

# Blue Badge application form

## Mental disorder/cognitive impairment criteria

This form is only for people wanting to make an application for a Blue Badge under mental disorder/cognitive impairment eligibility criteria in *[Insert local authority area]*. These criteria apply to those with a diagnosed mental disorder, who receive specified social security benefits at specified rates (listed at page 3) who lack awareness of danger from traffic and are likely to compromise their safety or the safety of others. **You should only apply if a Badge is necessary and other strategies aren't working to manage the risk to the person.**

If you are completing the form on behalf of an applicant who is under 16, or who cannot complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf at the end.

If you would like support to complete this application, please contact *[The local authority will need to insert details of local arrangements for advice and support.]*

### Section 1 – Information about the applicant

Please complete the following boxes.

<b>Title</b> (Mr, Mrs, Miss, Ms, Dr, Prof, other):	
<b>First names</b> (in full):	
<b>Surname:</b>	
<b>Surname at birth:</b>	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of Birth</b> (DD/MM/YYYY): □□/□□/□□□□
<b>Place of Birth:</b>	Town:
	Country:
<b>National Insurance Number or NHS number (if under 16):</b> (see Section 1 of the guidance notes)	<input type="text"/>
<b>Current address and contact details:</b>	Address:
	Town:
	Postcode:
	Home telephone:
	Mobile telephone:
	Email address:

<b>Previous address, if different in the last three years:</b>	
Postcode:	
<b>School details (if applicant under 16):</b>	Name:
	Address:
	Contact telephone:
<b>If you now hold, or have ever held, a Blue Badge:</b>	Local authority that issued the last badge:
	Serial number of the last badge:
	Expiry date of the last badge:
<b>Proof of your address, dated within the last 12 months:</b>	
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:	
<b>Either:</b>	<input type="checkbox"/> I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.
<b>Or:</b>	<input type="checkbox"/> I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
<b>Or:</b>	<input type="checkbox"/> I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.
<b>Or:</b>	<input type="checkbox"/> I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.
<b>Proof of your identity:</b>	
We need to check your identity to reduce the risk of fraud. You must attach a certified photocopy of <b>one</b> of the following as proof of your identity:	
<ul style="list-style-type: none"> <li>• Passport</li> <li>• Birth or adoption certificate</li> <li>• Marriage or divorce certificate</li> <li>• Civil Partnership or dissolution of Civil Partnership certificate</li> </ul>	
To get a photocopy certified, you should get someone other than a family member, who's known you for at least two years and who is over 18, to write on the photocopy that it's a true likeness of the original. They should print their name, occupation and contact details alongside this statement.	
<b>Photographs:</b>	
You will need to enclose a recent (not older than 12 months) colour passport-sized photograph of the applicant. 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. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle. Please ensure that the applicant's name is on the back of the photograph.	
<b>Badge issue fee:</b>	
<i>[The local authority will need to insert details of local payment options for successful Blue Badge applicants, where the fee is collected.]</i>	
Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received.	

**Please nominate the vehicle registration number(s) for the main vehicles in which you intend to use the Blue Badge:**  
(Up to three registration numbers should be nominated, but please remember that other vehicles can be used).


## Section 2 – Checking the applicant meets the qualifying criteria

Please complete all the following sections.

### Your diagnosis

To be eligible, you must have a diagnosed mental disorder. We use this expression because it's a specific legal term. It encompasses all mental health problems, personality disorders and learning disabilities, however caused or manifested.

What is the condition you have been diagnosed with?

**You need to get proof from a healthcare professional that you have been diagnosed with this condition. You should attach a letter confirming the diagnosis to this form. If you are re-applying for a Badge on the basis of the same diagnosis, and the condition is not going to improve, you don't need to send in another letter.**

### Receiving social security benefits

To be eligible, you need to receive one of the following social security benefits, at the specified rates.

**Tick the box next to the benefit you currently receive.**

- You get the higher rate of the care component of the Disability Living Allowance
- You get the middle rate of the care component of the Disability Living Allowance
- You get the higher rate of Attendance Allowance
- You get the lower rate of Attendance Allowance

You get Personal Independence Payment and have been awarded a total of at least 12 points in respect of the following:

- section 7 (communicating verbally)
  - section 8 (reading and understanding signs, symbols and words)
  - section 9 (engaging with other people face-to-face)

You get Personal Independence Payment and have been awarded a total of at least 8 points in respect of the following:

- section 7 (communicating verbally)
  - section 8 (reading and understanding signs, symbols and words)
  - section 9 (engaging with other people face-to-face)

**You must enclose an original letter of entitlement to this benefit dated within the last 12 months. If you're enclosing a Personal Independence Payment letter of entitlement, you have to enclose a letter showing the breakdown of points you receive. We may also check that you are in receipt of this award with the Department for Work and Pensions.**

## Background to your condition and why you require a badge

Providing information about your condition will help the local authority make a full assessment of your application.

### Please describe:

- Any courses of treatment you have undergone or specialist clinics you have attended in relation to the condition you have mentioned above.
- Please state when you underwent any relevant treatment or attended specialist clinics.

**Courses of treatment / specialist clinics attended:**

**Dates you received this treatment:**

--	--

### What medication do you currently take in relation to the condition you described above?

**Medication**

**Dosage**

**Frequency**

Medication	Dosage	Frequency

**Why do you require a Blue Badge? How is a Blue Badge going to help you?** Please describe what benefit you seek to get from having a Badge. You may want to give examples.

--

**Do you anticipate that your condition will improve in the next three years?**

Yes:  No:  Don't know:

**If you ticked yes, please describe how much you expect your condition to improve.**

## Section 3 – Countersignatory questionnaire

These questions are intended for a healthcare or social work or teaching professional who has seen the applicant at some time over the last 12 months and who is not the applicant's GP.

The questions are designed to gather information about whether the applicant meets the Blue Badge criteria of **being someone who, because of a diagnosed mental disorder, lacks awareness of danger from traffic and is likely to compromise their safety, or the safety of others.**

You should therefore pass this part onto a healthcare or social work professional, who should complete the questions, **providing examples to support their answers**, and then sign this section.

<b>Professional contact details:</b>	Name
	Job title:
	Registration number:
	Organisation:
	Work telephone:
	Email address:

### Can the applicant follow the route of a familiar journey on their own?

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, does the applicant show any evidence of being able to learn this?

### Can the applicant follow the basic instructions such as "slow down", "stay here" or "stop"?

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, please indicate how the applicant responds when given such instructions.

**Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic?**

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened.

**Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that normally required for children of that age)?**

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened when the applicant did not receive this supervision?

**Can the applicant deal with unexpected changes in their journey?**

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, please describe any behaviours that are putting the applicant or others at risk as a result of unexpected change.

**Does the applicant wander off when exiting a vehicle, causing danger to themselves or others?**

Yes:  No:  Sometimes:

Please explain your answer. In particular, if the answer is yes, please give an example of what has happened.

**If the applicant is a child, has an NHS buggy been provided?**

Yes:  No:  Not applicable:

If the answer is yes, please give the reasons for receiving it. In particular, was it provided for difficulties in keeping the child safe?

**What coping strategies are currently in place to ensure the applicant's safety?**

Please explain your answer.

**In your professional opinion, having considered the actual risk to this individual applicant, not the potential risk associated with the condition, does the applicant regularly place themselves or others in danger?**

Yes:  No:

Please explain your answer, and provide any other information that might be useful, including if you think the risk will reduce over time.

<b>Your signature:</b>	
<b>Date of signature:</b>	(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"/>
<b>Please print your name here:</b>	

## Section 4 – Declarations and signatures

- Please read the following declarations carefully.
- 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.

All documents relating to this application will be handled 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 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 my local authority of any changes that may affect my entitlement to a badge.
- I confirm that the photographs I have submitted with my application are 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: Rights and Responsibilities in Scotland” 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.
- I understand that the local authority may need to contact the NHS, school or social care services for the purpose of obtaining further information in support of my application and consent to disclosure of such information.
- I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment in order to determine my eligibility for a Blue Badge.

### Optional declarations about using your information

We use your information to administer the Blue Badge scheme. 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 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.

### Your signature against the declarations that you have ticked above

<b>Your signature:</b>	
<b>Date of application:</b>	(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"/>
<b>Please print your name here:</b>	
If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.	
<b>Please indicate your relationship to the applicant:</b>	

### Checklist of documents you need to enclose

Please ensure you have enclosed 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.

- Proof of the applicant's address, dated within the last 12 months, if no consent was given for us to check Council Tax or electoral register or school records.
- A certified copy of proof of the applicant's identity.
- A passport-sized colour photograph of the applicant with their name on the back.
- An original letter from a healthcare professional confirming applicant's diagnosis, unless they are re-applying and the condition they have will not improve.
- An original benefit decision letter.

### Returning this form

You should return this form to your council's Blue Badge service. Here are their contact details:

**Blue Badges**

**Customer**

Aberdeen City Council

Business Hub 16

Third Floor West

Marischal College

Broad Street

Aberdeen

AB10 1AB

Tel 03000 200 292