

REF: For office use only

Please tick as appropriate:

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Blue Badge Scheme Application Form

Please use **BLACK** ink to complete

Part A

Full Name of Applicant: Mr/Mrs/Miss/Ms

Surname at Birth:

Date of Birth: Telephone Number:

Address:

..... Post Code:

Town of Birth: Country of Birth:

Part B

1 Are you registered as blind/partially sighted under the National Assistance Act 1948? YES NO
 If YES, which local authority are you registered with:

2 Do you receive the Mobility Component (at the higher rate) of the Disability Living Allowance? YES NO

3 Do you receive War Pensioners Mobility Supplement? YES NO

4 Have you received an award under Armed Forces Compensation Scheme (AFCS) at tariff 1-8 and been assessed by the Service Personnel and Veterans Agency as being unable or virtually unable to walk? YES NO

Part C

1 What is the nature of your disability?

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

3 Do you regularly use a walking aid? If so, please state type of aid:

4 Do you drive a specifically adapted car? YES NO
 If YES, please state type of adaption

Part D

1 What is the name and address of your family doctor?
 Name:
 Surgery:

2 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 E

1 I attach one signed photograph above. YES

2 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 GP if necessary for the purpose of obtaining information to support my application.
 Name of signatory if not applicant: (See part E of Guidance Notes)

Applicants Signature:	Sign name here	Date:	Enter date here
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Data Protection – the information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Data Protection Act and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.

Blue Badge Scheme Application Form

Guidance for Applicants

The following guidance is to assist you completing your application for the Blue Badge Scheme.

Important: Please read the following **BEFORE** completing the application form

Part A “Applicant Details”

Please complete all applicant details requested in this section. If you are completing the form on behalf of someone, ensure that it is their details that are entered.

Part B “Entitlement”

1 If you are registered blind, please tick the box and state which authority you are registered with.

2 If you are in receipt of the “Mobility Component” at the “Higher Rate” of the “Disability Living Allowance” then please tick the box to confirm. You will need to supply evidence of these benefits, e.g. a Vehicle Excise Duty Exemption Certificate, or an entitlement letter from the DWP confirming your DLA mobility component at the higher rate.

3 If you are in receipt of the War Pensioners Mobility Supplement then please tick the box to confirm. You will need to supply evidence of this, e.g. an official letter confirming an award of War Pensioners Mobility Supplement.

4 If you have received an award under Armed Forces Compensation Scheme (AFCS) at tariff 1-8 and been assessed by the Service Personnel and Veterans Agency as being unable or virtually unable to walk then please tick the box. You will need to supply evidence of this, e.g. an entitlement letter from the Service Personnel and Veterans Agency, 0800 169 2277 (UK only) or +44 1253 866 043 (overseas).

Part C “Other Entitlement”

If you have answered NO to all the questions in Part B you will qualify for a badge only if you are unable to walk or virtually unable to walk 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 Scheme is that only very severely disabled people will qualify under these conditions. It is essential that each application under Part C is considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.

Please provide as much information as possible, to support your application.

Part D “GP Details”

We may need to obtain information regarding the extent of your disabilities from your doctor to support your application. Enter the doctors name, practice name and practice address.

Part E “Completing the form and what you need to support your application”

Signature: Sign the form at the bottom.

Photos: Applications should be accompanied by 1 passport type photograph of the applicant. The photograph should be signed on the back by the applicant. You may send photographs taken from self-service booths or any suitable photographs cut down to approximately 3.5cm wide by 4.5cm long. Please affix it to the box at the top of the form. Your photograph will be returned if your application is unsuccessful.

Evidence of Benefits: If you have answered YES to questions 2 or 3 in Part B, then you need to supply appropriate evidence with your application. Please ensure that the evidence is up to date and shows your current name, address and entitlement. Please **DO NOT** send us originals, you should include a photocopy of the evidence instead.

Please note that any successful Blue Badge applications will incur a £20.00 administration charge.

This will be requested prior to dispatch of your badge. You may pay by using a credit or debit card by dialing the Service Centre on 01349 886604 or visiting your local Service Point. Please be aware credit card payments are subject to a surcharge of 2%.

From 1st April 2011 the only accepted method of payment for a Blue Badge is Credit or Debit card.

Please return the completed form with appropriate photos and copies of any required evidence to:

**Blue Badge Scheme
Highland Council Service Centre,
Osprey House,
Alness Point Business Park,
Alness, Ross-Shire, IV17 0UP**

For assistance completing your form: **Tel (01349) 886604 or FAX (01349) 886655**