



For Office Use Only Badge Number:

CRM: (If applicable)

**DISCRETIONARY
ANGUS COUNCIL SOCIAL WORK AND HEALTH
BLUE BADGE SCHEME
INDIVIDUAL APPLICATION FORM**

Name Checked

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address and identity. When completing this form you may find the accompanying guidance notes are helpful.

Once completed this form should be taken into any local ACCESS Office (addresses listed below).

If you require help completing this form please visit any ACCESS Office or telephone ACCESSLine on 08452 777 778.

Location	Days Open	Time
Arbroath Old Parish Church, Kirk Square, DD11 1DX	Monday, Tuesday, Wednesday, Friday & Thursday	9.00 am - 4.45 pm & 10.00 am - 4.45 pm
Brechin 36 Bank Street, DD9 6AX	Monday, Tuesday, Thursday, Friday & Wednesday	9.00 am - 12.30 pm 1.30 - 4.45 pm & 10.00 am - 12.30 pm 1.30 - 4.45 pm
Carnoustie 26 High Street, DD7 6AP & Monifieth 81 High Street, DD5 4AA	<u>Both Offices:</u> Monday, Tuesday, Wednesday, Friday & Thursday	9.00 am - 12.30 pm 1.30 - 4.45 pm & 10.00 am - 12.30 pm 1.30 - 4.45 pm
Forfar Municipal Buildings, Castle Street, DD8 3AF & Montrose Town House, High Street, DD10 8QW	<u>Both Offices:</u> Monday, Tuesday, Thursday, Friday & Wednesday	9.00 am - 4.45 pm & 10.00 am - 4.45 pm
Kirriemuir 15 Reform Street, DD8 4BS	Monday, Tuesday, Thursday, Friday & Wednesday	9.00 am – 12.30 pm 1.30pm - 4.45 pm & 10.00 am – 12.30 pm 1.30pm - 4.45 pm

Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance note.

Title (Mr, Mrs, Miss, Ms, other):

First names (in full):

Surname:

Surname at birth:

Date of Birth (DD/MM/YYYY): / /

Gender: Male Female

Is applicant under the age of 19? Yes: No:

Town:

Place of Birth: Country:

**National Insurance Number /
Child Registration Number:**

(see Section 1 of the accompanying guidance notes)

Driving Licence Number:

(If you hold a driving licence)

Current address and contact details:

Postcode:

Home Tel:

Mobile Tel:

Email:

Previous address, if different in the last three years:

Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: No:

If you have:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

Proof of your address, dated within the last 12 months:

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide original documentation where relevant:

- Either:** I have supplied a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or:** I have supplied a utility bill or bank statement bearing my name and address, dated within the last 12 months.
- Or:** I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. As the parent or guardian of the applicant I have supplied a Council Tax bill, utility bill or bank statement as described above.

Proof of your identity:

We need to check the applicant's identity to reduce the potential for fraudulent applications for a Blue Badge. These original documents are acceptable as proof of your identity. ACCESS Office staff will verify the original document for you.

- Birth certificate / Adoption certificate Marriage / Divorce certificate Valid Passport
- Civil Partnership / Dissolution certificate Valid driving licence

Photographs:

The applicant must supply 1 passport style photograph. The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph.

Angus Council will scan and upload the electronic copy of the photograph to the National database for the purposes of producing the badge. An electronic copy of the photograph will be stored on the National database for the duration of the badge.

Please ensure that the applicant's name and DOB is printed on the back of the photograph and that you complete Section 5(a) and 5(d) of this form to confirm that the photograph is a true likeness.

Badge issue fee:

There will be a charge of £20 for the badge. However the badge is free for children (those aged 16 or under, or under 19 and in full time non - advanced education (up to and including Scottish Highers or National Certificate). The badge is normally valid for 3 years.

Please do not supply payment with this application, should you be entitled to a Blue Badge you will be advised of payment methods.

Please nominate the vehicle registration number(s) for the main car(s) in which you intend to use the Blue Badge:

(Up to three registration numbers can be nominated, but please remember that other vehicles can be used)

Section 2 – Question for ‘subject to further assessment’ applicants with walking difficulties

Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and

- **have a permanent and substantial disability which means you/they are unable to walk or virtually unable to walk; or**
- **have a temporary, but substantial disability, which means you/they are unable to walk or virtually unable to walk which is likely to last for a period of at least 12 months, but less than 3 years.**

If you are unsure whether these questions apply to you, then please read the guidance notes supplied with this application form.

I am unable to walk, or virtually unable to walk due to a permanent and substantial disability [Regulation 4(2)(f)]

I am unable to walk, or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years [Regulation 4(2)(g)]

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with

Please 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 state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

--	--

What medication do you currently take in relation to the conditions / disabilities you described above?

Medication	Dosage	Frequency

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: No:

If Yes, please explain what you are taking and how frequently you need it:

Are you currently...

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

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?
- None of the above

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Job title	Hospital / Health Centre	Telephone number

Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate)

Yes: No:

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

How do the conditions/ disabilities you described above affect your ability to walk?

**Please tick whichever of the following statements describe your general walking ability:
(Please tick whichever options apply to you - you can tick more than one box)**

- 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 and can use public transport for some of my local trips
- 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 then please describe the help you need in the space below)

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or 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.
- Other – see next question

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Do you use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box)

- | | |
|---|---|
| <input type="checkbox"/> 1 elbow crutch | <input type="checkbox"/> 2 elbow crutches |
| <input type="checkbox"/> 1 walking stick | <input type="checkbox"/> 2 walking sticks |
| <input type="checkbox"/> Walking frame (Zimmer frame) | <input type="checkbox"/> Rollator |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Other (please describe in the space below) | |

Were your walking aids...

(Please tick whichever options apply to you)

- Purchased privately by me.
- Prescribed by a healthcare professional.
- Provided by Social Work.
- Other (please describe below).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

(Please state the distance in metres or yards using whichever measure is best for you.)

: metres : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

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

: minutes

Are you able to continue walking after a short rest?

Yes: No:

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

: minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

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:

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

If you have completed Section 2, please go straight to Section 5.

Section 3 – Questions for 'subject to further assessment' applicants with a disability in both arms.

[Regulation 4(2)(e)]

These questions are intended for people who **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:

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 photocopy of your insurance details verifying this adaptation.

If you have completed Section 3, please go straight to Section 5.

Section 4 – Questions for ‘subject to further assessment’ applicants under the age of three

[Regulation 4(3)]

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.**

If you are unsure whether these questions apply to your child then please read the guidance notes supplied with this application form.

Are you applying on behalf of a child under the age of three who has 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 the age of three who has a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition on the vehicle or be 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 have answered yes to either of the questions above please enclose a letter from a healthcare professional that 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:

If you have completed Section 4, please go straight to Section 5.

Section 5 – Declarations and signatures

These questions are intended to be answered by all applicants for a Blue Badge

5a) Mandatory declarations 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 and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be "sensitive personal data" and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

Declarations to be completed by all applicants

- I confirm that, as far as I know, the details I have provided 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 promptly inform Angus Council of any changes that may affect my entitlement to a badge.
- I understand that Angus Council may need to contact my GP if considered necessary for the purpose of obtaining further information in support of my application.
- I further agree to Angus Council sharing the information provided by me with Angus Council Roads Department, with the purpose of determining the need for disabled persons parking bays.
- I confirm that the photograph I have submitted with my application is a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme in Scotland: Rights and responsibilities of a Blue Badge holder" leaflet which will be sent to me with the badge.
- I understand that I must not hold more than one valid Blue Badge at any time.

5b) Your consent to use your information to improve the service you receive

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you.

- I consent to Angus Council checking any information already held by them on the basis that:
- It can help determine my eligibility for a Blue Badge;
 - It may speed up the processing of my application;
 - It may enable a decision to be made without the need for a mobility assessment.

- I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

5c) Checklist of documents you may need to enclose

Please ensure you have supplied all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

Section 1 – Information about you (all applicants)

- Proof of your address, dated within the last 12 months e.g. council tax or utility bill.
- Proof of your identity e.g. Driving Licence, passport.
- One passport-style photograph with your name on the back.

Section 2 – Applicants with walking difficulties (“unable or virtually unable to walk”)

- Tick here if you are enclosing additional supporting evidence e.g. letter/report from hospital

Section 3 – Applicants with a disability in both arms

- A copy of your insurance details if you drive a specially adapted vehicle.

Section 4 – Children under the age of three years

- A letter from a healthcare professional that has been involved in the treatment of the child, which provides details of the condition and type of medical equipment needed.

5d) Your signature against the declarations in Section 5a and 5b

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please print your name here:	

Please return this form as indicated at the top of page 1. If you are unable to personally attend one of our locations then someone can do this for you.

Misuse of the badge is a criminal offence and can lead to a fine

GUIDANCE NOTES – DISCRETIONARY APPLICANTS

What sections of the application form should I complete?

All applicants are required to complete section 1 and 5 of the form. Applicants need only complete section 2, 3 or 4 if applicable to them.

Section 1 - Information about you

Please ensure that all fields are completed – failure to do so may result in the badge being delayed. If you are applying for a Blue Badge on behalf of someone under the age of 16, then you will need to provide their Child Registration Number, which can be found on Child Benefit documentation.

There are questions for those who have already held a Blue Badge or who have a Blue Badge which is due to expire shortly. Applicants should note that only one badge will be valid for one applicant at the same time. The serial number can be found on the front of the badge.

Proof of Address/Identity

You must be able to prove that you are resident in Angus as well as prove your identity. Please indicate within this section what evidence you are supplying and ensure that this is supplied with your application.

Photographs

Please ensure a passport style photo is supplied with your application.

Vehicle Registration Number

You should also provide the Vehicle Registration Numbers of up to three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information helps local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.

Is applicant under the age of 19?

No payment is required if the badge is for a child. A child is defined as:

- anyone aged 16 or under or
- under 19 and in full time non advanced education.

Non-advanced courses are

- Standard Grades
- Scottish Highers
- NVQ and SVQ level 3 and below
- National Certificate Courses.

If the applicant is under the age of 19 and in full time non – advanced education you must supply proof of the fact that the course is non-advanced in order to obtain a blue badge for free. A letter from the college or a copy of the course acceptance letter is acceptable as proof.

Section 2 – Questions for ‘subject to further assessment’ applicants with walking difficulties

Section 2 should be completed if you have a permanent and substantial disability which means you are unable to walk or virtually unable to walk. 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 (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criteria, but only if they are unable or virtually unable to walk, in addition to their condition.

You are asked to describe the nature of the disability and give an estimate of the maximum distance you can walk without assistance from another person or severe discomfort. It can be difficult to accurately work out the distance you can walk.

There are several things that can help you:

- Ask someone to walk with you and pace the distance you walk.
- The average adult step is just under one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres (or 100 yards).
- The average double-decker bus is about 11 metres (or 12 yards) long.
- A full-size football pitch is about 100 metres (or 110 yards) long.

If you still find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it would take you to walk this distance.
- About your walking speed.
- The way that you walk, for example, shuffling or small steps etc.

Section 2 applies to those that are unable to walk or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than three years.

Section 3 – Questions for ‘subject to further assessment’ applicants with disabilities in both arms

Section 3 should be completed by applicants who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to operate, or have considerable difficulty operating, all or some types of on-street parking equipment. You will need to satisfy all three conditions above in order to obtain a badge. Angus Council may contact your GP if you are an applicant applying under this criteria.

Section 4 – Questions for ‘subject to further assessment’ applicants under the age of three

Section 4 should be completed on behalf of:

- children under three years of age who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty; or
- children under three years of age who have a medical condition which means that they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be performed.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky medical equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia.

Angus Council may issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.

You must enclose a letter from a healthcare professional that 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. The letter should include a reference to your child's home address to provide your local authority with proof of residence.

Section 5 – Declarations and Signatures

Section 5a): The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, since not ticking those that are relevant to you or your applicant may result in Angus Council being unable to accept your Blue Badge application.

Section 5b): You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from Angus Council. In doing so, you will be providing specific consent which allows us to share information about you with relevant departments and service providers within the authority.

Section 5c): All applicants must sign and date the form prior to submitting it.

Angus Council may refuse to issue a badge if we have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

If your badge application is successful, the leaflet "The Blue Badge Scheme - Rights and responsibilities in Scotland" will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly. The leaflet, along with a range of information about the scheme can be viewed on:

Transport Scotland's blue badge website also provides comprehensive information:

<http://www.transportscotland.gov.uk/road/policy/blue-badge-scheme>

Please note where mentioned regulations referred to are:

The Disabled Persons (Badges for Motor Vehicles) (Scotland) Amendment (No 2) Regulations 2011

FOR OFFICIAL USE ONLY

Date Verification (Refer to Guidance Notes)

1. Proof of Applicant's Identity

- Birth/ Adoption Certificate
- Marriage/ Divorce Certificate
- Passport
- Civil Partnership/ Dissolution certificate
- Valid driving licence

2. Proof of Applicants Address

(Current or within last 12 months)

- Bank/ Building Society Statement
- Utility Bill
- Council Tax Bill

3. Proof of Eligibility (if required)

4. Passport Photograph Provided

5. Declarations & Signatures

Received:

Initials:

Date
□□ / □□ / □□

Payment Ref

Processed:

Initials:

Date
□□ / □□ / □□