

THE BLUE BADGE SCHEME

Application for persons aged over 2 years



Please read this form carefully before completion. Ensure all appropriate sections and declarations are complete as we are unable to process incomplete forms.

Guidance on completing this form can be found in Appendix A (Help with this form) alternatively you can complete your application online at www.sheffield.gov.uk/bluebadge

Section A - Applicants Details

New application Renewal application

Expiry date of previous Badge:

Title Mr / Mrs / Miss / Ms First Name
(Please circle as appropriate)

Surname Date of Birth

Name At Birth

Gender Male Female National Insurance No

Address

City	E-mail
Postcode	Phone Number

Country of Birth

Town/City of Birth

Previous Address

City	Post Code
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Proof of Address: Please supply a photocopy of one of the following documents dated within the last 12 months. Acceptable documents include Utility Bill, Council Tax Bill, Rent Book, Driving Licence, Bank Statement, Pension Book or Medical Card

Proof of Identity: Please supply a photocopy of one of the following documents as proof of identity i.e. Passport, Driving Licence, Birth or Adoption Certificate, UK Identity Card, Marriage, Civil Partnership or Divorce Certificate, Change of Name Deed

Photographs: Please enclose one recent passport standard photograph of the Blue Badge applicant. If you are not supplying photo ID this must be certified details on how to certify a photo can be found on Appendix A (Help with this form) which can be found towards the back of this form

Please Note: If you have difficulty obtaining any of the above information you can contact our team who will be able to offer further guidance.

Section B - Eligibility

1 I am registered as Blind or Severely Sight Impaired under the National Assistance Act 1948. Please note that we will check our records to confirm your registration.

Yes No

If **YES**, Please go to Section E (Applicant Declaration)

If **NO**, then please go to question 2

2 I receive Disability Living Allowance (DLA) at higher rate for mobility or Personal Independence Payment Moving Around with a score of 8 or over. Please supply evidence e.g. a full letter showing your current address, confirming your award, dated within the last 12 months and showing how long the award is for.

Yes No

If **YES**, please go to Section E (Applicant Declaration).

If **NO**, then please go to question 3

3 I receive War Pensioner's Mobility Supplement. Please supply evidence such as a copy of a letter confirming your receipt of War Pensioner's Mobility Supplement.

Yes No

If **YES**, please go to Section E (Applicant Declaration).

If **NO**, then please go to question 4

4 I have a severe disability in both arms. Please supply evidence that your car is adapted by providing either your car insurance documents or your driving licence that states codes 49 or 70

Yes No

If **YES**, please complete Section C (Severe Disability In Both Arms) and go to Section E (Applicant Declaration) Also please have a suitable medical professional complete Appendix B (Medical Declaration)

If **NO**, then please go to question 5

5 I am not able to walk at all

Yes No

If **YES**, please have a suitable medical professional complete Appendix C (Medical Declaration) and go to Section E (Applicant Declaration)

If **NO**, then please go to question 6

6 Have you been issued a DS1500?

Yes No

If **YES**, please supply a copy of your DS1500 and go to Section E (Applicant Declaration)

If **NO**, then please read the statement below.

If you have answered **NO** to all the questions above you may still be eligible for a Blue Badge on further assessment, please go to Section D (Further Assessment)

Section C - Severe Disability In Both Arms

(Only complete this section if you have a severe disability in both arms)

I hold a valid driving licence

Yes No

I drive an adapted vehicle

Yes No

I have one of the following conditions

- Limb reduction deficiency**
- Bilateral upper limb amputation**
- Muscular dystrophy**
- Spinal cord injury**
- Motor neurone disease**
- None of the above**

I can brush my own hair

Yes No

I can use an ordinary Post Box

Yes No

I can hang out washing on a line

Yes No

I can pick up a pen

Yes No

I can remove coins from a purse or pocket

Yes No

Please ensure that you have answered all the questions above, once you have done this please go to Section E (Applicant Declaration) and have a suitable medical professional complete Appendix B (Medical Declaration)

Section D - Further Assessment

(Only complete this section if you have answered no to all questions in Section B)

Please tick the primary condition that affects your mobility:

Please Note: We can only assess you on one condition please do not tick more than one box otherwise your application will be returned for clarification

Heart Disease

- Heart Attack
- Bypass/ Other Surgery
- Chest Pain/ Angina
- Heart Failure
- Atrial fibrillation (AF)/Irregular Heart Beat
- Aortic/ Abdominal Aortic Aneurysm

Lung/Respiratory disease

- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Emphysema
- Bronchitis - Chronic
- Bronchitis - Acute
- Bronchiectasis
- Industrial Disease (e.g. Asbestosis)
- Cystic Fibrosis

Stroke/Nervous system disorder

- Stroke
- Mini Stroke (TIA)
- Multiple Sclerosis (MS)
- Parkinson's Disease
- ME/CFS (Chronic Fatigue Syndrome)
- Ataxia
- Polio
- Myasthenia Gravis
- Motor Neurone Disease
- Head Injury
- Myotonic/Muscular Dystrophy
- Peripheral Neuropathy (due to Diabetes)

Arthritis

- Osteoarthritis (OA)
- Rheumatoid Arthritis (RA)
- Ankylosing Spondylitis
- Joint Replacement
- Osteoporosis
- Polymyalgia Rheumatic
- Revision Joint Replacement

Back/Neck Pain

- Long Term
- Short Term
- Spinal Surgery

Musculoskeletal

- Sports Injury
- Anthroscopy
- Joint Replacement/Surgery
- Fibromyalgia
- Congenital Bone Disorder

Medical

- Kidney Disease
- Vascular Disorder
- Bowel/Bladder Disease
- Diabetes
- Limb Amputation
- Falls/Balance Problems
- Non-Terminal Cancer

Other please state:

Section D - (Continued)

My condition is likely to improve in the next three years

Yes No

I am waiting for surgery or treatment for my condition

Yes No

I am recuperating from surgery for my condition

Yes No

My condition is being managed, but not expected to improve

Yes No

Please tell us a landmark close to your home such as a shop, supermarket, pub, school, doctors surgery, chemist, etc. that you are able to walk to

Number of minutes it would take you to walk to this landmark?

I can walk well, including recreational walks, either alone or with some help

Yes No

I use a walking aid that was supplied by a GP or other health professional

Yes No

I become too breathless to leave my home, or I am left breathless after dressing

Yes No

I am unsteady when walking, and liable to fall

Yes No

I can walk outside, either alone or with some help

Yes No

I become short of breath when hurrying on level ground or walking up a slight hill

Yes No

I can walk around a Supermarket, either alone or with some help

Yes No

I can walk around my home, but I am unable to climb the stairs

Yes No

I have to stop for breath when walking at my own pace on level ground

Yes No

I can walk, but struggle with longer distances or hills, either alone or with some help

Yes No

I am taking pain medication to manage a medical condition/disability that affects my ability to walk

Yes No

Section D - (Continued)

I am able to walk for more than 5 minutes in total, either alone or with some help

Yes No

I get breathless when walking for more than a few minutes

Yes No

I am seeing a specialist or attending a clinic for pain relief

Yes No

I get short of breath walking with other people of my own age group on level ground

Yes No

I am able to continue walking after a short rest

Yes No

I can walk, but use a wheelchair for longer trips outside the home

Yes No

After walking a few minutes, I find it too painful to continue

Yes No

When answering the next question please note that:

- The average adult step is just less than one metre, which is 1.1 yards
- 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

Before feeling severe discomfort I can walk (this includes using walking aids)

Metres **Yards**

Number of minutes taken to walk this distance

Minutes

Please ensure that you have answered all questions in Section D as we are unable to process incomplete application forms, once you have done this please go to Section E (Applicant Declaration)

Section E - Applicant Declaration

Checklist

Please ensure you have completed the appropriate actions from the checklist below before sending us your application.

Enclosed a photocopy of your Proof of Address

Enclosed a photocopy of your Proof of Identity

Enclosed 1 recent passport standard photograph that has been either certified or is supported by photo ID.

If Required:

Completed Section C if you have a severe disability in both arms

Completed Section D if you answered no to all questions in Section B

Enclosed a photocopy of your DS1500 form

Enclosed a completed copy of Appendix B or Appendix C (Medical Declaration)

Enclosed evidence that you receive one of the following:

● Disability Living Allowance (DLA) at higher rate for mobility

● PIP (Moving Around Award) with a score of 8 or over

● War Pensioner's Mobility Supplement

Declaration

I declare that, to the best of my knowledge, all the information I have provided is correct. I realise that you may take action against me if I have provided false information in this application form.

I understand that I must let Sheffield City Council know of any changes that could affect my entitlement to a Blue Badge as soon as possible.

I agree to Sheffield City Council contacting an accredited health professional (i.e. Consultant, Specialists) if necessary for the purpose of obtaining information to support the application and I agree to consent to Sheffield City Council sharing the information provided with my application with the health professional.

I agree to Sheffield City Council sharing information on this form with other Local Authorities responsible for Blue Badge schemes and with parking enforcement agencies for the purpose of preventing and detecting crime

I confirm that I do not currently hold a Blue Badge from any other Council.

Signature _____ Date _____

Please send your completed application form to:

**Customer Services, 2nd Floor, Howden House, 1 Union Street, Sheffield, S1 2SH.
Tel: 0114 2734567**

**Further information and an online application can be found at
www.sheffield.gov.uk/bluebadge**

Other Information

Data Protection

Data Protection Law requires us to tell you that the information we ask for helps us decide whether you are entitled to a disabled persons car badge, unless otherwise stated. Sheffield City Council will hold the information you have given.

The Chronically Sick and Disabled Person's Act 1970 forms the basis of identifying what information we collect to enable a decision to be made. This process is covered by section 21 of the Act and regulations made under it.

Sheffield City Council is under a duty to protect the public funds we administer, and to this end may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

We may contact you regarding other services that may be relevant to you, we may also contact you to monitor the service we provide

Mobility Travel Permits

Mobility Travel Permits allow unlimited travel on public transport within South Yorkshire without time restriction or cost to the bearer.

If you are interested in being assessed for a Mobility Travel Permit please tick here

Please note: you will be assessed on the information you have already provided within this application form to help decide whether you are eligible

RADAR Keys

RADAR keys allow access to various disabled toilet facilities situated in and around Sheffield City Centre and the UK.

They can be purchased for £3.00 (without VAT) or £3.60 (with VAT) from First Point at Howden House, 1 Union Street, Sheffield, S1 2SH

Alternatively keys can be obtained for £4.00 (without VAT) OR £4.80 (with VAT) directly from RADAR either by going online to www.radar.org.uk or by requesting an order form by writing to: RADAR, 12 City Forum, City Road, London, EC1V 8AF.

Information About You

We want to make sure that our services are provided fairly and to those who need them. The information on this form helps us get a picture of who contacts us and uses our services, as well as which groups of Sheffield people who aren't accessing our services. We also have legal duties to promote equality of opportunity in the way we provide our services.

Please answer the questions on the next page by ticking the boxes that you feel most describes you. If you do not want to answer any specific question then please leave it blank.

Some questions may feel personal, but the information we collect is anonymous. It cannot be traced back to you and is in accordance with the Data Protection Act. It will be kept strictly confidential.

Ethnicity

White

- English / Welsh / Scottish / British / Northern Irish
- Irish
- Gypsy/ Irish Traveller
- Roma
- Other European
(please state) _____
- Other white background
(please state) _____

Asian or Asian British

- Indian Pakistani
- Bangladeshi Chinese
- Other Asian background
(please state) _____

Other Ethnic Group

- Yemeni
- Other Arab
- Other ethnic group
(please state) _____

Mixed / Dual Heritage

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background
(please state) _____

Black / African / Caribbean or Black

British

- Caribbean
- Somali
- Other African background
(please state) _____
- Other Black background
(please state) _____

Language Preference

- English Other (please state) _____
- British Sign Language

Caring Responsibilities

Do you provide regular and substantial care for:

- Relative (such as disabled child, partner)
- Another person (please state) _____

Please note your child care responsibilities

- Children under 11
- Children 11 – 18

Gender Identity

Is your gender?

- Male Female Other (please state) _____

Is your gender identity the same as the gender you were assigned at birth?

- Yes No

Service Personnel and their Families

Are you currently serving in the UK Armed Forces?

- Yes No

Are you a veteran or ex-serviceman or women of the UK Armed Forces?

- Yes No

Are you a member of a serviceman or women's immediate family?

- Yes No

Are you a reservist or in part time service such as in the Territorial Army?

- Yes No

Appendix A - Help with this form

Information about you

This section asks for your personal details including name, date of birth, National Insurance number, address, telephone number and email address (where applicable). All fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16 years of age then you must put **their** personal information in these fields.

Proof of Identity

Proof of identity should be in the form of a copy of your Passport, photo Driving Licence, Birth or Adoption Certificate or UK identity Card (if applying for someone under the age of 16 please send proof of identity in their name)

Proof of Address

Proof of address can be a copy of a Utility Bill, Council Tax Bill, Rent Book, photo Driving Licence, Bank Statement, Pension Book or Medical Card. In the case of a bill or bank statement, these should be dated within the last 3 months to prove residency in Sheffield.

Photograph Certification

You need to provide a passport standard photograph and, if you are not sending in a copy of your passport or photo driving licence, this needs to be certified on the back

A certified photograph is a passport style photograph that has been verified as being true likeness by a person who holds a certain position of responsibility. This cannot be a member of your family.

Persons who are able to certify photographs can include:

- Bank or Building Society Official
- Councillor (local or county)
- Nurse (RGN and RMN)
- Fire Services Officer
- Funeral Director
- Person with honours
- Officer of the armed services
- Local Government Officer
- Optician
- Solicitor (active or retired)
- Teacher or lecturer
- Pharmacist
- Police Officer
- Minister of a recognised religion
- Trade Union Officer
- Social Worker

The person certifying your photograph should do so by writing the following:

I certify that this is a true likeness of [Mr, Mrs, Miss, Ms or other title followed by the applicants full name on the back of the photograph complete with their signature and the date'

Other Medical Conditions

Medical conditions such as autism and psychological/behavioural problems are not in themselves a qualification for a badge. People with these conditions may be eligible but only if they are unable to walk or have very considerable difficulty in walking in addition to the condition.

If you are applying under this criteria, once we received your on line application we will telephone you to carry out an assessment to see if you qualify.

Power of Attorney (or DWP Appointee Letter)

Please provide evidence of the above if you are applying on behalf of someone else and wish to speak on behalf of the applicant for assessment.

Appendix B - Medical Declaration - Severe Upper Limb Impairment

I _____ (Insert Practitioner/Consultant name)

have read the relevant section of the Blue Badge Scheme Local Authority Guidance (England) October 2014 eligibility criteria detailed below and can confirm that:

Patient Name:

Patient Address:

Postcode: _____

Has: (please tick)

- A limb deficiency of both arms
- Bilateral upper limb amputation
- Muscular dystrophy
- Spinal cord injury
- Motor neurone disease
- A condition of comparable severity and would meet that criteria as they have a severe disability in both arms and are unable to operate, or has considerable difficulty operating, all or some types of parking meter.

(For this purpose parking meter includes a machine for issuing pay-and-display tickets which shows that a charge has been paid and the period of parking paid for, as well as a parking meter which itself indicates that a charge has been paid and whether the period paid for has expired.)

Practitioner/Consultant signature _____

Date: _____

Practitioner/Consultant work address:

Postcode: _____

Telephone Number _____ Hospital Stamp:

Email _____

Fax Number _____

Sheffield City Council reserve the right to have any medical declaration independently audited.

The final decision on issuing a Blue Badge is retained by Sheffield City Council

Appendix C - Medical Declaration - Unable to Walk at All

I _____ (Insert Practitioner/Consultant name)

have read the relevant section of the Blue Badge Scheme Local Authority Guidance (England) October 2014 eligibility criteria detailed below and can confirm that the patient identified below meets that criteria.

Patient Name:

Patient Address:

Postcode: _____

Criteria

Being unable to walk means that they **cannot take a single step**. The applicant needs to show that, because of their permanent and substantial disability, they cannot put one foot in front of the other.

Walking involves always having one foot on the ground.

If the applicant can get around by swinging through two elbow crutches, then they will be considered unable to walk (provided it is due to a permanent and substantial disability and not due to legs being in plaster)

Practitioner/Consultant signature _____

Date: _____

Practitioner/Consultant work address:

Postcode: _____

Telephone Number _____

Hospital Stamp:

Email _____

Fax Number _____

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