

# Blue Badge Scheme

Parking concessions for disabled and blind people

For office use only

## Application Form

Please tick box  as appropriate

- First Application  Renewal Application
- If a renewal, please give expiry date of current badge \_\_/\_\_/\_\_
- Serial Number of current Blue Badge \_\_\_\_\_
- Was your current Blue badge issued by the London Borough of Barnet?  
Yes  No   
*If no, where was the Blue Badge issued?* \_\_\_\_\_

### Part A - Name of applicant

Title (Mr/Mrs/Miss/Ms)

Surname

First Name(s)

Address

  
  
  
 Postcode 

Date of Birth

Telephone number

Are you a driver?

Yes  No

Are you a passenger?

Yes  No

Car Registration/s

**Part B**

	Yes	No
<b>1. Are you registered as blind under the National Assistance Act 1948?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please give the name of the local authority with which you are registered</i>		
<hr/> <hr/> <hr/> <hr/>		
<b>2. Do you receive a Mobility Allowance or the higher rate of the mobility component of the Disability Living Allowance?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please supply evidence (for example, an official letter confirming an award of the allowance or a vehicle Excise Duty Exemption certificate).</i>		
<b>3. Do you use a motor vehicle supplied for disabled people by a Government Health Department?</b>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please give details		
<hr/> <hr/> <hr/> <hr/>		
<b>4. Do you receive a Government grant towards your own vehicle?</b>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please give details		
<hr/> <hr/> <hr/> <hr/>		
<b>5. Do you receive War Pensioners' Mobility Supplement?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please supply evidence (for example, an official letter confirming an award of War Pensioners' Mobility Supplement)</i>		

If you have answered **yes** to any of the questions in **Part B**, please go to **Part F**.

If you have answered **no** to all of the questions in **Part B**, you may qualify for a badge under **part C** or **D**.

**Important Notes - Please read before completing Part C or D.**

- If you answered **no** to all the questions in **Part B** you will only qualify for a badge if you cannot walk, or can only walk with severe difficulty, or if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.

The intention of the Blue Badge Scheme is that only very severely disabled people will qualify under these conditions.

- It is essential that each applicant under **Part C** or **Part D** is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.
- Blue Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who cannot turn by hand the steering wheel of a vehicle.

People with **temporary disabilities**, such as a broken leg, **will not** qualify for badges.

- If after reading these notes you think you may qualify for a badge, please complete Part C and Part D.

**Part C**

**Please complete this part only if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.**

1. What is the nature of your disability?

<hr/> <hr/> <hr/> <hr/> <hr/>
-------------------------------

2. What is the maximum distance you can walk without stopping, or with severe discomfort, or help from another person?

Less than 50 metres   
Between 50 metre - 100 metres   
More than 100 metres

3. Do you regularly use a walking aid? Yes  No

If **yes**, please state the type of aid?

<hr/> <hr/> <hr/> <hr/>
-------------------------

**Now, please go to part E**

## Part D

Please complete this part if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.

1. What is the nature of your disability?

<hr/> <hr/> <hr/>
-------------------

2. Do you drive a specially adapted car? Yes  No

If you have answered **YES**, please state the type of adaptation.

<hr/> <hr/> <hr/>
-------------------

Now, please go to part E

If you have completed **Part C** or **Part D**, please complete **Part E**.

### Part E - About your doctor

Please provide the full name and address of your family doctor

Doctors Name

<hr/>
-------

Address

<hr/> <hr/> <hr/> <hr/> Postcode
-------------------------------------

Telephone number

<hr/>
-------

Are you willing to have a medical examination to determine the extent of your disability for the purpose of obtaining information to support your application?

Yes  No

## Part F - All applicants must complete this section

I declare that to the best of my belief all the statements, I have made on this form are true and I agree to the local authority contacting my family doctor if necessary for the purpose of obtaining information to support my application.

I understand the Blue Badge may only be used in circumstance prescribed by law, and it is an offence to misuse the badge.

Signed

Date

Please print name

Applications should be accompanied by 2 passport type photographs of the applicant. Both photographs should have the applicant's name **clearly printed on the back**. Your photographs will be returned if your application is unsuccessful. You may send photographs taken from self-service booths or any suitable photographs cut down to an appropriate size.

I attach 2 photographs

## Part G - Important

The Badge will require the applicant's signature to be displayed on the back.

Please ensure that the box below is signed. If the box cannot be signed by the application, it may be signed by a relative, carer or parent.

Please state the relationship to the applicant:

---

Signature:

## Part H - Equalities monitoring

The London Borough of Barnet, Adult Social Services is committed to eliminating discrimination and promoting equal opportunity for minority groups. We want to ensure that we engage with the diverse individuals and groups which make up our community.

This form helps us establish your ethnic group using the categories from the national Census 2001. It provides information for the promotion of equal opportunities in London Borough of Barnet and it allows us to make sure we are providing appropriate services to all of our customers.

To help us to monitor if we are doing so and to gather evidence to assist, identify and address gaps we would be grateful if you could complete the following questions.

We would like to reassure you that the data will be stored confidentially and that it plays a vital role in shaping our future work.

What is your gender?		
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Trans-gendered <input type="checkbox"/>

  

Ethnic group		
Asian or Asian British: Indian	<input type="checkbox"/>	A1
Asian or Asian British: Pakistani	<input type="checkbox"/>	A2
Asian or Asian British: Bangladeshi	<input type="checkbox"/>	A3
Asian or Asian British: Other	<input type="checkbox"/>	A9
Black or Black British: Caribbean	<input type="checkbox"/>	B1
Black or Black British: African	<input type="checkbox"/>	B2
Black or Black British: Other	<input type="checkbox"/>	B9
Chinese	<input type="checkbox"/>	O1
Mixed: White & Black Caribbean	<input type="checkbox"/>	M1
Mixed: White & Black African	<input type="checkbox"/>	M2
Mixed: White & Asian	<input type="checkbox"/>	M3
Mixed: Other	<input type="checkbox"/>	M9
White: British	<input type="checkbox"/>	W1
White: Irish	<input type="checkbox"/>	W2
White: Other	<input type="checkbox"/>	W9
Other Ethnic Group	<input type="checkbox"/>	O9
Refusal	<input type="checkbox"/>	NS

**Sexual Orientation**

Heterosexual     Bisexual     Gay man     Lesbian   
 Prefer not to say     Other

**What is your faith?**

Buddhist     Sikh     Hindu   
 Christian     Muslim     Jewish   
 No Religion     Prefer not to say     Baha'i   
 Any other religion   
 Non-Religious Groups

**What is your preferred language?**

Written   
 Spoken

Is an interpreter required?    Yes     No

Please indicate if you would prefer information in a more accessible format, for example braille, audio tape, easywords © or pictorial format.

**Disability**

Do you consider yourself to be a disabled person? Yes  No

Please return the completed form, with securely attached the 2 passport-sized photographs and any supporting evidence to:

✉ **PO Box 49065**  
**Assisted Travel Section**  
**Barnet Council**  
**London N11 1UZ**

☎ **020 8359 4131**

*(For first application, please allow eight weeks for your application to be processed)*