

Email: blue.badge@iow.gov.uk

Telephone: 01983 823340

Address: Blue Badges, PO Box 237,
Newport, Isle of Wight, PO30 9FN



For office use – New / Renewal

Blue Badge Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

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

Please ensure that any documents sent in with your application are a photocopy.

Visit www.gov.uk/apply-blue-badge for information on Blue Badges.

Please telephone 01983 823340 for an Organisational Blue Badge form.

Please use BLACK INK when completing this application form.

Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

Who are you applying for?

Myself (the badge is for you)

Someone else (a relative or someone 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

Full name (please give the full name of the person to whom the application relates to and their title)

Has your name changed since birth?

Yes

Enter full name at birth

No

Do you already have a Blue Badge, or have you had a Blue Badge that expired within the last three years?

Yes

Enter the badge number (first 6 digits) if known, and the expiry date

No

Date of Birth (Day/Month/Year)

Gender

Male

Female

Identify in a different way

Enter gender identified with

National Insurance Number

Current address

Postcode:

Email address

Telephone number

Alternative phone number

If you are applying on behalf of someone else

Who should be contacted about this application?

(if you are the contact, put your full name here)

Alternative phone number (optional)

Your relationship to the applicant

Vehicle registration number (optional)

Please give the registration number of up to three vehicles in which the applicant intends to use the Blue Badge. This helps local authorities with the enforcement of the Blue Badge scheme, but please remember that other vehicles may be used.

For you or the person you are applying for

Which of these are you providing as proof of identity?

- Birth or adoption certificate
- Marriage/Civil Partnership or Divorce/Dissolution certificate
- Valid Passport
- Valid Driving licence

Do you give the local authority permission to check one of these records to prove your address?

- Council Tax
- Electoral Register
- School records

If you do not give permission you must attach a copy of either your Council Tax bill or benefit award letter dated within the last 12 months, Valid Driving Licence or school allocation letter with the current address.

Recent photograph of the applicant

You will need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.

Make sure it:

- Has a plain, light background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness or taken within the last 6 months
- Is in colour

Badge issue fee

Badge issue fee is £10.00. Please **do not** send payment with this form. If your application is successful, we will contact you for a card payment.

Cash and cheque payments are not accepted.

Section 2 – Benefits or severely sight impaired

You may automatically qualify for a Blue Badge if you meet one of the following criteria. If you meet one of these criteria, please complete the relevant section of this form and then continue to **Section 8**.

- 2a. Are severely sight impaired (blind)
- 2b. Receive the higher rate of the mobility component for Disability Living Allowance
- 2c. Receive Personal Independence Payment of 8 points or more in the “Moving Around” component or 10 points in the “Planning and Following a Journey” component on the grounds it would cause overwhelming psychological distress
- 2d. Receive a qualifying award under the Armed Forces Compensation Scheme
- 2e. Receive a War Pensioners’ Mobility Supplement

If you do not meet one of these criteria, please continue to **Section 3**.

2a. Severely sight impaired (blind)

If you are registered as severely sight impaired (blind), do you give us permission to check the Isle of Wight register?

Yes

No

Enclose a copy of your Certificate of Vision Impairment (CVI)

You can contact the Sensory Services Team for the Isle of Wight on 01983 529533 if you would like to discuss being added to the Register.

2b. Disability Living Allowance (DLA)

Have you been awarded the higher rate of the Mobility Component?

Yes

If your award has an end date, enter the end date below

No

If you are in receipt of the higher rate mobility component of Disability Living Allowance, you must enclose a copy of your award letter, issued within the last 12 months.

If you have lost your current award letter, please contact the Pension, Disability and Carers Service (PDCS) on 0800 121 4600 to ask for a copy of your current award letter. This helpline is open from 8.00am to 6.00pm Monday to Friday. Further details for PDCS can be found online at www.gov.uk/dla-disability-living-allowance-benefit

2c. Personal Independence Payment (PIP)

Moving Around component

Did you score 8 points or more in the “Moving Around” component part of the mobility assessment?

Yes

How many points were scored?

If your award has an end date, enter the end date below

No

Answer the next question under “PIP” Planning and Following a Journey

If you did score 8 or more points in the “moving around” part of the mobility assessment of PIP, you need to provide your latest PIP decision letter showing the points scored in each category. If the letter is dated more than 12 months ago then we also need your annual update letter that shows you are receiving it now.

Planning and Following a Journey component

Did you score 10 points in the “Planning and Following a Journey” component on the grounds that you cannot undertake any journey because it would cause overwhelming psychological distress?

Yes

No

If you did score 10 points in the “Planning and Following a Journey” on the grounds that you cannot undertake any journey because it would cause overwhelming psychological distress, you need to provide your latest PIP decision letter showing the points scored in each category. If the letter is dated more than 12 months ago then we also need your ‘yearly update’ letter that shows you are receiving it now.

If you have lost your current award letter, then please contact the Pension, Disability and Carers Service (PDCS) by telephoning 0800 121 4433 to ask for a copy of your current award letter. This helpline is open from 8.00am to 6.00pm Monday to Friday.

Further details for PDCS can be found online at www.gov.uk/pip

2d. Armed Forces Compensation Scheme

**Have you received a lump sum payment within tariff levels 1 – 8 of the scheme
and
have you been certified as having a permanent and substantial disability?**

Yes (you must enclose a copy of the award letter as proof)

No

2e. War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

Yes (you must enclose a copy of the entitlement letter as proof)

If your award has an end date, enter the end date below

No

If you have ticked "Yes" to any of the questions in Section 2, please go to **Section 8**.

If you have ticked "No" to all of the questions in Section 2, please go to **Section 3**.

Section 3 – Walking difficulties

Remember when we are referring to “you”, this is the applicant. If you are applying for someone else, please answer the questions on their behalf.

If you answered “Yes” to any of the questions in Section 2, go straight to **Section 8**.

If you are applying under this section, you may be asked to attend the NRS Mobility Clinic for a specialist assessment to determine whether you meet the eligibility criteria. Please note it can take up to 6-8 weeks for an appointment.

Do you have an enduring condition or disability which means you cannot walk or find walking very difficult?

- Yes (Continue answering the relevant questions in this section)
- No (Go to Section 4)

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 will ask you more questions after this about how your walking is affected and things like medication.

How do your health conditions or disabilities make walking difficult for you?

(tick and answer all that apply)

Excessive pain

Describe the pain you get when walking. How severe is the pain?

Breathlessness

Please tell us when you get breathless (you can choose more than one)

- When hurrying on level ground or walking up a slight hill
- When walking with other people of your own age on level ground
- When walking at your own pace on level ground
- I am too breathless to leave my home or I am breathless after dressing
- Other (please describe below)

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)

It is dangerous to my health and safety

Describe how your health condition or disability makes walking dangerous

Something else

What is it about your condition that causes you difficulty walking?

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)

Do you have a chest, lung or heart condition/epilepsy?

- Yes
- No

Have you seen a healthcare professional for any falls within the last 12 months?

- Yes
- No

Are you managing your condition/disability because it is not expected to improve any further?

- Yes
- No

Do you anticipate that your condition/disability will improve within the next 3 years?

Yes

No

Do you need help to get around?

What is this aid or support? (e.g. wheelchair, crutches or a family member)	When do you need this help? (e.g. to get to the shops)	If it is an aid, how was it provided? (e.g. hospital or bought privately)

Are you able to walk outside without help without the help from another person?

Yes

No

How long can you walk for without stopping?

Stopping could be to take a rest to catch your breath. If you listed an aid, then your answer should be when using that aid.

I am unable to walk at all

Less than a minute

Between 1 and 5 minutes

Between 6 and 10 minutes

More than 10 minutes

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 (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.
(If you cannot walk, please go to Section 7.)

Metres Yards

How long does it take you to walk this distance?

(For example, 8 minutes)

Please give an example of somewhere you can walk from and to:

(Be specific and use place names or house numbers)

Are you able to continue walking after a short rest?

Yes

No

If you also have a non-visible (hidden) disability, please complete **Section 4**.

If you do not have a non-visible (hidden) disability, please continue to **Section 7**.

Section 4 – Non-visible (hidden) disabilities

Remember when we are referring to “you” this is the applicant. If you are applying for someone else, please answer the questions on their behalf.

If you answered “Yes” to any of the questions in Section 3, and this section does not apply to you, go straight to **Section 7**.

You will be required to supply evidence from a relevant health or social care professional to support your application. Please see **Section 8** for the types of evidence you can supply. The local authority may ask for further evidence if required to determine whether you meet the eligibility criteria.

If you are applying under this section, your application may be assessed by NRS Mobility Clinic to determine whether you meet the eligibility criteria.

Do you have a non-visible (hidden) condition or disability, causing you to severely struggle with journeys?

- Yes (Continue answering the relevant questions in this section)
- No (Go to **Section 5**)

When undertaking a journey, does your condition /disability cause very considerable difficulty whilst walking because it will cause overwhelming psychological distress or serious risk of harm?

- Yes
- No

Are you managing your condition/disability because it is not expected to improve any further?

- Yes
- No

Do you expect your condition to improve over the next 3 years?

- Yes
- No

What affects you taking a journey?

Tick all which apply to you and give further details on page 19 of this form.

I become physically aggressive towards others, possibly without intent or awareness of the impact of my actions

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I refuse to walk, drop to the floor or become a dead weight

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I wander off or run away, possibly without awareness of surroundings or associated risks

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I disobey, ignore and/or am unaware of clear instructions

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I experience very severe or overwhelming anxiety, possibly through hypervigilance

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I can become extremely fearful of public/open/busy spaces

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I experience serious harm, or cause serious harm to others

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

I struggle to plan or follow a journey

What journeys does this apply to?

- Occasionally (only on some journeys)
- Regular journeys (more often than not)
- Always (every journey)

I travel with a companion (carer/family)

How often do you do travel with a companion?

- Occasionally (only on some journeys)
- Regular journeys (more often than not)
- Always (every journey)

I avoid journeys due to the effects my condition/disability has whilst undertaking a journey

How often does this happen?

- Occasionally (only on some journeys)
- Regularly (more often than not)
- Always (every journey)

Something else (please give details in the next question)

Please describe how you are affected by your condition/disability when undertaking a journey. Please give as much detail as possible and use examples.

How would a Blue Badge improve taking a journey for you?

Describe your needs in detail.

What steps are currently taken to try and improve journeys for you and how effective are they?

List the steps taken to try and improve journeys and whether they have been effective.

Section 5 – Disability that affects both arms

Remember when we are referring to “You” this is the applicant. If you are applying for someone else, please answer the questions on their behalf.

Do you have a disability in both arms?

- Yes (Continue answering the relevant questions in this section)
- No (Go to **Section 6**)

Do you drive regularly?

- Yes
- No

Name any health conditions or disabilities which affect your arms

(Try to use the correct medical terms, if you know them)

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

Describe how you struggle to operate parking machines

No

Do you drive a specially adapted vehicle?

Yes

Describe how it has been adapted for you. You should also attach copies of your insurance details which verify this.

No

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
- 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)

Section 7 – Treatments, medication, associated professionals & documents

Remember when we are referring to “You” this is the applicant. If you are applying for someone else, please answer the questions on their behalf.

This section is for if you have answered yes to any of the questions in **Sections 3, 4, 5 or 6**. Otherwise, go to **Section 8**.

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?

Yes

Add the treatment details below

Describe the treatment (anything relevant to your condition that you have seen or are due to see a professional for – e.g. hip replacement operation, physiotherapy or pain clinic)	Date of the treatment (if it is in the future, do you expect the condition to improve afterwards?)

No

Go to **“Medication”**

Medication

Do you take any medication for your condition or disability?
(any medication or pain relief you currently take for your condition)

Yes

Add the medication details below

Name of this medication/pain relief and whether it is prescribed	How much do you take at a time? (dosage)	How often do you take this?

No

Go to **“Associated or Healthcare Professionals”**

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

Name and role of the professional (this cannot only be your GP)	Where do they work? (include contact details if possible)

No

Go to **“Supporting Documents”**

Supporting Documents

It is your responsibility to supply supporting documentation which demonstrates how your condition/disability affects you whilst walking or undertaking a journey. If the evidence supplied is insufficient you will be required to obtain further evidence from a Health or Social Care Professional, however, the legislation provides this must not be your GP (Doctor).

A Health or Social Care Professional includes Clinical Psychologist, Educational Psychologist, Gastroenterologist, Neurologist, Occupational Therapist, Physiotherapist, Psychiatrist, Rheumatologist, Specialist Nurses or Social Workers.

Please ensure that any documents sent in with your application are a photocopy. If you require your documents to be returned, please include a stamped addressed envelope.

Are you attaching supporting documents to this application?

- Yes
- No (Go to **Section 8**)

What documents are you attaching?

(Attach copies of the documents where possible)

- Diagnosis letter
- Prescriptions
- Appointment letters
- Education, Health and Care Plan or School Risk Assessment
- GP Patient Encounter or Patient Summary
- Other (please detail below)

Section 8 – Declaration

Please tick the declaration boxes and sign one of the two sections below.

Applying for yourself

By submitting this application, you agree that:

- If your application is successful, you will use the Blue Badge in accordance with the Rights and Responsibilities booklet which will be issued with the Blue Badge
- The details provided are complete and accurate
- You will not hold more than one Blue Badge at any time
- You will tell your local authority about any changes that may affect your eligibility
- If you have applied under section 3,4,5, or 6 you agree to the local authority contacting or sharing the application with an accredited healthcare professional, if necessary, for the purpose of obtaining further information to determine this application.
- If you have applied under Section 3,4,5 or 6 you understand that you may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine your eligibility for a Blue Badge.
- You understand that the medical information you have supplied to support this application is deemed to be “sensitive personal data” and you consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.

You also agree that your local authority may:

- Contact you if there are any issues with this application or to prevent badge misuse
- Arrange a phone-based or in-person assessment for you, if required
- Check your eligibility with the information held by the Local Authority
- Suggest other benefits or services that you may be eligible for

Please tick to confirm that you agree to the above declaration and sign below.

I HAVE READ ALL OF THE ABOVE AND AGREE TO THE DECLARATION

Signed

Date of signature

Applying for someone else

By submitting this application, you agree that:

- If the application is successful, you will ensure that the Blue Badge is used in accordance with the Rights and Responsibilities booklet which will be issued with the Blue Badge
- You have the authority to submit this application
- The details provided are complete and accurate
- The applicant will not hold more than one Blue Badge at any time
- Your local authority will be told about any changes that may affect the applicant's eligibility
- If the applicant has applied under Section 3, 4, 5, or 6 they agree to the local authority contacting or sharing the application with an accredited healthcare professional, if necessary, for the purpose of obtaining further information to determine this application.
- If the applicant has applied under Section 3, 4, 5 or 6 and it is understood that they may be required to undertake an assessment with a healthcare professional who is independent of their existing care and treatment, in order to determine their eligibility for a Blue Badge.
- I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and the applicant consents to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.

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 the applicant's eligibility with the information held by the Local Authority
- Suggest other benefits or services the applicant may be eligible for

Please tick to confirm that you agree to the above declaration and sign below.

I HAVE READ ALL OF THE ABOVE AND AGREE TO THE DECLARATION

Signed

Date of signature

The Isle of Wight Council, as the data controller, will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. The council's Data Protection Officer can be contacted by email at dpo@iow.gov.uk or by writing to County Hall, High Street, Newport, Isle of Wight, PO30 1UD.

Personal information which you supply to the Isle of Wight Council will be used to process your application. Your personal data may be shared with other teams within the council in order to provide a service to you, and with other bodies responsible for auditing or administering public funds for these purposes. Further information on how the council uses your personal information can be found on the Isle of Wight Council's website www.iwight.com/nfi

To read the full privacy notice and to find out whom we share information with, please visit www.iow.gov.uk/documentlibrary/view/your-information