Blue Badge Application
Disabled Person’s Parking Badge

Please note - it can take up to eight weeks to process your application.

Existing Badge Holders - Please apply as soon as you receive the reminder which is about 9 weeks before your existing badge expires.

Print applicant’s name

National Insurance (NI) Number
eg JG 00 00 00 A

If you already have a Blue Badge please provide the following:

The badge number

Previous authority
(e.g. Kent County Council)

The expiry date

Passport quality photograph (taken within the last 12 months).
A colour photograph is required for your Blue Badge. It should be taken against a plain pale background. Your face should be seen clearly e.g. without any hat or sunglasses etc.

In case photograph becomes detached from the application form, please write your National Insurance Number on the back of the photograph.
Before you apply you will need the following:

- Your personal information including National Insurance Number.
- Evidence of qualification for a Blue Badge as detailed in the eligibility criteria.
- A photocopied one of the following: driving licence, passport, birth certificate, marriage/divorce certificate, civil partnership/dissolution certificate as proof of your identification.
- Photocopy proof of address (e.g. recent bill, Driving Licence, Council Tax Bill).
- A colour passport style photograph taken in the last 12 months.
- A £10 cheque or postal order made payable to Hampshire County Council.

Eligible without further assessment

- Receives the Higher Rate of the Mobility Component of the Disability Living Allowance.
- Is registered blind (severely sight impaired).
- Receives a War Pensioner's Mobility Supplement (WPMS).
- Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
- Receives a Personal Independence Payment (PIP) award that indicates in the ‘moving around’ activity of the mobility component that you cannot walk further than 50 metres. (Please send a photocopied of the full award letter).

Eligible subject to further assessment

- People who have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking; or
- People who drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, all or some types of parking meter.
- A child (under the age of 3) who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty.
- A child (under the age of 3) who, on account of their condition, needs to be kept near the vehicle in case of imminent emergency.
- The applicant has a severe cognitive/behavioural disorder where, in spite of the support given to them, they are still a danger/risk to themselves and those around them.

Qualification will be unsuccessful if:

- The applicant has cognitive/behavioural disorder where the support given to them significantly reduces any danger/risk to the applicant or those around them.
- You have a disabbling condition that is only temporary, such as a broken leg.
Part 1:

**Details of the person who requires the Blue Badge** (Please use block letters).

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Please only fill in this section if you are applying for a Blue Badge on behalf of someone else. Please enter your contact details here.

<table>
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<th>Relationship to the person who needs the Blue Badge.</th>
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<td>Title</td>
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<td>Mobile Number</td>
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Part 2: Declaration

Blue Badge Privacy Notice

The Hampshire County Council Blue Badge Service collects information about you as part of the application process.

The County Council will use your personal information to:

• Process your application
• Manage any Blue Badge misuse or fraud enforcement history
• Analyse the use of the Blue Badge service.

The legal basis for our use of this information is a legal obligation under The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000, and also that processing is required for reasons of substantial public interest. Analysis of Blue Badge data is conducted by Adults’ Health and Care in order to produce statistics required under the Health and Social Care Act 2012.

Your information will be collected by the County Council, and uploaded to the Blue Badge Improvement Service (BBIS), a national database owned by Northgate Public Services. BBIS is commissioned by the Department for Transport.

We are obliged to share your information with other local authorities, the government, the police and parking enforcement officers for the detection or prevention of fraud. United Kingdom enforcement authorities will have access to all Blue Badge records via BBIS where only the necessary information will be made available for the detection or prevention of fraud.

We will keep your personal information for three years from the end of the financial year in which you made your request.

You have some legal rights in respect of the personal information we collect from you. Please see our website Data Protection page for further details.

You can contact the County Council’s Data Protection Officer at data.protection@hants.gov.uk.

If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner’s Office at https://ico.org.uk/concerns/.

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Please tick all boxes to show that you have read, understand and agree with each declaration.

Not ticking any of these boxes may mean that we are unable to issue a Blue Badge to you.

Providing fraudulent information may result in prosecution and a fine.

☐ I confirm that, as far as I know, the details I provide are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.

☐ I understand that I must not hold more than one badge at a time.

☐ I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a badge.

☐ I confirm that the photograph I submit with my application is a true likeness and was taken within the last 12 months.

☐ I understand that if my application is successful, I must not allow any other person to use the badge for their benefit and I must only use the badge in accordance with the rules of the scheme as set out in the “Blue Badge Scheme: rights and responsibilities in England” leaflet which will be sent to me with the badge.

☐ I understand Hampshire County Council may use any information about me, obtained through other services I have used e.g. Adult Services, Children’s Services, to assist with the processing of my application.

Signature

Date

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Part 3: Eligibility for a Blue Badge without the need for further assessment

To be eligible for automatic qualification you need to meet one of the requirements below and evidence must be provided.

Please note if any of the awards below have been issued for a date less than 3 years in the future your badge will expire on that date.

☐ Do you receive Higher Rate Mobility Component of Disability Living Allowance? (Please note - Attendance Allowance does not apply).
   Please send us a photocopy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance and the duration of the award.

☐ Do you receive a Personal Independence Payment (PIP) award that indicates in the 'moving around' activity of the mobility component that you cannot walk further than 50 metres?
   Please send us a photocopy of the official Personal Independence Entitlement letter - all pages of the award letter must be included (no other form of evidence will be accepted to meet the PIP requirement).

☐ Do you receive a War Pensioner’s Mobility Supplement (WPMS)?
   Please send us a photocopy of the official letter confirming that you receive the allowance.

☐ Do you receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme (within tariff 1-8) and have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking?
   Please send us a photocopy of the official letter confirming that you receive the allowance.

☐ Are you registered severely sight impaired (Blind) - if so, please send us a photocopy of the evidence of the registration.

If you have ticked any of the boxes above please continue to the checklist on Page 12.

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Part 4:

To enable us to assess your application please answer all 22 compulsory questions in this section (if terminal illness with a poor prognosis then please go to Part 5).

Please note that this section is about understanding your permanent and/or substantial disability which means you are unable to walk or have very considerable physical difficulty in walking.

1 Please give a **detailed** description (even if you have held a badge before) of the condition/disability that affects your walking ability.

Please include details of any relevant courses of treatment or surgery that you have undergone or are awaiting and of the healthcare professionals or specialists who have been treating you.

Please give details of any medication you are taking in relation to the condition/disability that affects your mobility.

(Applications will be unsuccessful if the information/evidence provided does not satisfactorily evidence how your condition impacts you ability to walk).

**Condition/Disability Description** (Helpful medical evidence includes letter of diagnoses, consultation report and/or treatment plans). Please attach any medical report or hospital letters you already possess that would support your application. **Letters from your GP to support your application are not required, unless you already have one in your possession.** Registering online with your GP surgery will enable you to access your Patient Summary which should support your application. The following link gives information on your health and care records and how to access them:

https://www.nhs.uk/NHSEngland/thenhs/healthrecords/Pages/what_to_do.aspx

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Do you anticipate that your conditions/disabilities will improve in the next 3 years?  
Yes ☐  No ☐

Please answer the following questions and provide further information in the space below.

Are you waiting for surgery or treatment in relation to the condition that impairs your walking ability?  
Yes ☐  No ☐

Are you recovering from an operation in relation to your walking ability?  
Yes ☐  No ☐

Are you managing your condition because it is not expected to improve?  
Yes ☐  No ☐

Are you able to walk well, including recreational walks?  
Yes ☐  No ☐

Do you struggle with longer distances or hills?  
Yes ☐  No ☐

Do you use a wheelchair for longer trips outside the home? (This does not include mobility scooters)  
Yes ☐  No ☐

Are you able to climb stairs or steps?  
Yes ☐  No ☐

Are you able to walk outside without assistance from another person?  
Yes ☐  No ☐

If you use walking aids please tell us what equipment you use.

Please tick the box that best describes the way you walk.

Normal ☐  Adequate ☐  Poor ☐  Extremely poor ☐  Unable to walk at all ☐

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Give a detailed explanation for the selection you have made above.

11 Do you get breathless when walking for more than a few minutes?  
   Yes [ ] No [ ]

12 Are you troubled with shortness of breath when hurrying on level ground or walking up hill?  
   Yes [ ] No [ ]

13 Do you get extremely breathless when using stairs?  
   Yes [ ] No [ ]

14 Do you have to stop for breath when walking at your normal pace on level ground?  
   Yes [ ] No [ ]

15 Do you get too breathless to leave your home, or after getting dressed?  
   Yes [ ] No [ ]

16 Are you seeing a specialist or attending clinics for pain relief?  
   Yes [ ] No [ ]
   Name and contact number of specialist or clinic.

17 Are you currently taking any pain relief in relation to the medical conditions/disabilities you have described?  
   Yes [ ] No [ ]
   If yes, please explain what you are taking and how frequently you need it.

18 Do you find it too painful when walking for more than a few minutes?  
   Yes [ ] No [ ]

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
19 Please tell us how far you are able to walk before the severe discomfort, pain or breathlessness you experience prevents you walking any further. 

_______ metres or _______ yards

From your home, where in your local area can you comfortably walk to?

20 How long does it take to walk this distance in minutes? ______

21 Are you able to continue walking after a short rest? 

Yes [ ] No [ ]

22 If you can continue, roughly how long in minutes are you able to walk for in total? ______ minutes

Part 5:

If the applicant has a terminal illness with a poor prognosis then please use the ‘condition’ box below. Please explain the illness, prognosis and how it affects your mobility. To support your application, provide a DS1500 form or hospital letter confirming your diagnosis and prognosis.

Condition

Medication

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Part 6:
Eligibility for a Blue Badge subject to further assessment for a child under the age of three where their condition requires transporting bulky medical equipment, or where they need to be kept near a motor vehicle on account of their condition (e.g. Hip Dysplasia).

Does your child’s condition require transporting bulky medical equipment, and/or do they need to be kept near a motor vehicle on the account of their condition?

Yes [ ] No [ ]

(A badge acquired on this basis will no longer be valid after your child’s 3rd birthday).

Please give a description of the medical condition (and equipment used if relevant).

Part 7:
Eligibility for a Blue Badge subject to further assessment due to severe disability in both arms.

Please complete the next 3 questions only if you hold a valid driving licence and have a severe disability in both arms and cannot turn the steering wheel of a vehicle by hand, even if a turning knob is fitted, and cannot use parking meters.

1. What is the nature of your disability?

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

3. Please give details of the adaptation.

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.
Check list

**All applications** (People who are terminally ill with a poor prognosis can ignore points 1, 2 and 3).

1. Photocopy proof of address (e.g. a recent bill, Driving Licence, Council Tax Bill).
2. Photocopy proof of identity (e.g. Driving Licence, Birth Certificate, Marriage Certificate).
3. A passport quality photograph taken within the last 12 months (see the front page).
4. A cheque or postal order for £10.00 payable to Hampshire County Council.
   
   Please note: a current driving licence provides us with both proof of identity and address.

For applications without further assessment, one of the following:

1. Photocopy of Higher Rate Mobility letter (confirming you receive the allowance and the duration of the award).
2. Photocopy of War Pensions mobility supplement letter.
3. Photocopy of Armed Forces (compensation) Scheme letter.
5. Photocopy of Certificate of Visual Impairment (CVI) or other evidence of the registration which states that you are registered severely sight impaired.
6. DS1500 form/hospital letter if application for terminal illness with poor prognosis.

Please note: applications that are incomplete and/or missing photograph, payment or other required documentation will be returned to you for completion. Incorrect postage will also delay your application.

Please send your completed application to:

Blue Badge
PO Box 696
FAREHAM
PO14 9PD

Website www.hants.gov.uk/transport
Tel: 0300 555 1376

Expired Blue Badges must be returned to the address above and only after the start date of your new Blue Badge. This date can be found on the front of your Blue Badge.

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents.