



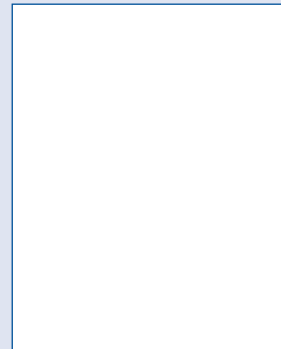
Account Number:

**CONFIDENTIAL**

# Blue Badge Scheme

## Parking Concessions for Disabled People

### Application Form (BB1)



Please TICK  as appropriate

First application for Badge

Renewal application

If the application is for a renewal please state: Current Badge number:

Current Badge expiry date:

GENDER    Adult Male     Adult Female     Child Male     Child Female

### Part A – Applicant’s details

Full name of applicant: (Mr/Mrs/Miss/Ms)

Address:

Postcode:     Telephone:     Email:

Previous address, if different in the last three years:

Postcode:

Date of birth:     Age (years):

National Insurance Number:    LETTERS    NUMBERS    LETTER

I will require translation services if called for a Mobility Assessment

Please state language that you will need translation into

Will you be the driver?    Yes     No     Will you be a passenger?    Yes     No

#### Confirmation of address

Please supply a photocopy of one of the following, dated within the last six months, as proof that you live in Islington:

Utility bill     Tenancy agreement     Council Tax bill     DWP/Child benefit letter

#### Confirmation of identity

You must attach a photocopy of one of the following as proof of your identity:

Birth/adoption certificate     Valid driving licence     Passport     Freedom Pass

## Part B – General eligibility information

1 Are you Registered Severely Sight Impaired (Blind)?

Yes  No

If Yes, please provide copy of CVI or BD8 form.

Are you known to the Sensory Team at Islington?

Yes  No

2 Do you receive the **Higher Rate of the Mobility** component of the Disability Living Allowance?

Yes  No

If Yes, please supply evidence of this award (e.g. an official letter confirming your entitlement to the award and the period of that award, or a Vehicle Excise Duty Exemption Certificate).

Please note that Attendance Allowance or Care Allowance are **not** qualifying allowances.

3 Do you receive War Pensioners' Mobility Supplement?

Yes  No

If Yes, please supply evidence (e.g. an official letter confirming an award of the Pensioners' Mobility Supplement).

If you have answered Yes to any of the questions in **Part B**, please go to **Part E**. If you have answered No to all the questions in **Part B**, you may qualify for a badge under **Part C** or **Part D**.

### Children under two years of age

**Children under two years of age may qualify for a Blue Badge if they:**

- Have a condition that requires that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty, or
- Have a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken in the vehicle to a place where they can be treated.

If either of the above applies, provide details of any medical equipment or emergency treatment required.

### Important Notes – Please read before completing Parts C or D

- If you have answered NO to all the questions in **Part B** you will qualify for a badge only if you cannot walk or can walk only with severe difficulty, 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** or **Part D** be considered carefully. You may be asked to provide medical evidence of your disability or attend a mobility assessment.
- Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who cannot turn by hand the steering wheel of a vehicle.
- People with temporary disabilities, such as a broken leg, will not qualify for badges.

If after reading these notes you think you may qualify for a badge, please read **Part C** and **Part D**.

## Part C – Unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability

- 1 Please state how your disability or medical condition affects your ability to walk.
- 
- 2 Please tick the box that best describes your walking ability:
- Reasonable  (for example with a slight limp)
- With difficulty  (for example, with a pronounced limp, or stiff leg or shuffle, or you have balance problems or breathlessness)
- With considerable difficulty  (for example, you drag your leg, stagger, get breathless or need physical support such as an assistant or carer or mobility aid)
- Unable to walk  (for example, you rely on a wheelchair to get around)
- 3 What is the maximum distance you are usually able to walk without pain or discomfort?  metres
- 4 Approximately how many steps are you able to climb without difficulty?  steps
- 5 Are you able to stand for up to 20 minutes without difficulty? Yes  No
- 6 Do you take regular medication for your condition? Yes  No   
(If you answered Yes we may require evidence of your prescriptions.)
- 7 Please give details of any treatment that you have received in the past 12 months relating to your disability: physiotherapy, occupational therapy, dialysis or chemotherapy.
- 
- 8 Do you use any mobility aids to assist your walking or mobility? Yes  No  Sometimes   
If Yes, please state the type: wheelchair  Walking stick  Zimmer frame  Other
- 9 Has an occupational therapist or medical professional approved the use of the walking aid?  
Yes  No

## Part D – Severe disability in both arms

Complete this part only if you hold a valid driving licence and have 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 makes it considerably difficult to operate all or some types of parking meter.

- 1 What is the nature of your disability?
- 
- 2 Do you drive a specially adapted car? Yes  No   
If Yes, please state the type of adaptation.
-

## Part E – This part must be completed in all cases

### Photographs and consent

Two recent passport-type photographs of the applicant should normally accompany the application; the applicant should sign both photographs on the back. No Blue Badge can be issued without a photograph; therefore if you do not provide photos now you will need to do so before any Badge can be issued. The photographs will be returned if the application is unsuccessful. The photographs may be taken from self-service booths or any suitable photographs cut down to an appropriate size.

- I attach two photographs Yes  No
- In signing this form you are signing that the two photographs are a true likeness.

### Declaration

- I understand that you may prosecute me if I have given any information on this form, which is knowingly inaccurate or untrue, or any supporting documentation which is false or fraudulent.
- I declare that, to the best of my knowledge, all the information I have provided is correct.
- I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.
- I agree to the local authority contacting any accredited health professional if necessary for the purpose of obtaining information to support my application.
- I agree to the local authority sharing information in this form with other local authorities responsible for the Blue Badge Scheme and with parking enforcement agencies for the purpose of preventing and detecting crime.
- I understand and agree that the Blue Badge remains the property of Islington Council and should not be altered in any way.
- I acknowledge that this badge is for my sole use, and cannot be displayed in a vehicle if I am not a passenger.
- In order to assist with the processing of your application, you must enclose up-to-date medical information from your Consultant.

### Data Protection Statement

The London Borough of Islington will use information, including personal and medical information, collected through the issuing of this Blue Badge for the enforcement of traffic contraventions and it may also be used for compatible purposes. The information may be disclosed to London Councils, other enforcement agencies and third parties where it is necessary and lawful to do so e.g. for the prevention and detection of crime. All information will be processed in accordance with the Data Protection Act 1998.

**Signed:**

**Please also sign box at bottom of page for use on Badge**

**Date:**

**Name (in print):**

If you are signing on behalf of the applicant, please state relationship to the applicant:

**Please return to: Blue Badge Section, Islington Parking Services, PO Box 46106, London EC1B 1BR.**

**If you require this document in braille, large print or a translation please contact 020 7527 2000**

For office use only:

Blue Badge number:

Issue date:

Renewal date:

**Please repeat signature here.  
This will be used on the Badge.**