Apply for a Blue Badge

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.

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

We may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

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

Use this form from 30th August 2019

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 (which transports disabled people). If you are applying for an organisation please go to www.surreycc.gov.uk/bluebadges to download the applications for organisations.

Do you already have a Blue Badge?

☐ Yes

Enter the badge number (first 6 digits)

☐ No

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

If you don't know the badge number, leave it blank and we should be able to find the badge using your details.
Title

[Blank]

Full name (First name and last name)

[Blank]

Has your name changed since birth?

☐ Yes

Enter full name at birth

[Blank]

☐ No

Gender

☐ Man (or boy)

☐ Woman (or girl)

☐ Identify in a different way

Enter gender identified with

[Blank]

Date of birth (Day / Month / Year)

[Blank]

National insurance number

(Leave blank if you don’t have one)

[Blank] [Blank] 6 numbers [Blank]

letter letter 6 numbers letter

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

The name should be the full name of the person the badge is for.
**Applicant’s postal address**
(This is where the badge will be posted to)

Postcode:

**Email address**

This will be used for updates about the application.

**Main phone number (mobile)**

This may be used to send text message updates in the future.

**Alternative phone number (home)**

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**
For you or the person you’re applying for

Which of these are you providing as proof of identity?

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

(Choose one, to attach as a certified copy)

☐ Birth or adoption certificate

☐ Marriage / Civil Partnership / Dissolution or Divorce certificate

☐ Passport

☐ Driving licence

Please provide a copy of one of the following documents showing proof of your address

☐ Council tax

☐ Utility bill

☐ Driving licence

☐ Benefit letter

☐ School record

☐ Electoral roll

☐ NHS letter or prescription

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

Vehicle Registration

Do you drive yourself, or do you normally travel in a specific motor vehicle?

☐ Yes – Enter the vehicle registration number

☐ No – If there is no main vehicle please select this option

Badge fee

You will need to pay £10 by cheque or postal order.

(If you apply online you can pay online, or we can send a link to our customer portal so you can make an electronic payment)

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.
**Which sections should I complete?**

Section 1 – **All applicants** should complete this section  p.1

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

Section 3 – Walking difficulties – answer this section if you have significant difficulty walking or you cannot walk at all.  p.11

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.  p.18

Section 5 – Answer this section only if you have a disability which affects both arms.  p.23

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

Section 7 – **All applicants** should complete this section about medication, and treatments.  p.26

Section 8 – Applicants can add supporting documents.  p.20

Section 9 – **All applicants** or their representatives must complete this declarations section.  p.31

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**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**.

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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)

Disability Living Allowance (DLA)

Were you awarded the higher rate of the mobility component?

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

☐ No
You should answer the questions in Section 3

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.

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.

Make sure you send a copy of the award letter with this application. The end date will be in line with the expiry date of your Blue Badge and no longer than 3 years.

You can get a copy of your DLA award from the Department for Work and Pensions
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 the end date

☐ No

   Answer the next question under “PIP”

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 assessment scores (including the mobility scores).

Make sure you send a copy of all 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.
Do you score 10 points in the “planning and following a journey” part of the mobility component under the following descriptor…

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

☐ Yes

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

☐ No

You should answer the questions in Section 3

If you did score the 10 points outlined above in the “planning and following journeys” part of the component, in the descriptor as above you 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 will be automatically eligible for a Blue Badge, otherwise you can complete section 4 of this application form and supply supporting documents.

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.
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

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.

*Veterans UK can be contacted on 0800 169 2277

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
If you answered “yes” to any of the questions in Section 2, go straight to Section 7.

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

☐ Excessive Pain

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 when you get breathless


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)


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

Surrey County Council may ask you to attend 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?
<table>
<thead>
<tr>
<th>Help to get around</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What aid or support do you use?</strong></td>
<td><strong>When do you need this help?</strong></td>
</tr>
<tr>
<td>(For example, a wheelchair, crutches or a member of your family)</td>
<td>(For example, to get to the shops)</td>
</tr>
</tbody>
</table>

**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
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”

How long does it take you?  
(For example, 8 minutes)

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

You can now go to: Section 7 – Treatments and Medication healthcare professionals and supporting documents
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 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

If some, or most of these do not apply to you please use the text boxes to explain what affects you.
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
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

Something else

Please describe what affects you taking a journey

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

(Describe the applicant’s needs, in detail)
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)

How effective are these measures?

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

If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.
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.

☐ No

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

Attach copies of your insurance details as supporting documents.
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”

Treatments

<table>
<thead>
<tr>
<th>Describe the treatment</th>
<th>Date of the treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>If it’s in the future – Do you expect the condition to improve afterwards?</td>
</tr>
</tbody>
</table>

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**

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”

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

<table>
<thead>
<tr>
<th>Name and role of the professional</th>
<th>Where do they work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(This cannot only be your GP)</td>
<td>(Include contact details if possible)</td>
</tr>
</tbody>
</table>

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

☐ Yes - 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

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
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 __________________________

Read the declaration carefully and only sign it once you are clear.
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 the application form
☐ Signed and dated the application
☐ Enclosed a photo
☐ Enclosed payment
☐ Attached your proof of Identity
☐ Attached proof of address
☐ Attached relevant evidence
☐ Attached relevant supporting documents

Once you have completed the application form please send it with the required items to:

Surrey County Council
Blue Badge Team
County Hall
Penrhyn Road
Kingston upon Thames
KT1 2DN