking machines | |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Do you drive an adapted vehicle?**   |  |  | | --- | --- | |  | Yes  Describe how it has been adapted for you. You should also attach copies of insurance details or Vehicle Registration document which verify this. | |  | No | | | |  | | --- | | Attach copies of your insurance details or Vehicle Registration document as supporting documents. | |
| **Section 6 – 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?**   |  |  | | --- | --- | |  | Yes  Continue answering the questions in this section | |  | No  Go to **Section 7** | |  |
| **Which of these applies to the child under 3?**   |  |  | | --- | --- | |  | They need to be accompanied by bulky medical equipment  Which medical equipment do they always need to be accompanied by?  🞏 Ventilator  🞏 Suction machine  🞏 Feed pump  🞏 Parenteral equipment  🞏 Syringe driver  🞏 Oxygen administration equipment  🞏 Continuous oxygen saturation monitoring equipment  🞏 Casts and associated medical equipment for the correction of hip dysplasia  🞏 Other – please state | |  | They need to be near a vehicle to receive or be taken for treatment | |  | 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. |
| **Section 7 – Treatments, medication, associated professionals & documents**  This section is for if you have answered any of the questions in sections 3, 4, 5 or 6. Otherwise, go to **Section 9**.  **Treatments**  **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**” | | Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf. |
| **Treatments**   |  |  | | --- | --- | | **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? | |  |  | | |
| **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) For example, 500mg or 2 tablets | **How often do you take this?**  For example, every 4 hours, twice a day or only when the pain is severe | |  |  |  | | |
| **Associated or healthcare professionals**  **Do you currently see any professionals for your condition?**  (Or if you have seen any in the last 3 years)   |  |  | | --- | --- | |  | Yes  Add their details below | |  | No  Go to “**Supporting documents**” | | Examples of professionals could be  your surgeon, physiotherapist or consultants. If you have a hidden disability this could be teachers, therapists, neurologists, psychologists, or psychiatrists |
| **Associated or healthcare professionals**   |  |  | | --- | --- | | **Name and role of the professional**  (This cannot only be your GP) | **Where do they work?**  (Include organisation name, address, email and telephone number if possible) | |  |  | | |
| **Supporting documents**  **Are you attaching supporting documents to this application?**   |  |  | | --- | --- | |  | Yes  List the documents you are attaching below. | |  | No  Go to **Section 9** | | It’s especially important to attach documents where we’ve asked for you to provide proof or verification. |
| **What documents are you attaching?**  List the documents you are attaching to this application where possible  *For example, diagnosis letters, PIP decision and award letters, prescriptions, correspondence from hospitals or healthcare professionals and evidence of the progression of the condition over time, confirmation of ongoing treatments.* |
| **Section 8 – Organisation badges**  **Organisational badges may be issued to organisations for use in a motor vehicle used to carry disabled people who themselves would be eligible for a badge.**  **Organisational badges will therefore only be issued to an organisation which:**   * **Cares for and transports disabled people who would themselves meet one or more of the eligibility criteria for an individual Blue Badge; and** * **Has a clear need for an organisational badge rather than using the individual Blue Badge of people it is transporting**   **Does your organisation care for people who need a Blue Badge?**   |  |  | | --- | --- | |  | Yes | |  | No |   **Does your organisation transport the people you care for?**   |  |  | | --- | --- | |  | Yes | |  | No | | If you answer “No” to either of these questions, it is unlikely your organisation is eligible for a Blue Badge. |
| **What’s the name of your organisation?** |  |
| **Charity number** (if applicable) |  |
| **Postal address**  (This is where the badge will be posted to)  Postcode: |  |
| **Who should be contacted about this application?**  (If you’re the contact, put your full name here) |  |
| **Email address** |  |
| **Main phone number** (required) |  |
| **Alternative phone number** (optional) |  |
| **List the vehicles the badge will be used in**   |  |  | | --- | --- | | **Vehicle registration number – are any of the vehicles licensed under the Disabled Passender Vehicle taxation class? If so please state which vehicles below.** | **How often is the vehicle used?** | |  |  |   -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  **How many disabled people are in the care of your organisation?**  **How many of these people are already in receipt of a Blue Badge?**  **How many of these people do you estimate would be eligible for a**  **Blue Badge if they applied as individuals?**  **Please describe why your organisation is applying for a Blue Badge and**  **the types of trips it will be used for.**  **How often do you envisage your organisation will use the Blue Badge?**  **Do you already have an organisational Blue Badge?**   |  |  | | --- | --- | |  | Yes  Enter the badge number (6 digits) and expiry date | |  | No |   **How many organisational badges are you applying for?**  **(You will have to pay the administration fee for each**  **badge you apply for)** | |
| **Section 9 – Declaration**  Sign one of the three sections below  **Applying for yourself**  By submitting this application you agree that:   * you have read and understand the rules for using a Blue Badge * the details provided are complete and accurate * you won't hold more than one Blue Badge at any time * you will tell your local authority about any changes that may affect your eligibility   You also agree that your local authority may:   * contact you if there are any issues with this application or to prevent badge misuse * if required, arrange a phone-based or in-person assessment for you * check your eligibility with the information they hold * contact any associated professionals listed to get more information about your medical history * suggest other benefits or services that you may be eligible for  |  |  | | --- | --- | |  | I agree to this declaration |   **Signed**  **Date of signature**  Top of FormBottom of Form | Read the declaration carefully and only sign it once you are clear. |
| **Applying on behalf of somebody else**  By submitting this application you agree on behalf of the applicant that:   * the rules for using a Blue Badge have been read and understood * you have the authority to submit this application * the details provided are complete and accurate * they won't hold more than one Blue Badge at any time * your local authority will be told about any changes that may affect their eligibility   You also agree that your local authority may:   * contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse * if required, arrange a phone-based or in-person assessment for the applicant * check their eligibility with the information they hold * contact any associated professionals listed to get more information about the applicants medical history * suggest other benefits or services that they may be eligible for  |  |  | | --- | --- | |  | I agree to this declaration |   **Signed**  **Date of signature** | Read the declaration carefully and only sign it once you are clear. |
| **Organisations**  By submitting this application you agree that:   * you're authorised to complete this application on behalf of your organisation * the details you have provided are complete and accurate * you will tell your local authority about any changes that will affect your organisation's Blue Badge entitlement * your local authority can check any information they already have about you so that they can process your application * you understand that, if the application is successful, the badge(s) must only be used when transporting disabled people and the organisation must use the badge(s) in accordance with the rules of the scheme  |  |  | | --- | --- | |  | I agree to this declaration |   **Signed**  **Date of signature** | Read the declaration carefully and only sign it once you are clear. |