

Apply for a Blue Badge

You can apply for a blue badge online at www.surreycc.gov.uk/bluebadges



If you are unable to apply online you can use this form to apply for a Blue Badge for yourself, someone else or to renew a Blue Badge.

A Blue Badge from Surrey County Council costs £10.

Aug 22 v12 Weybridge

You'll need to provide: proof of identity, proof of address and proof of any qualifying benefits (if applicable), a recent colour photograph, payment and evidence of your eligibility.

Visit: www.surreycc.gov.uk/bluebadges to apply online or find further information about the Blue Badge scheme.

Section 1 – All applicants should complete this section

Who are you applying for?

- Myself (the badge is for you)
- Someone else (a relative or somebody 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.
- An organisation. You can now select this option online at www.surreycc.gov.uk/bluebadges

If you're applying for somebody else, we'll ask for your name and your relationship to the applicant.

Title **Full name** (First name and last name)

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The name should be the full name of the person the badge is for.

Has your name changed since birth?

If Yes, full name at birth

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National insurance number (Leave blank if you don't know it)

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letter letter 6 numbers letter

This helps us to find your details if you call up about your application.

Gender

Man (or boy) Woman (or girl)

I identify in a different way

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Date of birth (Day / Month / Year)

--

Do you already have a Blue Badge?

If Yes, enter the badge number (first 6 digits) and expiry date

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Applicant's Address (This is where the badge will be posted to)

Postcode:

Office use only

Aug 22v12 Weybridge

Photo	Fee	POI	POA	DOC	Signed	Date
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Primary phone number

Secondary phone number

Email address

Your mobile number may be used to send text message updates in the future.

This will be used for updates about the application.

If you are applying on behalf of somebody else

Who should be contacted about this application?

(If you're the contact, put your full name here)

Your relationship to the applicant e.g. parent or carer

Proof of ID and Proof of Address and payment

- for the person the badge application is for

Please provide a **copy** of one of the following documents showing proof of identity for the person the badge application is for.

Proof of Identify is only required if you are a NEW applicant to Surrey County Council or if we ask to see a copy.

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

Please do not send originals.

Please provide a **copy** of one of the following documents that is **dated within the last 12 months** showing proof of address for the person the badge application is for.

- Council tax
- Utility bill
- Driving licence
- Benefit letter
- School record
- Electoral roll
- NHS letter or prescription

Badge fee

You will need to pay **£10**. **If you apply online you can pay online otherwise please pay by cheque or postal order. DO NOT SEND CASH.** Make cheques and postal orders payable to **Surrey County Council**. **Please** write the name of the applicant on the back.

Alternatively we can send you a link via your email address so you can pay online at a later date.

Attach a **copy** of the proof of identity to this application.

Proof of Identify is only required if you are a NEW applicant to Surrey County Council

Attach a **copy** of the proof of address to this application.

Recent colour photograph of the applicant

You'll need to provide a colour photo as this will 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 was taken within the last 6 months

It's best to get somebody else to take the photo.

If you are posting a photo, then it should have the applicant's name and a signature on the back.

Terminal Illness

I have a terminal illness which means I cannot walk or find walking very difficult.

I have enclosed a DS1500 form and/or a letter from a hospice which gives more details about the diagnosis. **Go to section 8.**

Please send us a copy of your DS1500 form

Which sections should I complete?

Section 1 – **All applicants** should complete this section. See page 1

Section 2 – Benefits – answer this section if you receive the qualifying benefits or if you are severely sight impaired/blind. See page 6

Section 3 – Walking difficulties – answer this section if you have significant difficulty walking or you cannot walk at all. See page 10

Section 4 – Non-visible disabilities - answer this section only if you have a non-visible disability or condition which causes you to severely struggle with journeys. See page 17

Section 5 – Answer this section only if you have a disability which affects both arms. See page 22

Section 6 – Answer this section if you are applying for a child under 3. See page 25

Section 7 – **All applicants** should complete this section about medication, and treatments and health professionals. See pages 24 - 26

Section 8 – **All Applicants** can add supporting documents. See page 28

Section 9 – **All applicants** or their representatives must complete this declarations section. See page 30

Section 2 – Benefits or severely sight impaired

You may automatically qualify for a Blue Badge if you either:

- Are severely sight impaired/blind
- Received 8 or more points in the “moving around” criteria
- Receive 10 points in the “planning and following journeys” part of the mobility assessment because any journey would cause overwhelming psychological distress.
- Receive the higher rate of the mobility component for Disability Living Allowance (DLA)
- Receive the War Pensioners’ Mobility Supplement
- Receive a qualifying award under the Armed Forces Compensation Scheme

If none of these apply to you, go to **Section 3**.

If you receive the benefits mentioned in this section and can provide the evidence or you are severely sight impaired please complete this section then go to **Section 9**.

Unless you are registered as severely sight impaired (blind), you will need to attach a copy of the proof of your benefit to this application.

Severely sight impaired (blind)

Are you registered as severely sight impaired (blind) and do you give us permission to check the register at the local authority?

Yes

Enter the name of the local authority

No

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

If you are not registered as severely sight impaired/blind and you would like to be, please contact Sight for Surrey on

01372 377701

Please send us a copy of your Certificate of Vision Impairment.

Disability Living Allowance (DLA)

Were you awarded the higher rate of the mobility component?

Yes - If your award has an end date, enter that date below.

If you were awarded the higher rate of the mobility component, you need to attach a copy of the letter from the Department of Work and Pensions (DWP), dated within the last 12 months. This certificate of entitlement should confirm your mobility rate.

Now go to section 8

No - You should answer the questions in **Section 3**

Personal Independence Payment (PIP) "Moving around"

Did you score 8 points or more in the "moving around" part of the mobility component?

Yes

How many points were scored?

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

Badges will be issued for a maximum of 3 years and for a shorter period if your PIP award ends within the next 3 years.

If you scored 8 points or more in the "moving around" part of the mobility component, you need to attach a copy of every page from the award letter from the Department for Work and Pensions (DWP). It should show your entitlement to PIP and the scores (including the mobility scores).

No - Answer the next question under "PIP"

Please send a copy of the award letter with this application.

Please send a copy of all the pages from the award letter with this application.

Badges will be issued for a maximum of 3 years and for a shorter period if your PIP award ends within the next 3 years.

If you need a copy of your award, the Department for Work and Pensions can be contacted on 0800 121 4433

Personal Independence Payment (PIP)

“Planning and following”

Do you score 10 points in the “planning and following a journey”

Descriptor E in the mobility section.

10 points – in descriptor “E” states “You “cannot undertake any journey because it would cause overwhelming psychological distress”*

Yes

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

If you did score the 10 points outlined in descriptor “E” in the “planning and following journeys” you will need to attach a copy of every page from the award letter from the DWP. It should show your entitlement to PIP, assessment scores (including the mobility scores).

*ONLY people who score 10 points under this specific descriptor “E” will be automatically eligible for a Blue Badge, otherwise you can complete section 4 of this application form and supply supporting documents.

No - You should answer the questions in **Section 3**

Please send a copy of all of the pages from the award letter with this application.

The end date will be in line with the expiry date of your Blue Badge.

If you need a copy of your award, the Department for Work and Pensions can be contacted on

0800 121 4433

Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 to 8 of the scheme and

Have you been certified as having a permanent and substantial disability?

Yes

Enclose the original letter from Veterans UK* as proof N.B. letters were previously issued by the Service Personnel and Veterans Agency (SPVA)

No

You must enclose a copy of the original letter as proof of entitlement

*Veterans UK can be contacted on

0800 169 2277

War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

Yes

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

No

You must enclose a copy of the original letter as proof of entitlement.

To get a copy of your WPMS you can contact SPVA on

0800 169 2277

Section 3 – Walking Difficulties

If you answered “yes” to any of the questions in Section 2, and receive the qualifying benefits there is no need to complete this section so please go straight to **Section 7**. If you do not receive the qualifying benefits please answer this section fully.

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

- Yes – continue answering this section
- No Go to section 4

Name any health condition or disabilities that affect your walking (try to use the correct medical terms, if you know them)

Be as descriptive as possible, but we'll ask you some more questions after this about how your walking is affected and things like medication.

If you need to add a separate sheet please do so.

How does your health condition make walking difficult for you?
(Tick all that apply)

- Excessive Pain
- Severe Breathlessness
- Balance, Co-ordination and posture issues
- It takes me a long time
- It's dangerous to my health and safety

There are now further questions on each of these issues.

If you did not tick “Excessive Pain”, don’t answer this section.

How would you describe the pain you experience, when walking? (You can choose more than one)

When I take my pain relief medication I am able to cope with the pain

Even after taking pain relief medication I have to stop and take regular breaks

Even after taking pain relief medication the pain makes me physically sick

Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable

Other

Describe the pain

Breathlessness

If you didn't tick "Breathlessness", don't answer this section.

When do you get breathless?

(You can choose more than one)

Walking up a slight hill

Trying to keep up with others on level ground

Walking on level ground at my own pace

Getting dressed or trying to leave my home

Other

Describe why you get breathless

Please note eligibility for the Blue Badge scheme is not based solely on a person's diagnosis

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)

Surrey County Council may arrange an independent assessment if your eligibility is unclear

How would you describe your balance or coordination when walking?

(You can choose more than one)

I can walk around a supermarket, with the support of a Trolley

I can walk up/down a single flight of stairs in a house

I can only walk around indoors

I can walk around a small shopping centre

Other

Describe your balance or coordination, when walking

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

Yes No

It's dangerous to my health and safety

Describe how your condition makes walking dangerous

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

Yes No

Something else

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

Help to get around

What aid or support do you use? (For example, a wheelchair, crutches or a member of your family)	When do you need this help? (For example, to get to the shops)	If it's an aid, how was it provided? (For example, Hospital or bought privately)

Describe somewhere you can walk from and to.

(Be specific and use place names or house numbers)

For example,
“from my home to Tesco on Brown Street” or
“from my home to No. 36 on my street”)

If you use an aid to get around, then your answer should be whilst using that aid

How long does it take you?

(For example, 8 minutes)

How long can you walk for without stopping?

(If you listed an aid, then your answer should be when using that aid)

“Stopping” could be to take a rest or to catch your breath.” Only tick one.

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

“Stopping” could be to take a rest or to catch your breath.

Only tick one.

Please now move onto section 7

Section 7 – Treatments and Medication healthcare professionals and supporting documents

Section 4 – Non visible disabilities

Do you have a non-visible (hidden) disability or condition causing you to severely struggle with journeys between a vehicle and your destination?

- Yes - Continue answering ALL the questions in this section
- No - Go onto **Section 7**

***Please note: To be issued with a Blue Badge under the non-visible disabilities criteria, you will need to provide evidence from a relevant professional to support your application, or it will be refused.**

What affects you taking a journey between a vehicle and your destination?

(Tick all that apply)

I am at risk near vehicles, in traffic or car parks

When are you at risk?

- Almost Never Sometimes
- Almost every journey Every journey

Please give an example of when you have been at risk near vehicles, in traffic or car parks

Remember, when we are referring to “you” this is the applicant.

If you’re applying for somebody else, answer the questions on their behalf

I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys Every journey

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

How often does this happen?

Almost Never Sometimes

Almost every journey Every journey

Please describe the kinds of incidents that have happened or are likely to happen on journeys

I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown)

How often does this happen?

Almost Never Sometimes

Almost every journey Every journey

Please give examples of the situations that cause the meltdowns

Any application under the hidden disability criteria needs to be supported with professional evidence

I can become extremely anxious or fearful of public/open spaces.

How often do you become extremely anxious/fearful?

Almost Never Sometimes

Almost every journey Every journey

Please describe the levels of anxiety

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

Something else

Please describe what affects you taking a journey

How would a Blue Badge improve taking a journey between a vehicle and your destination?

(Describe the applicant's needs, in detail)



In this section we are looking for the detail of the improvements a blue badge would have on your journeys



What measures are currently taken to try to improve journeys for you between a vehicle and your destination?

(List the steps taken to try to improve journeys)

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

How effective are these measures?

Section 5 – Disability that affects both arms

If you answer “no” to the first question in this section but “yes” to any of the questions in sections 3 or 4, go straight to **Section 7**.

Do you have a disability in both arms?

Yes – Continue answering the next questions in this section

No – Go to section 6

Do you drive regularly

Yes – Continue answering the questions in this section

No – go to section 6

Name any health conditions or disabilities that affect your arms - (Try to use the correct medical terms, if you know them)

Do you struggle to operate parking machines?

Yes – Describe how you struggle to operate parking machines

No

Do you drive an adapted vehicle?

Yes

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

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

Please add an additional sheet of paper if you need to give us more details.

Attach copies of your insurance details

Section 6 – Children under 3 years old

This section is for people applying on behalf of a child that is under 3 years old that needs to be accompanied by bulky medical equipment or needs to be near a vehicle to receive treatment or be taken for urgent treatment.

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)

You should enclose a letter from any healthcare professionals that are involved in the child's treatments, which confirms the details of the condition.

Section 7 – Treatments, medication, associated professionals & documents

Please answer this section if you have answered 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. List any surgeries, treatments or clinics that are to do with your condition.

Yes

Add the treatment details below

No

Go to "**Medication**"

Remember, when we are referring to "you" this is the applicant. If you're applying for somebody else, answer the questions on their behalf.

Treatments

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for.

For example, hip replacement operation, physiotherapy or pain clinic.

Date of the treatment

If it's in the future – Do you expect the condition to improve afterwards?

Medication

Do you take any medication for your condition?

(Any medication or pain relief you currently take for your condition)

- Yes - Add the medication details below
- No - Go to **“Associated professionals”**

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

Medication

Name of this medication or pain relief and the dosage	Is this prescribed by a Doctor?	How often do you take this?

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

No - Go to **“Supporting documents”**

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

Associated or healthcare professionals

Name and role of the professional

(This can be your GP or others)

Where do they work?

(Include contact details if possible)

Are you under the care of any other professionals that could support your application if required?

Yes – Please add their details below

Section 8 Supporting documents

Add any supporting documents about your condition that you feel would support your application.

- Yes - List the documents you are attaching below.
- No - Go to **Section 9**

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

What documents are you attaching?

- A letter of diagnosis
- Evidence of the progression of the condition over time
- Confirmation of ongoing treatment/clinic attendance, referrals
- Prescriptions
- Evidence of specialist consultations or referrals
- Your patient summary or summary of care
- EHCP Education Health and Care Plan
- Care plans from social care team
- Social housing letter or assessment report form Local Authority
- Letter from a professional involved in your care
- PIP or DLA award decision letter and latest update
- Contact details of other professionals to support your application
- DS1500 and/or letter from a hospice
- Other – if you feel there is more information to add you are welcome to add additional information for us to consider.

Section 9 – Declarations

Sign one of these sections.

Applying for yourself

By submitting this application you agree that:

- Surrey County Council can contact the professionals or organisations involved that know you for further details or to check the information provided in this form. This may include medical, care and benefits information. If you do not agree to us contacting these people or organisations, we will be unable to process your application.
- You have read and understand the rules for using a Blue Badge
- The details provided are complete and accurate and you realise you may be prosecuted under section 2 of the Fraud Act 2006 if you make a fraudulent application.
- You won't hold more than one valid Blue Badge at a time
- You will tell us about any changes that may affect your eligibility and we may check your eligibility with the information we hold
- The photo you have provided is a true likeness of yourself.
- If your application is successful you will not allow any other person to use the badge for their benefit.

You also agree that your local authority may:

- Contact you if there are any issues with this application or to prevent/pursue badge misuse
- Ask you to undertake a telephone or personal assessment with a healthcare professional who is independent of your existing care and treatment in order to determine your eligibility.

You also understand that:

- This information will be stored on paper and on computer and that Surrey County Council will own the data which will be kept secure and confidential in accordance with the Data Protection Act 1998. You can ask to see the information held about you at any time.
- Information included on this form may be disclosed to other council departments/service providers so that you can be informed about other council services that may benefit you.
- Misuse of a Blue Badge may constitute a criminal offence leading to prosecution and permanent withdrawal of the badge by Surrey County Council.

Signed

Date

Applying on behalf of somebody else

By submitting this application you agree on behalf of the applicant that:

- Surrey County Council can contact the professionals or organisations involved that know the applicant, for further details or to check the information provided in this form. This may include medical, care and benefits information. If the applicant does not agree to us contacting these people or organisations, we will be unable to process the application.
- You have the authority to submit the application
- You have read and understand the rules for using a Blue Badge on behalf of the applicant
- The details provided are complete and accurate and you realise you may be prosecuted under section 2 of the Fraud Act 2006 if you make a fraudulent application.
- The applicant won't hold more than one valid Blue Badge at a time
- You will tell us about any changes that may affect the applicant's eligibility and we may check their eligibility with the information we hold
- The photo provided of the applicant is a true likeness of them.
- If their application is successful they will not allow any other person to use the badge for their benefit.

You also agree that your local authority may:

- Contact you or the applicant if there are any issues with this application, or to prevent/persue badge misuse
- Undertake a telephone or personal assessment with a healthcare professional who is independent of the applicant's existing care and treatment in order to determine their eligibility.

You also understand that:

- This information will be stored on paper and on computer and that Surrey County Council will own the data which will be kept secure and confidential in accordance with the Data Protection Act 1998. The applicant can ask to see the information held about them at any time.
- Information included on this form may be disclosed to other council departments/service providers so that you can be informed about other council services that may benefit them.
- Misuse of a Blue Badge may constitute a criminal offence leading to prosecution and permanent withdrawal of the badge by Surrey County Council.

Signed

Date

Blue Badge Application Checklist

Please ensure you have completed and signed the application form. Please try to avoid stapling papers together, you can use a paperclip, as this will help us scan your documents more easily.

Have you:

- Completed the application form.**
- Completed the sections medication, treatments & healthcare, see pages 24 – 26.**
- Signed and dated the application form, see pages 28 and 29**
- Enclosed a photo, see page 5**
- Enclosed payment, DO NOT SEND CASH, see page 4**
- Attached your proof of Identity PLEASE DO NOT SEND ORIGINALS, see page 4**
- Attached proof of address PLEASE DO NOT SEND ORIGINALS, see page 4**
- Attached relevant evidence – important if applying re:non-visible criteria, see page 17**
- Attached relevant supporting documents – all applications, see page 27**

Once you have completed the application form please send it with the required items, missing information will delay your application.

Please send the completed form with the items above and the correct postage to:

**Surrey County Council
Blue Badge Team
Dakota Building
DeHavilland Drive
Brooklands
Weybridge
Surrey KT13 0YP**