

EUROPEAN BLUE PARKING BADGE FOR DISABLED PEOPLE

This application should be completed with the details of the disabled person. Please complete all sections that apply.

IMPORTANT- Please read the Guidance Notes before you start to complete this form. It will list the addresses where you can apply for your badge. Please fill in all sections that apply to your application. Completion of page 4 monitoring sheet is optional but will help us monitor our service provision.

1. APPLICANT'S DETAILS

Surname / Family Name:

Circle as appropriate:

First Names:

Also Known as:

Address:

Post Code:

Telephone number (optional):

Date of Birth:

Gender: Male Female

Are you a current Blue Badge Holder? Yes No

If yes, please provide expiry date:

2. AUTOMATIC QUALIFICATION

You will automatically qualify if you meet any of the following criteria. Please tick the box that applies to you.

YOU MUST SUPPLY EVIDENCE TO PROVE THAT YOU MEET THE CRITERIA, for example an up-to-date copy of a letter, a document or a certificate. Please send this with the form to ensure that your application can be dealt with promptly. If you are in receipt of the Higher Rate Mobility component of the Disability Living Allowance or the War Pensioners Mobility Supplement and that has been awarded for less than three years you will only receive a badge for the period of time that the allowance has been awarded.

A: Are you Registered Blind under the National Assistance Act 1948?	
B: Do you receive the higher rate Mobility component of the Disability Living Allowance? (<u>NOT</u> the Care Component of the Disability Living Allowance)	
C: Do you receive a war pensioner's mobility supplement?	
D: Is your vehicle funded by the Department of Work and Pensions (DWP) via the Motability Scheme?	
If you tick one of the above boxes please go to Section 4	

3. DISCRETIONARY QUALIFICATION

You can also qualify if you meet **ALL** of the following criteria. Please tick the boxes as appropriate. **YOU MUST SUPPLY EVIDENCE TO PROVE THAT YOU MEET THE CRITERIA**, for example an up-to-date copy of a letter, a document or a certificate. Please send this with the form to ensure that your application can be dealt with promptly.

Applicants over two years of age:

A: Is your disability permanent?	
B: Is your disability substantial and means you are unable to walk, or it causes you very considerable difficulty in walking?	
OR...	
C: Do you drive a vehicle regularly and have a severe disability in both arms and are unable to operate, or have considerable difficulty operating all or some types of parking meter?	

For applicants under two years of age:

D: Does the child have a condition that requires that they must always be accompanied by bulky medical equipment which cannot be carried around together with the child without great difficulty;	
AND / OR...	
E: Does the child have a condition that requires that they must always be kept near a motor vehicle so any necessary, medical treatment for the condition can be provided immediately? Alternatively does the child need to be kept near the vehicle for urgent transportation to receive medical treatment.	

All Applicants:

A: What is the nature of your disability and/or medical condition?

B: How does this affect your mobility? (Please include any equipment/adaptations used)

Please go to Section 4

4. FEE/PHOTOGRAPHS

Please provide a **£2.00** administration fee, postal order or cheque, made payable to the District Council you are applying to (please see Guidance Notes for the addresses). You will need to provide two passport-type photographs, signed on the back by you, the applicant. If necessary photographs can be taken in the Hub Centres for **£2.00**. **All payments are non refundable if your application is unsuccessful.**

5. DECLARATION - TO BE COMPLETED BY ALL APPLICANTS

I understand that the information that I have provided in this application form will be used for the purpose of assessing eligibility for a Blue Badge and that this information and any supporting evidence may be held in paper files or on computer by Worcestershire Social Care for the purpose of processing your application, record maintenance and the provision of statistical information. I also understand and give my consent that this information may be passed to other agencies or professionals to confirm my claim for a Blue Badge.

I declare to the best of my belief that all of the statements that I have given on this Blue Badge application form are true.

Signed:

Name (Block Capitals):

Dated:

PLEASE NOTE: A FALSE DECLARATION TO OBTAIN A BLUE BADGE MAY LEAD TO PROSECUTION AND A FINE OF UP TO £1,000.

"Worcestershire County Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes."

Ethnicity (Please tick as appropriate)

White British	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>

Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>
Irish	<input type="checkbox"/>

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Other Ethnic Background	<input type="checkbox"/>

Religion (Please tick as appropriate)

No religion	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>

Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>

Sikh	<input type="checkbox"/>
Any Other Religion	<input type="checkbox"/>

First Language (Please tick as appropriate)

English	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Other European	<input type="checkbox"/>

Sign	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>
Urdu	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Gujerati	<input type="checkbox"/>

Welsh	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>
Albanian	<input type="checkbox"/>
Other	<input type="checkbox"/>

FOR COMPLETION BY HUB CENTRE STAFF ONLY

	Date
£2 admin fee received	
Photographs received	
Photographs taken and £2.00 received	
Evidence for automatic qualification seen	
Expiry date of HRMDCLA/WPMS	
Letter sent with reasons for refusal	
Badge Issued & Service Request No.	
Entered on E-Shop	
Department of Transport Reference Number	
Expiry Date of Blue Badge	
Authorised By:	