V2 Download

ABERDEEN CITY COUNCIL

Blue Badge Application Form

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

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

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.

If you are applying on behalf of an organisation that cares for and transports disabled people then please do not complete Section 1. You only need to complete Sections 6 and 7.

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 – maximum of 20 characters)**:**

Surname (maximum of 20 characters)**:**

Surname at birth (maximum of 20 characters)**:**

Gender: Male ☐ Female ☐

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

Place of Birth: Town:

Country:

National Insurance Number (16 and over)
NHS Number (for under 16s)

(see Section 1 of the accompanying guidance notes)

Driving Licence Number:
(If you hold a driving licence)

Current contact details and address:

Postcode: _____

Home Tel (including code): _____

Mobile Tel: _____

Email: _____

Please enter your present address in this box

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 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.

Or: ☐ I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.

Or: ☐ 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.

Or: ☐ 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.

Proof of your identity:
We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of your identity:

☐ Birth certificate / adoption certificate ☐ Marriage / Divorce certificate ☐ Passport

☐ Civil Partnership / Dissolution certificate ☐ Valid driving licence

Do not send original documents as these will not be returned.

Photograph:
Please enclose a recent passport-style coloured 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 and that you complete Section 7(a) and 7(d) of this form to confirm that the photograph is a true likeness.

Badge issue fee:
The cost to the applicant is £20.00 subject to annual review. **Do not send money or cheques at this stage**, if you are successful you will be asked for payment at a later stage. 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 cars 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 – Questions for 'without further assessment' applicants

These questions are intended for people who **may** qualify for a Blue Badge automatically because they:

- are blind (severely sight impaired);
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive the **Mobility Component** of Personal Independence Payment;
- receive the War Pensioner's Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance notes enclosed with this application form.

2a) People who are blind (severely sight impaired) [Regulation 4(2)(c)]

Are you registered as blind (severely sight impaired)?

Yes: ☐ No: ☐

If YES, please state which local authority you are registered with:

If YES, do you give consent to us to check the local authority's register of blind people to see whether your disability is already known to the council?

Yes: ☐ No: ☐

If NO, then please indicate whether you have enclosed a copy of your Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist and held by your Social Services Department or local society.

Yes: ☐ No: ☐

2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance [Regulation 4(2)(a)]

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?

Yes: ☐ No: ☐

If YES, have you been awarded this benefit indefinitely?

Yes: ☐ No: ☐

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY)**:** ☐☐ **/** ☐☐ **/** ☐☐☐☐

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose an original letter of entitlement to this benefit issued within the last twelve months or your original annual uprating letter.

Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP) [Regulation 4(2)(aa)(ii)]

Does your 'Moving Around' descriptor for the Mobility component meet/match any of the following statements?

☐ [I've decided that] You can stand and then move unaided more than 20 metres but no more than 50 metres. [This gives you a score of 8.]

☐ [I've decided that] You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. [This gives you a score of 10.]

☐ [I've decided that] You can stand and then move more than 1 metre but no more than 20 metres either aided or unaided. [This gives you a score of 12.]

☐ [I've decided that] You cannot aided or unaided stand or move more than 1 metre. [This gives you a score of 12.]

If you did not tick any statement above, please tick the 'NO' box.

No: ☐

If you have ticked a statement above (8,10 or 12 points): have you been awarded this benefit for an ongoing period?

Yes: ☐

No: ☐ **If NO, when is your award of this benefit due to end**

(DD/MM/YYYY)**:** ☐☐ **/** ☐☐ **/** ☐☐☐☐

If you have ticked one of the above statements (8,10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose an original letter of entitlement to this benefit issued within the last twelve months, or your original annual uprating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2d) People who meet a 'Planning and Following Journeys' descriptor for the Mobility Component of Personal Independence Payment (PIP) [Regulation 4(2)(aa)(i)]

Does your 'Planning and Following Journeys' descriptor for the Mobility component meet/match the following statement?

☐ [I've decided that] You cannot follow the route of a familiar journey without another person, [an] assistance dog or [an] orientation aid. [This gives you a score of 12.]

If you did not tick the statement above, please tick the 'NO' box.

No: ☐

If you have ticked the statement above (12 points): have you been awarded this benefit for an ongoing period?

Yes: ☐

No: ☐ **If NO, when is your award of this benefit due to end**

(DD/MM/YYYY)**:** ☐☐ **/** ☐☐ **/** ☐☐☐☐

If you have ticked the above statements (12 points) for the ''Planning and Following Journeys' descriptor of the Mobility Component of PIP, you must enclose an original letter of entitlement to this benefit issued within the last twelve months, or your original annual uprating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2e) People who receive the War Pensioner's Mobility Supplement [Regulation 4(2)(d)]

Do you **receive the War Pensioner's Mobility Supplement?**

Yes: ☐ No: ☐

If YES, have you been awarded this benefit indefinitely?

Yes: ☐ No: ☐

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY)**:** ☐☐ **/** ☐☐ **/** ☐☐☐☐

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose an original letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

2f) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme [Regulation 4(2)(d)(da)]

Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes: ☐ No: ☐

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. <u>You must enclose the original of this letter as proof of entitlement.</u> If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

If you have answered "Yes" to any of the questions in Section 2, please go straight to Section 7.

If you have answered "No" to all of the questions in Section 2, please go to:

- **Section 3 for walking difficulties page 6-11**

or

- **Section 4 for difficulties with your arms page 12**

- Sections 5 is for Children under the age of 3 years old page 13
- Section 6 is for persons applying on behalf of an organisation/institution Page 14

Section 3 – Questions for 'subject to further assessment' applicants with walking difficulties.

These questions are intended for people who have answered NO to all of the questions in Section 2. 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 enclosed 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: ☐ (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.

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)

- ☐ 1 elbow crutch
- ☐ 2 elbow crutches
- ☐ 1 walking stick
- ☐ 2 walking sticks
- ☐ Walking frame (Zimmer frame)
- ☐ Rollator (a walking frame with wheels)
- ☐ Wheelchair
- ☐ Powered wheelchair
- ☐ 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 Services.

☐ 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 3, please go straight to Section 7.

Section 4 – 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.**

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

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 4, please go straight to Section 7.

Section 5 – 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 enclosed 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 in 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 5, please go straight to Section 7.

Section 6 – Applying for an Organisational Blue Badge [Regulation 5]

These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle/vehicles (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge. Please see Section 6 of the accompanying guidance note for a list of the eligibility criteria prescribed in the regulations that govern the scheme.

An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.

Organisational badges will therefore only be issued to an organisation which:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge – and must not be used for the employee's benefit when they are carrying out other business on behalf of the organisation. It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge.

If you are unsure about how to answer these questions, then please read the guidance notes enclosed with this application form.

Name of organisation (maximum of 30 characters)**:**

Main contact name:

Address:

Postcode:

Telephone:

Email:

Organisation logo
You need to supply the company logo of your organisation if you are applying for an organisational badge. Please see Section 6 of the guidance notes for more information.

Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge? See Section 6 of the accompanying guidance note for a list of the eligibility criteria.

Yes: ☐ No: ☐

If YES, please give details of the nature of this care:

As part of that care, does your organisation provide them with transportation?

Yes: ☐ No: ☐

If YES, please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:

Type of vehicle	Vehicle Registration Number	Frequency used to transport disabled people

Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation class?

Yes: ☐ No: ☐

If YES, please give details and attach a photocopy of the tax disc(s) to this application:

How many disabled people are in the care of your organisation?

: people

How many of these people are already in receipt of a Blue Badge as individuals?

: people

How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals (see description of eligible disabled people in the accompanying guidance note)**?**

: people

Charity Number of your organisation:
(if applicable)

Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:

How often do you envisage your organisation will use the Blue Badge?

If you already have an organisational Blue Badge:

What is the serial number on the current badge(s)?	What is the expiry date of the current badge(s)?

How many organisational badges are you applying for?

(Please note that your organisation will be required to pay the badge issue fee for each Organisational Badge that is issued)

Badge issue fee

The cost to your organisation will be £20.00 per badge issued, subject to annual review. **Do not send money or cheques at this stage**, if you are successful you will be asked for payment at a later stage.

See Section 1 of the accompanying Guidance Note

Payment will only be requested if your organisation's application for a Blue Badge is successful. Your organisation will only be issued with a Blue Badge once your payment has been received.

If you have completed Section 6, please go straight to Section 7.

Section 7 – Declarations and signatures

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

7a) 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 my local authority of any changes that may affect my entitlement to a badge.

Declarations to be completed by all individual applicants

☐ 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.

Declarations to be completed by all 'subject to further assessment' individual applicants (i.e. people who have completed Sections 3, 4 or 5)

☐ I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application.

☐ 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.

Declarations to be completed by all organisational applicants

☐ I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people.

☐ I understand that, if the application is successful, the badge(s) will only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.

7b) 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 the local authority checking any information already held by the local authority's Social Services department 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.

7c) Checklist of documents you may 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.

Section 1 – Information about you

☐ Proof of your address, dated within the last 12 months.
(if you have not given consent for us to check Council Tax / electoral register / school records).

☐ A certified photocopy of proof of your identity.

☐ A passport-style photograph of yourself with your name on the back.

Section 2a – People who are blind (severely sight impaired)

☐ A copy of your Certification of Blindness or Defective Vision (BP1 (3R)) or Certificate of Vision Impairment (CVI) or a previous equivalent, signed by a Consultant Ophthalmologist and held by your Social Services Department or local society (if you have not given us consent to check the blind register).

Section 2b – People who received the Higher Rate of the Mobility Component of Disability Living Allowance

☐ An original letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter.

Section 2c – People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

☐ An original Personal Independence Payment decision letter issued within the last 12 months or your original annual uprating letter

Section 2d – People who meet a 'Planning and Following Journeys' descriptor for the Mobility Component of Personal Independence Payment (PIP)

☐ An original Personal Independence Payment decision letter issued within the last 12 months or your original annual uprating letter.

Section 2e – People who receive the War Pensioner's Mobility Supplement

☐ An original letter of entitlement for the War Pensioner's Mobility Supplement.

Section 2f – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

☐ An original award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

Section 4– Drivers with a disability in both arms

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

Section 5 – Children under the age of three

☐ A letter from a healthcare professional that has been involved in the child's treatment, giving details of condition and type of medical equipment needed.

Section 6 – Organisational Badge

☐ A photocopy of the tax discs for any vehicles registered under the Disabled Passenger Vehicle (DPV) class.

☐ Your organisation's logo.

7d) Your signature against the declarations in Section 7a and 7b

Your signature:	
Date of application:	(DD/MM/YYYY)**:** ☐☐ / ☐☐ / ☐☐☐☐
Please print your name here:	

Please return this form, relevant documents and photograph to:

Blue Badges
Communities, Housing & Infrastructure
Aberdeen City Council
Business Hub 11
Second Floor West
Marischal College
Broad Street
Aberdeen
AB10 1AB

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