

Individual Blue Badge Application Form

Blue Badge Privacy Notice

Southampton City Council is asking you for information to process your application and manage any Blue Badge misuse or fraud enforcement history. When possible, we also use this data to analyse and improve the Blue Badge service. If further information is required, to process your application, you may be contacted using the details that you have provided. We will only share your information with other organisations or council department if we need to.

The legal basis for our use of this information is a legal obligation under the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 and that processing is required for reasons of substantial public interest. Analysis of Blue Badge data is conducted by Adults' Health and Care to produce statistics required under the Health and Social Care Act 2012.

Your information will be collected by Southampton City Council and uploaded to the Blue Badge Digital Service (BBDS), a national database commissioned by Department for Transport and developed and managed by Valtech UK. Southampton City Council will be using a Case Management System (CMS), E Badge, to manage the administration of the assessment process. This CMS is fully integrated with BBDS, support for the system will be supplied by Southampton City Council.

Your information will be shared with our processor APS who will be managing the printing of Blue Badges to customers, with the printing being carried out by Essentra.

We may be obliged to share your information with other local authorities, the government, the police, and parking enforcement officers to prevent, investigate or prosecute criminal offences, or as the law otherwise allows. United Kingdom enforcement authorities will have access for all Blue Badge records via E Badge where only the necessary information will be made available for the detection of prevention of fraud.

We will also retain your personal information for three years from the end of the financial year in which you made your request.

Our Privacy Policy - <http://www.southampton.gov.uk/privacy> - explains how we handle your personal data in greater details, and we can provide you with a copy if you are unable to access the internet.

IMPORTANT INFORMATION – PLEASE READ

It can take up to **12 weeks** to process your application. **The easiest way to apply is by completing an online application by visiting gov.uk/apply-blue-badge.** When completing the application please insert additional pages if you need more space.

Existing Badge Holders - you should apply approximately **12 weeks** before the expiry date of your existing badge to ensure your new badge is issued in time. You must answer all questions in section 1 and section 2. Failure to answer all questions will result in a delay to your Blue Badge.

If you are completing this application for someone else – please fill in the answers and sign the form on their behalf. Where the form says “you”, it is referring to the applicant.

Important: Failure to provide the required supporting information will cause delays to your application.

Badge issue fee: If the application is approved a fee is payable. A Blue Badge costs £10 in England. On payment your badge will be sent for printing. Once received which can take up to 14 days, we will contact you to arrange collection.

If you have any questions regarding your application: please contact us by email at Blue.Badge@southampton.gov.uk or by telephone on 023 80 83 3003.

If you need assistance completing this application, please see if a family member, friend, or support worker can help in the first instance. If this is not possible, please complete as much as you can before coming to Gateway where a member of the team will be able to assist you.

Gateway address: Civic Centre, Southampton, SO14 7LY

Once completed please return to us by hand at our Gateway office detailed below or by post at: Blue Badge Team, Lower Ground, West Block, Civic Centre, Southampton, SO14 7LY

Important: All applicants must complete sections 1, 2, 10, 11 and 12 of this application.

Section 1 – About the person completing the application.

Who are you applying for?

Myself (The badge is for you) – Go to section 2

Someone else - Please provide the information below

Full name including title:

Relationship to Applicant:

Telephone Number – Main:

Mobile Number (If different):

E-mail

Section 2 – About the applicant

Gender Male Female Identify in a different way

Full name (First name and last name)

National Insurance Number

Date of Birth

Postal Address

Telephone Number – Main

Telephone Number alternative

Post code

E-mail

Do you already have a Blue Badge?

Yes – Please provide the below information No – Go to next question

Blue Badge number (6 digits):

Expiry date:

Issuing authority i.e. Southampton City Council

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

Yes – Enter the vehicle registration below No – There is no specific vehicle you use

Section 3 – Terminal Illness

Do you hold a DS1500 report or an SR1 form?

Yes – Please answer the questions below No – Go to section 4

Please describe your condition and how this affects you, using the medical terms if known.

Please detail below the names of the medication(s) you are taking to manage your condition including the prescribed dosage.

Section 4 – Applying for a child under 3 years old.

Answer these questions if you are applying for a child under 3 years old.

Which of these apply to the child under 3 years old? Please Note: If neither apply to the child under 3 years old, they are not eligible for a blue badge

- They need to be accompanied by bulky medical equipment They need to be near a vehicle to receive or be taken for treatment

Please detail in the box on the next page any health conditions or disabilities that affect the child.

Please use the correct medical terms if known. You should also enclose copies of letters from any healthcare professionals that are involved in the child's treatments which confirms the details of the condition. Further information of the types of supporting information documents you can provide are detailed in section 10. Insert additional pages if needed.

Section 5 – Severely sight impaired and Benefits

Important: If you answer yes to any of the questions in this section, you must provide the relevant supporting documents detailed. Failure to provide this will delay your application.

Please note: Only copies should be provided as we cannot return original documents.

Severely Sight Impaired (Blind)

Are you registered severely sight impaired (blind)?

- Yes – Answer the question on the next page No – Go to the DLA question

Do you give us permission to check the register at your local authority?

Yes – Enter the name of
The local authority you are
registered with below and then
go to section 10

No – Enclose a copy of the CSI
(Certificate of Vision
Impairment) and then go to
section 10

Disability Living Allowance (DLA)

Have you been awarded the higher rate mobility component of Disability Living Allowance?

Yes – If your award letter has an end date,
please enter the end date in the box below
and then go to section 10

No – Go to the next question

Important: You must provide a copy of the letter from the DWP dated within the past 12 months confirming your mobility rating with this application as proof of your entitlement

Personal Independence Payment (PIP) Mobility Assessment

Did you score 8 points or more in the ‘moving around’ part of the mobility assessment?

Yes – Please enter how many points you
scored below

No – Go to the next question for planning
and following a journey

If your award has an end date, enter the end date below and then go to question 10

Important: You must provide a copy of all pages of your PIP award letter with this application as proof of your entitlement

Personal Independence Payment (PIP) Planning and following a journey

Did you score the specific points descriptor detailed below in the ‘planning and following a journey’ part of the mobility assessment?

Descriptor E (10 Points) – You cannot undertake any journey because it would cause overwhelming psychological distress

Yes – If your award letter has an end date,
please enter the end date in the box below
and then go to section 10

No – Go to the next question for Armed
Forces Compensation Scheme

Important: You must provide a copy of all pages of your PIP award letter with this application as proof of your entitlement

Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 to 8 of the scheme and been certified as having a permanent and substantial disability?

Yes – Go to section 10

No – Go to the next question for War Pensioners' Mobility Supplement

Important: You must provide a copy of the original / initial letter from Veterans UK (previously issued by the Service Personnel Veterans Agency (SPVA)) as proof of your entitlement

War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

Yes – If your award has an end date, please enter the end date below and then go to section 10

No – Go to section 6

Important: You must provide a copy of the original / initial letter confirming your supplement as proof of your entitlement

Section 6 – Disabilities or conditions that affect your walking ability

You may still qualify for a blue badge through the discretionary eligibility criteria. Please provide as much information as you can, and you must provide sufficient supporting evidence with your application. Please refer to section 10 for details of supporting documents you can provide.

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

Yes – Continue answering the questions in this section below

No – Go to section 7

Please give a detailed description below of the health conditions and / or disabilities that affect your walking ability. Try to be as descriptive as possible and use the correct medical terms if known. Insert additional pages if needed.

How would you rate your pain? *Please describe in detail when you experience pain, how often you experience pain and how this is managed. **Important:** You should provide supporting information of your prescribed medication. Insert additional pages if needed.*

Do you get breathless when walking?

Yes – Please answer the question below

No – Go to the question ‘How far can you walk?’

When do you get breathless? *Please describe in detail when you get breathless. What are you doing? How does this feel? What distance (in metres) do you start to get breathless? Are you indoors or outdoors? Insert additional pages if needed.*

How far can you walk? *Please describe in detail where you can walk from and to and how long it takes. If you use an aid to get around your answer should be whilst you are using that aid. Be specific and use place names or house numbers and post codes, for example, “I can walk from my home to...in 30 minutes” or “from my home to no. 36 on my street in 8 minutes.” Insert additional pages if needed.*

Section 7 – Non-visible (hidden) conditions

Do you have a non-visible (hidden) condition, that causes you to severely struggle with your journey between a vehicle and your destination?

Yes – Please answer the questions below

No – Go to section 8

Please give a detailed description of your condition below. *Try to be as descriptive as possible and use the correct medical terms where known.* Insert additional pages if needed.

What affects you taking a journey? *Provide a detailed description of the affects you experience when taking a journey. What difficulties do you experience when leaving your vehicle to reach your destination? When does this happen? How does this happen? What makes this worse?* Insert additional pages if needed.

What steps are taken to try and improve your safety between a vehicle and your destination and how effective are they? Insert additional pages if needed.

What incidents have happened between a vehicle and your destination? *Provide a detailed description of the incidents that have happened. What caused the incident? What was the result of the incident? What treatment did you receive?* Insert additional pages if needed.

How would a blue badge help you between a vehicle and your destination? Insert additional pages if needed.

Section 8 – Disability that affects both arms

Do you have a disability in both arms?

Yes – Please go to the next question

No – Go to section 9

Are you 17 years or older?

Yes – Please go to the next question

No – Go to section 9

Do you drive on a regular basis?

Yes – Please go to the next question

No – Go to section 9

Do you struggle to operate parking machines?

Yes – Please go to the next question

No – Go to section 9

Please describe your condition and / or disability in the box on the next page *Please describe in detail how this affects your arms and how this affects you operating parking machines. Please use medical terms if known.* Insert additional pages if needed.

Section 9 – Treatments and Medication

Important: You must complete this section if you have provided answers under section 4, 6, 7 or 8. Otherwise go to section 10.

Treatments

Has your condition required any treatments? These could be treatments within the last 10 years, on-going treatments or treatments booked in for the next 3 years

Yes – Please provide treatment details on next page

No – Go to section 10

Please include any surgeries, treatments or clinics that are relevant to your condition. For example, hip replacement operation, physiotherapy, or pain clinic. Please include details of any associated or healthcare professionals you currently see for your condition. This could be consultants, teachers, therapists, neurologists etc. **Important:** You should provide supporting information for your treatments, see section 10 for details of the types of supporting information you can provide. Insert additional pages if needed.

Describe the treatment	Name, role, and contact of healthcare or associated professional	Date of Treatment	Is your condition expected to improve after treatment?

Medication

Do you currently take any medication or pain relief for your condition?

Yes – Please provide medication details in the table below

No – Go to section 10

Important: You must provide supporting evidence for your prescribed medication, see section 10 for details of the types of supporting evidence you can provide. Insert additional pages if needed

Name of medication or pain relief	Is it prescribed?	How much do you take at a time (dosage)?	How often do you take this?

Section 10 – Supporting information and documents

Supporting Information

Please detail any other supporting information you feel we should know about how your health condition and / or disability affects you when walking, that has not been covered above including how you feel a Blue Badge will help you. *What is it about your condition that causes you difficulty walking? Details of any falls, injuries and / or hospital admissions you have had in the last year and any walking aids or support you use to help you get around when this is needed.* Please insert additional pages if more space is needed:

Supporting Documents

It is important to attach the appropriate supporting information / evidence for your application including documents where we have asked for proof or verification. Failure to provide this information may cause delay to your application. **Important:** Please provide copies only. We are unable to return original documents.

Please detail below the documents you are providing. **Please note:** the list below is not exhaustive. For further supporting information not listed please tick the other box and list in the box provided.

Terminal Illness

- | | |
|--|--|
| <input type="checkbox"/> DS1500 report / SR1 form | <input type="checkbox"/> GP notes print out of diagnosis and medication |
| <input type="checkbox"/> Consultant reports e.g. Cardiology, Rheumatology etc. | <input type="checkbox"/> Prescription *should not be the only supporting evidence provided |

Benefits or severely sight impaired

- | | |
|---|---|
| <input type="checkbox"/> Copy of certificate of vision impairment | <input type="checkbox"/> Copy of DWP DLA certificate of entitlement letter |
| <input type="checkbox"/> Copy of every page of DWP Award letter | <input type="checkbox"/> Copy of every page of your PIP Award letter |
| <input type="checkbox"/> Copy of every page of DWP War Pensioners Mobility Award letter | <input type="checkbox"/> Copy of original letter from Veterans UK or Service personnel & Veterans Agency (SPVA) |

Disability in both arms, walking disability and non-visible (hidden) disabilities

- | | |
|--|---|
| <input type="checkbox"/> GP notes print out of diagnosis and medication | <input type="checkbox"/> Hospital / Consultants / Specialists note print outs / reports |
| <input type="checkbox"/> Diagnosis report for conditions such as Autism and ADHD | <input type="checkbox"/> Social Services reports: Southampton City Council |
| <input type="checkbox"/> 0 – 25 Service report | <input type="checkbox"/> Specialist report e.g. Health Visitor |
| <input type="checkbox"/> Pain clinic reports | <input type="checkbox"/> Community Independence Service (CIS) reports |
| <input type="checkbox"/> Any School reports | <input type="checkbox"/> Copy of certificate of vision impairments |
| <input type="checkbox"/> Educational Health Care Plan (EHCP): reports | <input type="checkbox"/> Psychiatry or Psychology reports |
| <input type="checkbox"/> Profession reports e.g. Physiotherapy (PT), Occupational Therapy (OT) reports, Jigsaw etc | <input type="checkbox"/> Children’s Adolescent Mental Health Service (CAMHS) reports |
| <input type="checkbox"/> Community Mental Health Team (CMHT) | <input type="checkbox"/> Alzheimer’s, Dementia cases hospital reports |
| <input type="checkbox"/> Other – Specify in box below | |

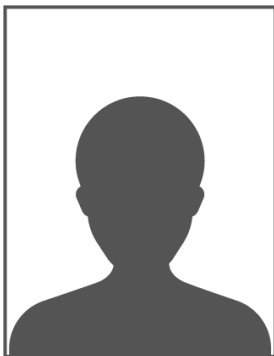
Section 11 – Proof of identity and address verification

You need to provide us with a copy of your proof of identity and your proof of address along with a recent photograph if your appearance has changed since your last application. **Please note:** Failure to provide this information will cause delay with your application.

Photograph of the applicant

Please tick to confirm if a photo of the applicant has been included with the application.

You'll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.



Make sure it is:

- Recent – **within the last 12 months**
- Has a plain, light, background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness
- Has your name printed on the back where a physical photograph is provided

Proof of Identity and Address Verification

We require proof of identity and address verification for the applicant. Please confirm from the list below the documents you are providing. **Please note:** Failure to provide this information will result in a delay to your application

Proof of identity

- Marriage / Civil partnership / Dissolution or Divorce certificate
- Passport
- Driving licence
- Birth or adoption certificate

Address Verification

- Council tax letter dated within the last **12 months**
- Current** Driving license
- Benefits letter dated within the last **12 months**
- Bank Statement dated within the last **12 months**
- GP Prescription dated within the last **12 months**

Section 12 – Declaration

You will need to sign one of the below declarations depending on whether you are completing the application for yourself or for someone else. Tick the declarations and only sign once you are clear.

Applying for yourself:

By submitting this application I agree that:

- I have read and understand the rules for using a Blue Badge. The Blue Badge Rights and Responsibilities handbook can be viewed by visiting <https://www.gov.uk/government/publications/the-blue-badge-scheme-rights-and-responsibilities-in-england>

If a blue badge is issued to me:

- I promise to abide by the blue badge rules and responsibilities as described in the handbook.
- I understand that a blue badge is for the named badge holder's benefit only.
- A blue badge must never be used by friends or family to obtain parking concessions for themselves.
- I understand that a blue badge can only be used when I am present in the vehicle at the place where the vehicle is parked.
- I understand that a blue badge can only be used when I am present at the place where a vehicle is parked if I am being collected.
- I understand that I cannot allow anyone to use my blue badge to run errands on my behalf, such as doing shopping or collecting medication.
- I understand that a driver cannot use my blue badge to park a vehicle after I have been dropped off elsewhere. If I am dropped off, and the driver moves the vehicle to a different parking place, they must not display my blue badge.
- I understand that wrongful use of a blue badge is a criminal offence.
- I will not make a copy or counterfeit of a blue badge.
- I will not amend the details on a blue badge.
- I understand that Southampton City Council will keep a record of any instances of misuse or abuse of my blue badge and that these records will be used to decide if a blue badge is cancelled and withdrawn, and/or to refuse to issue me with a new blue badge in the future.
- I will remove my blue badge from a vehicle when it is not in use. This will prevent accidental or deliberate misuse by any other drivers.
- I promise to tell anyone who transports me about the blue badge rules and responsibilities.
- I declare that the details provided in this application form are complete and accurate.
- I will not hold more than one blue badge at any time.

- I will tell my local authority about any changes that may affect my eligibility.

I also agree that your local authority may:

- contact me if there are any issues with this application.
- contact me to verify that my blue badge is being used correctly or to investigate any instances of alleged misuse.
- Arrange a phone-based or in-person assessment for me.
- Check my eligibility with the information they hold.
- Suggest other benefits or services that I may be eligible for.

I agree to this declaration

Signed:

Date of Signature:

Applying on behalf of somebody else:

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

- You have the authority to submit this application.
- The details provided are complete and accurate.
- They won't hold more than one blue badge at any time.
- Your local authority will be told about any changes that may affect their eligibility.
- You also agree that your local authority may: contact the person whose details have been provided if there are any issues with this application or to prevent or investigate badge misuse.
- I have read and understand the rules for using a Blue Badge. The Blue Badge Rights and Responsibilities handbook can be viewed by visiting <https://www.gov.uk/government/publications/the-blue-badge-scheme-rights-and-responsibilities-in-england>

If a blue badge is issued:

- I will ensure that the applicant abides by the blue badge rules and responsibilities as described in the handbook.
- I agree to tell anyone who transports the badge holder about the blue badge rules and responsibilities.
- I understand that a blue badge is for the named badge holder's benefit only.
- A blue badge must never be used by friends or family to obtain parking concessions for themselves.
- I understand that a blue badge can only be used when the badge holder is present in the vehicle at the place where the vehicle is parked.
- I understand that a blue badge can only be used when the badge holder is present at the place where a vehicle is parked if the badge holder is being collected.

- I understand that a blue badge cannot be used by anyone to run errands on behalf of the badge holder, such as doing shopping or collecting medication, unless the badge holder is present in the vehicle.
- I understand that a driver cannot use a blue badge to park a vehicle after the badge holder has been dropped off elsewhere. If a badge holder is dropped off, and the driver moves the vehicle to a different parking place, they must not display the blue badge.
- I understand that wrongful use of a blue badge is a criminal offence.
- I will not make a copy or counterfeit of a blue badge.
- I will not amend the details on a blue badge.
- I understand that Southampton City Council will keep a record of any instances of misuse or abuse of blue badges and that these records will be used to decide if a blue badge is cancelled and withdrawn, and/or to refuse to issue a new blue badge in the future.
- I understand that if the applicant is issued with a blue badge, it will be removed from a vehicle when it is not in use. This will prevent accidental or deliberate misuse by any other drivers.

I agree to this declaration

Signed:

Date of Signature:

Print full name:

Relationship to applicant: