Blue Badge Application

Disabled Person’s Parking Badge

This form is for anyone applying for, or renewing, a Blue Badge

Only complete this application if you live within the Borough of Reading

Part 1: To be read by ALL applicants

You must provide complete and accurate information on your application. It is an offence under the Road Traffic Regulation Act 1984, the Chronically Sick and Disabled Act 1970 and the Fraud Act 2006 to provide fraudulent information which can result in prosecution and a fine.

We may require you to undertake an assessment with an independent healthcare professional to determine your eligibility for a Blue Badge.

The information you provide on this form will only be used to process your application for a Blue Badge. The Council may share your details with other local authorities, the Police and parking enforcement officers to detect and prevent fraud and authorised third party mobility assessors. The Council may also be required to share your information for statutory purposes.

Part 2: DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Please note: We will return your application to you if you do not attach the required documentation with your completed form or if the application has not been completed fully.

Recent photograph

1. Please note that we require a recent (taken within last 6 months) coloured photograph for your Blue Badge.

It must be the same size as a passport photograph (3.5cm wide by 4.5cm high). The photograph should be taken against a plain pale background, and your face must be clearly seen without any hat or sunglasses etc.

Please attach your photograph to the front of the application form.

Please PRINT and sign your name on the back.

We will return your photograph if your application is refused.
2. You must attach a photocopy of one of the following documents (must be dated within the last 12 months) to prove you live within the Borough of Reading.

- Council Tax bill bearing your name and address.
- Award letter from Service Personnel and Veterans Agency.
- Benefit award letter from the Department for Work and Pensions.
- Copy of a valid driving licence.
- Housing benefit (or other type of benefit) award letter.
- Pensions letter from The Pension Service.
- Utility bill

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

- Birth Certificate/adoption Certificate
- Marriage/Divorce Certificate
- Certificate of British Nationality
- Civil Partnership/Dissolution Certificate
- HM Forces ID card
- Identity card for foreign nationals
- Passport
For applications that are based on your difficulties in walking please note the following:

A permanent disability is one that is likely to last for the duration of your life. Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn’s disease/incontinent conditions and Myalgic Encephalomyelitis (ME) are not in themselves a qualification for a badge. People with these conditions may be eligible for a badge, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

Frequently Asked Questions

Q. What kind of information will I need to provide on this application?

A. You **MUST** provide detailed information about your disability and mobility difficulties. It is **YOUR** responsibility to provide any letters of support from health professionals or others with your application if you want them to be considered - the Blue Badge Team **WILL NOT** contact your GP for this information.

Q. Can I have a temporary Badge?

A. No - under the new regulations we cannot issue temporary badges. Blue Badges are only for people who have a permanent and substantial disability (i.e. a condition that is likely to last for the duration of their life).”.

Q. When will I hear the result of my application?

A. We will write to you to inform you if you don’t meet the eligibility criteria or if we require you to come in for further assessment to determine if you are eligible.

If you are eligible without further assessment we will write to you when your application has been processed and the badge is ready.

Applications normally take to 6-8 weeks to process but this can vary depending on the volume of applications we receive.

Q. I already have a Badge - why do I have to re-apply?

A. Our new system for determining eligibility for Blue Badges requires all badge holders to show us that they still meet the criteria.

Q. Where can I get more information?

A. Visit [www.reading.gov.uk/bluebadge](http://www.reading.gov.uk/bluebadge)
Part 3: Details of the person who requires the Blue Badge

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<thead>
<tr>
<th>Title</th>
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<td>Forename(s)</td>
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<td>Country of Birth</td>
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<td>National Insurance Number</td>
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Address of the person who requires the Blue Badge:

| Line 1          |                      |
| Line 2          |                      |
| Town            |                      |
| Postcode        |                      |
| Email address   |                      |
| Telephone number|                      |
| Mobile number   |                      |

Previous address if applicant has moved within the last 3 years:

| Line 1          |                      |
| Line 2          |                      |
| Town            |                      |
| Postcode        |                      |

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

1. Badge number
2. Expiry date
3. Issued by (council name)
Part 4: Eligibility for a Blue Badge without the need for further assessment

*If you tick one of the questions below then you do not need to complete the rest of the questions on the application form. Please go to Page 13, to read and sign the declaration and review the Check List to ensure you have a complete application.

- Are you registered blind by a Local Authority under the National Assistance Act 1948?
  Please send us a copy of your registration card (both sides).

- Do you receive Higher Rate Mobility Component of Disability Living Allowance?
  Please send us a current copy (dated in the last 12 months) of the official DWP letter confirming that you receive the allowance.
  Please note if your award is for a date less than 3 years then your badge will be issued up to the end date of the award.
  **IF YOU ARE IN RECEIPT OF ATTENDANCE ALLOWANCE THEN PLEASE GO TO PART 5 OF THE APPLICATION FORM AND COMPLETE THE REST OF THE FORM.**

- Do you receive the appropriate component of Personal Independence Payment (PIP) for the ‘Moving Around’ descriptor for Mobility?
  Does your ‘Moving Around’ descriptor for the Mobility Component meet/match any of the following statements?
  - You can stand and then move unaided more than 20 metres but no more than 50 metres (8 points)
  - You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. (10 points)
  - You can stand and then move more than 1 metre but no more than 20 metres (12 points)
  - You cannot stand or move more than 1 metre (12 points)
  If you ticked one of the above statements (8, 10 or 12 points) for the ‘Moving Around’ descriptor of the Mobility Component of PIP, you MUST enclose a copy of your letter of entitlement to this benefit issued within the last twelve months.

  When does your award end? 🗓️_
  🗓️_
  🗓️_
  🗓️_
  🗓️_
  🗓️_
  _ or 🗓️ ongoing

  Please note that we may check that you are in receipt of this award with the Department for Work and Pensions.

- Do you receive a war pensioner’s mobility supplement?
  Please send us a current copy of the official letter confirming that you receive the allowance.
  *Please note if your allowance has been awarded for a date less than 3 years, then your badge will be issued up to the end date of 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 current copy of the official letter confirming that you receive the allowance.

*Please note if your allowance has been awarded for a date less than 3 years, then your badge will be issued up to the end date of the allowance.

Eligibility for a Blue Badge subject to further assessment

Part 5: ONLY complete this section if you have a severe disability in both arms

These questions are intended for people who have answered NO to all of the questions in Part 3. Please note that you will only qualify for a Blue Badge under this criterion if you drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.

Do you drive regularly?

☐ Yes ☐ No

Do you have a severe disability in both arms?

☐ Yes ☐ No

If you answered NO to both of the above questions go to Part 5

If yes, Please describe your medical condition / disability

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 ☐ No

If yes, please describe the difficulties you have with operating parking meters and pay and display machines.

Do you drive a specially adapted vehicle?

☐ Yes ☐ No
If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation.

Part 6: ONLY complete this section if your application is because you have difficulties in walking

Please note that this section is about understanding your permanent and substantial disability which means you are unable to walk or have very considerable difficulty in walking. Remember we may ask you to have an independent mobility assessment as part of your application.

Please answer all the questions in this section

State any medical conditions/disabilities you have been diagnosed with:

Describe any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition/disability you have mentioned.

Please list ALL medication

Do you take pain relief for the conditions/disabilities listed above?  ☐ Yes  ☐ No
If yes, please explain what you take and how often you need it:

Are you currently... (Please tick whichever statements apply to you and provide further details in the space below).

- Awaiting surgery related to the conditions/disabilities listed above?
- Recovering from surgery related to these conditions/disabilities?
- Awaiting treatment for any of these conditions/disabilities?
- Managing your condition/disability since you have been advised it is not expected to improve any further?
- None of the above

Are your conditions/disabilities likely to improve in the next 3 years?  

Yes  No

Health and Mobility

Please tick whichever of the following statements best describes your general walking ability:

- 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, 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.

Are you able to walk outside without help?  

Yes  No
If No, please describe the help you need in the space below.

Where, in your local area, can you manage to walk to from your home? (give a specific location/landmark which could be found on a map, e.g. a shop, street address or park)

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.

If none of the above applies please use the space below to describe the way you walk:

Do you use any of the following walking aids? (Please tick whichever options apply to you - you can tick more than one box)

- 1 elbow crutch
- 2 elbow crutches
- 1 walking stick
- 2 walking sticks
- Walking frame (Zimmer frame)
- Rollator
- Wheelchair
- I need someone to push my wheelchair
- Powered wheelchair
- Other (please describe in the space below)

I use the equipment ticked above:

- Sometimes
- Always
- Indoors
- Outdoors
Were your walking aids… (Please tick whichever options apply to you)

- [ ] Purchased privately by you
- [ ] Prescribed by a healthcare professional
- [ ] Provided by Social Services
- [ ] Other (please describe below)

How far would you estimate you are able to walk, using any walking aids? *(Please state the distance in metres or yards using whichever measure is best for you)*

Metres

Yards

Roughly how much time would you estimate it takes you to walk this distance?  

Minutes

Are you able to continue after a short rest

- [ ] Yes
- [ ] No

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- [ ] Yes
- [ ] No

Do you get short of breath walking with other people of your own age on level ground?

- [ ] Yes
- [ ] No

Do you have to stop for breath when walking at your own pace on level ground?

- [ ] Yes
- [ ] No

Do you get too breathless to leave your home, or after dressing?

- [ ] Yes
- [ ] No

Do you have stairs in your home

- [ ] Yes
- [ ] No

How difficult is it for you to use stairs?

- [ ] Not difficult
- [ ] Quite difficult
- [ ] Very difficult
- [ ] Unable to climb stairs

**Balance Problems/Dizzy spells**

Do you have balance problems?

- [ ] Yes
- [ ] No

Have you had any recent falls?

- [ ] Yes
- [ ] No

If yes, when was the last time you fell?
How many times have you fallen in the last 12 months?

Please tell us about your last fall:

Specialist Equipment
Have you had an Occupational Therapy Assessment? □ Yes □ No
If so, were you provided with any equipment? □ Yes □ No

Other Services
Do you receive support from Social Services? □ Yes □ No
If yes, please describe:

Is there anything else you would like to add that you think is relevant in support of this application?
Part 7: ONLY complete this section for ‘subject to further assessment’ applicants under the age of three

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

Is this application for a child under three years old with a condition requiring transportation of bulky medical equipment at all times?  
☐ Yes  ☐ No

If yes, please state what type of equipment is required:

Are you applying on behalf of a child under three years old who suffers from a condition that requires they must be always kept near a motor vehicle so they can, if necessary, be treated for that condition on the vehicle or taken quickly in the vehicle to a place where they can be treated?  
☐ Yes  ☐ No

If YES, please describe the child’s medical condition:

If you answered yes to either of the questions above please enclose a letter from a healthcare professional who has been involved in your child’s treatment (for example your GP or paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below:
Mandatory declarations for ALL APPLICANTS about the information you have provided and the application process.

Please read the following declarations thoroughly.

- Please tick all relevant boxes to indicate that you have read, understood and agreed with each declaration. Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing false or misleading information may result in prosecution, a fine or both.

Declarations to be completed by all applicants

- I confirm that the details I have provided are complete and accurate. I understand that you may take action against me if I have supplied false or inaccurate information in this application form.
- I understand that it is an offence to hold more than one valid Blue Badge at a time.
- I understand that I MUST promptly inform Reading Borough Council, in writing, of any changes that may affect my entitlement to a badge.
- I confirm that the photograph submitted with this application is less than six months old and is a true likeness of me.
- 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” leaflet which will be sent to me with the badge.
- I understand that it is a criminal offence to misuse the Blue Badge and that any misuse could result in prosecution, a fine of up to £1000 and/or withdrawal of the badge.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 4. 5 or 6)

- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment in order to determine my 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 I 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 in line with the Data Protection Act 1998.
- I agree to the Council contacting an accredited healthcare professional (if necessary) to obtain further information in support of my application.

Date of application

Please PRINT your name here

Please SIGN your name here
Check list

It is important to ensure that you have:

- fully completed this application and
- ticked all the boxes and signed the Declaration on page 13 and
- enclosed all the relevant documents listed below (do not send the original documents).

ALL applicants are required to provide ALL of the following documents

- Copy of proof that you live in the Borough of Reading
- Copy of proof of your identity
- A recent passport style photograph (see page 1)

For Applications who ticked one of the questions in Part 4, MUST also provide ONE of the following documents

- Copy of your blind registration (both sides)
- Copy of the letter of entitlement to Personal Independence Payment (PIP) for the ‘Moving Around’ descriptor for Mobility
- Copy of Higher Rate Mobility letter
- Copy of War Pensions mobility supplement letter
- Copy of Armed Forces (compensation) Scheme letter

The Blue Badge Team will let you know if your application has been successful.

You will be asked to pay a fee of £5.52 which will be charged when you collect your badge. Please do not send payment with this application.

Please return your completed application to:

Blue Badge Team
Reading Borough
Council Civic Offices
Reading RG1 2LU

Charges levied by The Royal Mail are based on the size of the envelope/package. It is your responsibility to ensure that the correct postage cost is paid when returning your completed application to ensure this is delivered to Reading Borough Council.