

Blue Badge scheme application form

Parking concessions for disabled and blind people

Office use only

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes.

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

.....

.....

.....

.....

Post Code.....

Date of birth

Telephone

Car registration/s

Are you a driver? Yes No

Are you a passenger? Yes No

Part B –

1. Are you registered as blind under the National Assistance Act 1948? Yes No

If yes, please give the name of the local authority with which you are registered.

2. Do you receive a Mobility Allowance or the higher rate of the mobility component of the Disability Living Allowance? Yes No

If yes, please supply evidence (for example, an official letter confirming an award of the allowance. Please include the length of time the mobility component has been awarded).

3. Do you receive a government grant towards your own vehicle? Yes No

If yes, please give details.

4. Do you receive War Pensioners' Mobility Supplement? Yes No

If yes, please supply evidence (for example, an official letter confirming an award of War Pensioners' Mobility Supplement).

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 have 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 have a severe disability in both arms and are unable to turn by hand the steering wheel of a vehicle even if it is fitted with a turning knob, or you, regularly drive a non adapted car but cannot operate, or have considerable difficulty in operating, all or some types of parking meter.
- Children under the age of two will only qualify, if due to a specific medical condition they need to travel with bulky medical equipment or be close to a vehicle for emergency medical treatment. In such cases the badge will expire the day after the child's second birthday.
- 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 severely disabled people who would otherwise find it impossible to visit shops, public buildings or other places.
- People with **temporary disabilities**, such as a broken leg will not qualify for badges. However badges may be issued to people who have been awarded the Higher Rate Mobility Component of the Disability Living Allowance or the War Pensioners Mobility Supplement for a period of less than three years.
- If after reading these notes you think you 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/> |
|------------------------|

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 metres – 100 metres More than 100 metres

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

If yes, please state the type of aid?

| |
|------------------------------|
| |
|------------------------------|

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 or you regularly drive a non-adapted car but cannot operate, or have considerable difficulty in operating all or some types of parking meter

1. What is the nature of your disability?

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

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

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

| |
|------------------------------|
| |
|------------------------------|

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

Now, please go to Part E

Part E – About your doctor

(Please provide the full name and address of your family doctor)

Doctors name

Address

Post Code.....

Telephone

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 two 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 two 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:

Please sign here within the lines of the box below

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 Male Trans-gendered

Which is your 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 and Black Caribbean | <input type="checkbox"/> | M1 |
| Mixed: White and Black African | <input type="checkbox"/> | M2 |
| Mixed: White and 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 |

What is your faith?

| | | | | | | | | | |
|----------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|----------------------|--------------------------|--------|--------------------------|
| Buddhist | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Christian | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | No religion | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | Baha'i | <input type="checkbox"/> | | |
| | | Any other religion | <input type="checkbox"/> | | | Non-religious groups | <input type="checkbox"/> | | |

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.

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

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

You can contact the Assisted Travel team on:

tel: 020 8359 4131

fax: 0870 889 5472

email: assisted.travel@barnet.gov.uk

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

