

# Blue Badge for individuals

Parking concessions for people with disabilities

## Application Form

**Please complete all relevant sections of this application form. You will also need to provide evidence of your eligibility and the appropriate documents to confirm your identity.** South Gloucestershire Council may refuse to issue a badge if you do not provide adequate supporting evidence.

**When completing this form, please refer to the guidance notes and contact details at the end of the form.**

This form should not be used if you are applying due to a terminal illness, if you are over 75 years and renewing your badge, or if your badge is lost or stolen. The appropriate forms are available at [www.southglos.gov.uk/blue-badge](http://www.southglos.gov.uk/blue-badge)

### Blue Badge Fee

There is a £10 charge for all Blue Badges. If your application is successful, we will contact you to let you know, and request this payment. Where possible we will email to advise you of this, so please do include your email address on your application if you have one.

**! Please type or print clearly in black ink**

# Section 1 - Information about the applicant

! Please note you must be a resident at the address given.

! If you are completing this form on behalf of an applicant who is under 16 or unable to complete the form themselves, please provide their details in the appropriate sections and complete your details in section 7 and sign section 8 of the form on their behalf.

## Your details and Blue Badge information

Title: Mr Mrs Miss Ms Other

First name(s): Surname:

Surname at birth: (If known) Gender: Male Female Other

Address

Postcode:

Telephone

Date of Birth  
(DD/MM/YYYY):

Place of Birth Town/City: Country:

Email address

National Insurance Number / Child Registration Number:

Previous address  
if different in the  
last three years

Postcode:

Do you currently hold a Blue Badge? Yes No

Reason for this application: A new application?  
(First application to South Gloucestershire Council)  
A renewal application?

? If this is a renewal:

Which local authority issued you  
with the badge?

What is the serial number on the  
current badge?

What is the expiry date of the  
current badge? (DD/MM/YYYY)

! if your Blue Badge has already expired please return it with this application

South Gloucestershire Council  
Blue Badge reference (if known):

### 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 photocopy of **ONE** of the following as proof of your identity.

! Please do not send original documents with your application as these cannot be returned

Birth certificate / adoption certificate

Passport

Marriage / divorce certificate

Valid driving licence

Civil partnership / dissolution certificate

### ! Photographs

Please enclose ONE recent passport-style photograph of yourself, either printed or in digital format (which can be emailed to [contravel@southglos.gov.uk](mailto:contravel@southglos.gov.uk)). The photograph needs to show your full face so that the holder can be easily identified. No one else should be in the photograph, and the photograph must be a true likeness of you. The photograph should be no more than 12 months old and must be undamaged, i.e. not torn, creased, marked or previously laminated (please refer to the guidance notes for further information).

Please ensure that your name and post code are on the back of the photograph, or for a digital photograph please ensure these details are in the email.

! Please note that if you are struggling to provide a photograph, our One Stops Shop staff have the facility to take a photograph of you and send it directly to the Concessionary Travel team.

## Blue Badge Fee

There is a £10.00 charge for all Blue Badges. If your application is successful, we will contact you to let you know, and request this payment. Where possible we will email to advise you of this, so please do include your email address on your application if you have one.

Payments can be made by calling our contact centre on **01454 868004**, or by visiting a Council One Stop Shop. All payments must be made by credit or debit card. Please do not try and make payment until you have had notification that you have been approved for a Blue Badge.

Our One Stop Shops are located as follows:

**Kingswood One Stop Shop**, Civic Centre, High Street, Kingswood BS15 9TR

**Patchway One Stop Shop**, The Patchway Hub, Rodway Road, Patchway BS34 5PE

**Yate One Stop Shop**, Kennedy Way, Yate BS37 4DQ (access via West Walk)

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If you are not eligible under section 2 of the application, please complete any other sections that are relevant.

All applicants (or their guardian / carer) **MUST** sign the relevant declarations on page 18-19.

## 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 severely sight impaired/blind;
- receive the **Higher Rate Mobility Component** of Disability Living Allowance;
- receive a qualifying award under Personal Independence Payment (PIP);
- 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.

### 2a. People who are severely sight impaired/blind

Are you registered as Yes No  
severely sight impaired/blind with  
South Gloucestershire Council

! If you are not registered severely sight impaired/blind or you are not registered with South Gloucestershire Council you need to enclose a copy of a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist that states that you are severely sight impaired/blind.

### 2b. People who receive the Higher Rate Mobility Component of Disability Living Allowance

Do you receive the Higher Rate Yes No  
Mobility Component of Disability  
Living Allowance?

? If 'YES', have you been awarded Yes No  
this benefit indefinitely?

? If 'NO', when is your award of this  
benefit due to end? (DD/MM/YYYY)

! If you are in receipt of the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) you must enclose a copy of your letter of entitlement to this benefit issued within the last 12 months or a copy of your annual uprating letter if your award letter is more than 12 months old.

! If you have lost your HRMCDLA award letter or your uprating letter, then please contact the Disability Service Centre; contact information can be found in the guidance notes at the end of this form.

### 2c. People who have a qualifying award under Personal Independence Payment (PIP)

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

Yes How many points were scored  
  
If your award has an end date, enter the end date

No ! Answer the next question under "PIP"

! If you did score 8 points or more in the "moving around" part of the mobility assessment, you need to attach a copy of every page of the award letter from the Department for Work and Pensions (DWP). The letter you supply must show your entitlement to PIP and assessment scores (including the mobility scores).

❗ If this award letter was issued to you over 12 months ago then please also supply a recent DWP letter confirming the amount of your continuing award.

## 2c. People who have a qualifying award under Personal Independence Payment (PIP) Continued

Did you score this specific points descriptor in the “planning and following a journey” part of the mobility assessment?

**10 points** - You cannot undertake any journey because it would cause overwhelming psychological distress.

Yes If your award has an end date, enter the end date

No ❗ You should answer the questions in one of the following ‘with further assessment’ sections

❗ If you did score the 10 points outlined above in the “planning and following journeys” part of the assessment, you need to attach a copy of every page of the award letter from DWP. The letter you supply must show your entitlement to PIP and assessment scores (including the mobility scores). If this award letter was issued to you over 12 months ago then please also supply a recent DWP letter confirming the amount of your continuing award.

## 2d. People who receive the War Pensioner’s Mobility Supplement

Do you receive the War Pensioner’s Mobility Supplement?

Yes If your award has an end date, enter the end date

❓ If 'YES', have you been awarded this benefit indefinitely? Yes No

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

❗ If you are in receipt of the War Pensioner’s Mobility Supplement you must enclose a copy of your letter of entitlement to this benefit. You should have an award letter from Veterans UK.

❗ If you have lost this letter, then the agency can be contacted via the Freephone enquiry number: 0808 191 4218

## 2e. People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and 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, Veterans UK 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. You must enclose a copy of this letter as proof of entitlement.

❗ If you have lost this letter, then the agency can be contacted via the Freephone enquiry number: 0808 191 4218

If you have answered no to all questions in section 2, please go to the relevant section:

Walking difficulties – Section 3

Hidden disability – Section 4

Disability in both arms – Section 5

Child under 3 years – Section 6

## 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, **have an enduring (lasting for at least three years) and substantial disability which means you are unable to walk; have very considerable difficulty in walking; or are at risk of serious harm when walking.**

**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

**No** ! Go to **Section 4**

! If you are unsure whether these questions apply to you, then please read the guidance notes.

**Please describe:**

- Any health conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition(s) 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 health condition / disability you have mentioned. Please also add any surgery or treatment that you are awaiting.
- 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:

**Please describe:**

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

Medication	Dosage	Frequency

Are you currently managing your condition/disability since you have been advised it is not expected to improve any further?

Yes

No

**Please give details:**

- Of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described on the previous page.

Name	Job Title	Hospital / Health Centre

! South Gloucestershire Council will not contact your health care professional directly for information.



**Please tick the box that best describes the way you walk:**

**Regular** - 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.

**If there is not a statement that describes the way you walk, please tell us about the way you walk:**

**Please tick the box that best describes your general walking ability: (Please tick all that apply)**

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 around my home, but unable to climb the stairs

I am unable to walk at all

**How does your health condition make walking difficult for you? (Please tick all that apply)**

**Excessive pain**

**Describe the pain you get when walking. How severe is the pain?**

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**Breathlessness**

**When do you get breathless? (please tick all that apply)**

Walking up a slight hill

Trying to keep up with others on level ground

Walking on level ground at my own pace

Getting dressed or trying to leave my home

Other - please describe when you get breathless

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**Balance, coordination or posture**

Describe how the way you walk is affected by your condition (For example if your posture is effected or you struggle to take full steps)

Have you seen a healthcare professional for any falls in the last 12 months?

Yes      No

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**How does your health condition make walking difficult for you? (Please tick all that apply) Continued**

**It's dangerous to my health and safety**

Describe how your condition makes walking dangerous

Do you have a chest, lung or heart condition / epilepsy?

Yes      No

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**Something else**

What is it about your condition that causes you difficulty walking?

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**Do you need help to get around?**

<b>What is this aid or support?</b> (For example; a wheelchair, crutches, a member of your family)	<b>When do you need this help?</b> (For example, to get to the shops)

Are you able to walk outside without help?      Yes      No

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How long can you walk for without stopping? (If you listed an aid, then your answer should be when using that aid)

I can't walk at all

Less than a minute

Between 1 and 5 minutes

Between 5 and 10 minutes

More than 10 minutes

Unless you answered 'I can't walk at all', please estimate the approximate distance you would be able to walk during this time.

Are you able to continue walking after a short rest?      Yes      No

Describe somewhere in your local area that you can walk from and to:

(Please be specific and use place names or house numbers)

How long does it take you?

(For example, 8 minutes)

Have you had any adaptations made to your home to help with your mobility?      Yes      No

❓ If yes, please give details below:

Please supply copies of any recent, relevant documents from specialists that confirm your conditions / disabilities and walking difficulties. Please note that medical specialists or general practitioners are not obliged to provide supporting evidence for an application and you may be charged should you request it.

South Gloucestershire Council will not contact medical specialists on your behalf to obtain evidence to support an application and cannot reimburse any fee you are charged in the course of obtaining medical evidence.

If there is any further information that is relevant to your application, please enclose a covering letter.

## Section 4 - Questions for 'subject to further assessment' applicants with Non-Visible (Hidden) disabilities

! 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 **have an enduring (lasting for at least three years) and substantial non-physical disability which means that: you are unable to walk; you experience very considerable difficulty walking, which may include very considerable psychological distress; you are at risk of serious harm when walking, or pose when walking a risk of serious harm to any other person.**

**Do you have a non-visible (hidden) condition or disability, causing you to struggle with journeys?**

**Yes** ! Continue answering the questions in this section

**No** ! Go to Section 5

! If you are unsure whether these questions apply to you, then please read the guidance notes.

**Please describe:**

- Any conditions / disabilities which affect you when undertaking a journey.
- If you know them please state the medical terms for the conditions you have been diagnosed with.

**Please describe:**

- Any courses of treatment you have undergone or specialist clinics / therapy you have attended in relation to each condition / disability you have mentioned. Please also add any treatment/clinic/therapy that you are awaiting.
- Please state when you underwent any treatment or attended specialist clinics / therapy.

Courses of treatment / specialist clinics / therapy:	Dates you received this treatment:

**Please describe:**

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

Medication	Dosage	Frequency

Are you currently managing your condition / disability since you have been advised it is not expected to improve any further?      Yes      No

**Please give details:**

- Of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described on the previous page.

Name	Job Title	Hospital / Health Centre

**What affects you taking a journey? (Please tick all that apply)**

**I am at risk near vehicles, in traffic or car parks**

**Please describe how you are at risk and how often this occurs?**

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**I struggle to plan or follow a journey**

Unfamiliar journeys      Every journey

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**I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others**

**Please describe this behaviour and how often it occurs?**

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**I can become extremely anxious or fearful when in public/open spaces**

**When do you become extremely anxious/fearful?**

Sometimes      Regularly      Every journey

---

**I have intense responses to overwhelming situations causing temporary loss of behavioural control (for example, a meltdown, temporary paralysis)**

**Please describe this behaviour and how often it occurs?**

---

**What affects you taking a journey? (Please tick all that apply) Continued**

Please describe any other behaviour or factor which causes you to have difficulty when undertaking a journey (if the space below is not sufficient please enclose a covering letter.)

**How would a Blue Badge improve taking a journey for you? (Describe your needs, in detail)**

**What steps or coping strategies are currently undertaken to try to improve journeys?**  
(List the strategies and tell us how effective they are)

Please supply copies of any recent, relevant documents from specialists that confirm your conditions / disabilities and difficulties when undertaking a journey. Please note that specialists are not obliged to provide supporting evidence for an application and you may be charged should you request it.

**South Gloucestershire Council will not contact specialists on your behalf** to obtain evidence to support an application and cannot reimburse any fee you are charged in the course of obtaining evidence.

If there is any further information that is relevant to your application, please enclose a covering letter.

## Section 5 - Questions for 'subject to further assessment' applicants with a disability in both arms

! 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, drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating parking meters.

! If you are unsure whether these questions apply to you, then please read the guidance notes

Do you have a disability in both arms?

Yes ! Continue answering the questions in this section

No ! You are unlikely to be eligible under this criterion

Do you drive regularly?

Yes ! Continue answering the questions in this section

No ! You are unlikely to be eligible under this criterion

Please describe your medical condition / disability

Do you struggle to operate parking meters or pay and display machines?      Yes      No

? If 'Yes', please describe the difficulties you have operating parking meters / 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 copy of your insurance details verifying this adaptation.

**Please supply copies of any recent relevant documents from medical specialists that confirm a disability in both arms.**

**Please note** medical specialists or general practitioners are not obliged to provide supporting evidence for an application and you may be charged should you request it. South Gloucestershire Council will not contact medical specialists on your behalf to gain evidence to support an application and cannot reimburse any fee you are charged in the course of obtaining medical evidence.

**If there is any further information that is relevant to your application, please enclose a covering letter.**



## Section 6 - Questions for 'subject to further assessment' applicants under the age of three

! These questions are intended for people who have answered NO to all of the questions in Section 2.

These questions relate to 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 near a motor vehicle on account of a condition so 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 treated.

Are you applying for a child under 3 years old?

Yes ! Continue answering the questions in this section

No ! You are not eligible under this criterion

! If you are unsure whether these questions apply to your child, then please read the guidance notes

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 suffers from a condition that requires they must always be near a motor vehicle so 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 recent 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 or treatment they need.

South Gloucestershire Council will not contact medical specialists to gain evidence to support an application and cannot reimburse any fee you are charged in the course of obtaining medical evidence.

## Section 7 - Third Party Authorisation

**If you would like us to be able to discuss your application with a third party please give their details below.**

## Your details and Blue Badge information

**Title:**            **Mr**        **Mrs**        **Miss**        **Ms**        **Other**

**First name(s):** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Relationship to the applicant:**

### Current Address

Postcode:

## Telephone

Home:

Mobile:

### Email address

National Insurance Number / Child Registration Number:

**If you wish correspondence to go to a third party,  
please tick box and enclose a letter confirming power of attorney.**

**Please note that we are only able to issue the actual Blue Badge to either the Badge Holder's address, or to our South Gloucestershire Council address for collection by the Badge Holder or Power of Attorney.**

## Section 8 - Declaration / Data Protection

 Please read before signing the appropriate declaration.

### Applying for yourself

I declare that all the information I have provided is correct

I understand that I must inform South Gloucestershire Council of any changes that may affect my entitlement to a Blue Badge as soon as they happen. This includes any change of names and address and if the badge holder is no longer eligible.

I am a permanent resident of South Gloucestershire and I accept the conditions of use of a Blue Badge.

I understand that:

- if I give information that is incorrect or incomplete; or
- if I fail to report any changes that might affect my entitlement as soon as they happen; or
- if I allow other persons to misuse the Blue Badge;

this may result in the badge being withdrawn by South Gloucestershire Council and I, or those persons who have misused the badge, may be prosecuted.


I understand that South Gloucestershire Council will check Council tax and / or Electoral roll records to confirm my residence within South Gloucestershire.

I agree that South Gloucestershire Council may contact me if there are any issues with this application, or to prevent badge misuse; and that they may arrange an in-person assessment of my eligibility.

### Data Protection Act 2018

The Council is under a duty to protect the public funds it administers, and will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds and will use it for comparison across the council and with external organisations for the prevention and the detection of fraud.

I further understand that the medical information I have supplied to support this application is deemed to be "a special category of personal data". I give my consent for it to be disclosed only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government departments or agencies, to validate proof of entitlement.

-  Should you wish to know more about how we look after your personal information please visit [www.southglos.gov.uk/privacy](http://www.southglos.gov.uk/privacy)

**I have read and understood the above declarations**

**Signature**

**Date (DD/MM/YYYY)**

**Please print your name here**

## Applying on behalf of someone else

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

All the information provided on the application is correct

South Gloucestershire Council will be informed of any changes that may affect the applicant's entitlement to a Blue Badge as soon as they happen. This includes any change of name and/or address and if the badge holder is no longer eligible.

The applicant is a permanent resident of South Gloucestershire and the conditions of use of a Blue Badge have been understood and accepted.

I understand that:

- if information is given that is incorrect or incomplete; or
- any changes that might affect the applicant's entitlement are not reported as soon as they happen; or
- other persons are allowed to misuse the Blue Badge;

this may result in the badge being withdrawn by South Gloucestershire Council and I, or those persons who have misused the badge, may be prosecuted.

I understand that South Gloucestershire Council will check Council tax and / or Electoral roll records to confirm the applicant's residence within South Gloucestershire.

I agree that South Gloucestershire Council may contact me if there are any issues with this application, or to prevent badge misuse; and that they may arrange an in-person assessment of the applicant's eligibility.

### Data Protection Act 2018

The Council is under a duty to protect the public funds it administers, and will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds and will use it for comparison across the council and with external organisations for the prevention and the detection of fraud.

I further understand that the medical information I have supplied to support this application is deemed to be "a special category of personal data". I give my consent for it to be disclosed only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government departments or agencies, to validate proof of entitlement.

? Should you wish to know more about how we look after your personal information please visit [www.southglos.gov.uk/privacy](http://www.southglos.gov.uk/privacy)

**I have read and understood the above declarations**

**Signature**

**Date (DD/MM/YYYY)**

**Please print your name here**

**Relationship to applicant**

(e.g. Power of Attorney/Support Worker/Relative)

## Section 9 - Checklist and Contact Details

Please ensure you have enclosed all documentation specified on the sections of the form that you have completed. We have provided a checklist below of what you may need to include.

### Essential to all applications

A **copy** of proof of your identity (section 1).

One recent passport-style photograph of yourself, either printed or in digital format. Printed photographs must have your name and postcode on the back. (section 1).

### Essential where relevant section completed

A **copy** of your Certificate of Vision Impairment (CVI) (section 2a).

A **copy** letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance issued within the last 12 months or your original annual uprating letter (section 2b).

A **copy** of all pages of your letter(s) of entitlement to a qualifying award under Personal Independence Payment (PIP); either 8 points or more under the 'moving around' part of the mobility assessment; or 10 points as 'You cannot undertake any journey because it would cause overwhelming psychological distress' under the 'planning and following a journey' part of the mobility assessment. (section 2c).

A **copy** letter of entitlement for the War Pensioner's Mobility Supplement (section 2d).

A **copy** 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 2e).

**Copies** of any relevant documents from specialists that confirm walking difficulties, a non-visible (hidden) disability, or arm disabilities (sections 3, 4 or 5)

A **copy** of your insurance details verifying how your vehicle has been specially adapted (section 5).

A **copy** of a letter from a healthcare professional who has been involved in the child's treatment, giving details i.e. condition and type of medical equipment needed (section 6).

A **copy** of a letter confirming power of attorney if you wish correspondence (please note this does not include the badge) to go to a third party (section 7).

## Blue Badge Contact Details

When returning your form to us, please check at your nearest Post Office to make sure you have paid the full cost of the postage for the size of the envelope you use. If you do not pay the full amount, Royal Mail will not deliver your application.

Please submit your application form:

### By post

South Gloucestershire Council,  
Department for Chief Executive  
and Corporate Resources,  
PO Box 1953,  
Bristol BS37 0DB

### In person at a One Stop Shop

**Kingswood One Stop Shop**  
Civic Centre  
High Street  
Kingswood  
Bristol  
BS15 9TR


**Patchway One Stop Shop**  
Rodway Road  
Patchway  
Bristol  
BS34 5PE

**Yate One Stop Shop**  
Kennedy Way  
(Access via West Walk)  
Yate  
Bristol  
BS37 4DQ

### Opening hours

Monday to Wednesday  
8.45am to 5.00pm

Thursday and Friday  
8.45am to 4.30pm

 Please note disabled parking is available at all our One Stop Shops.

## Contacting the council

If you have any queries or questions about this form or Blue Badges in general, please get in touch using the contact information below.

### Telephone

01454 868004

### Email

contravel@southglos.gov.uk

### Website

[www.southglos.gov.uk/  
blue-badge](http://www.southglos.gov.uk/blue-badge)

# Individual Blue Badge Guidance Notes

If you are completing this form on behalf of the applicant then please provide their details in the appropriate sections, complete your details in section 7 and sign the relevant declarations in section 8 of the form.

South Gloucestershire Council currently does not charge for Blue Badges.

## Section 1

### Information about you

- ! Individual applicants for a Blue Badge should complete **ALL** fields in this section.
- **A New Application** – tick new application if this is your first application to South Gloucestershire Council.
- **A Renewal Application** – tick if you have previously held a Blue Badge and provide the details as requested. If you are over 75 years and are renewing a South Gloucestershire Council Blue Badge within 3 months of expiry of your current badge, please use our separate 75+ Renewal Blue Badge application form. If your Blue Badge is still valid but has been lost or stolen, please use our separate Lost or Stolen Replacement application form.

### Proof of your identity

- A photocopy of **ONE** of the following must be submitted with your application: your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.

### Photograph

- Enclose **ONE** recent passport-style photograph of the applicant, either printed or in digital format which can be emailed to **contravel@southglos.gov.uk** (For example, a photograph can be taken on a mobile phone with a white background and emailed to us).
- i The regulations state that photographs used for Blue Badges should be in accordance with passport standards
- i The photograph should be in colour
- i The photograph needs to show the applicant's full face so that the holder can be easily identified.
- i No one else should be in the photograph
- i The photograph must be a true likeness of the applicant
- i The photograph should be no more than 12 months old and must be undamaged, i.e. not torn, creased, marked or previously laminated.
- i Please ensure that the applicant's name and postcode are on the back of the photograph, or for a digital photograph please ensure these details are in the email.
- i 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 note that if you are struggling to provide a photograph, our One Stops Shop staff have the facility to take a photograph of you and send it directly to the Concessionary Travel team.

## Blue Badge Fee

There is a £10.00 charge for all Blue Badges. If your application is successful, we will contact you to let you know, and request this payment. Where possible we will email to advise you of this, so please do include your email address on your application if you have one.

Payments can be made by calling our contact centre on **01454 868004**, or by visiting a Council One Stop Shop. All payments must be made by credit or debit card. Please do not try and make payment until you have had notification that you have been approved for a Blue Badge.

Our One Stop Shops are located as follows:

**Kingswood One Stop Shop**, Civic Centre, High Street, Kingswood BS15 9TR

**Patchway One Stop Shop**, The Patchway Hub, Rodway Road, Patchway BS34 5PE

**Yate One Stop Shop**, Kennedy Way, Yate BS37 4DQ (access via West Walk)

## Section 2

### Questions for 'without further assessment' applicants

- i You will be automatically eligible for a badge if you are more than two years old, can satisfy residency and identity checks, and meet at least one of the eligibility criteria in Section 2. You will need to provide the appropriate documentation to prove eligibility under one of the criteria.

### 2a - People who are severely sight impaired/blind

- i If you are registered severely sight impaired/blind with South Gloucestershire Council and give consent, we can check the Visual Impairment Register to confirm your eligibility under this criterion.
- If you are not registered severely sight impaired/blind or you are not registered with South Gloucestershire Council you need to enclose a copy of a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist.

### 2b - People who receive the Higher Rate Mobility Component of Disability Living Allowance

- Please complete this section if you receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA).
- You will have received an award notice letter from the Department for Work and Pensions (DWP). You must enclose a copy of this award letter **unless** it is more than 12 months old, in which case you should **also** send a copy of the most recent annual uprating letter which you will also have been sent stating your entitlement.
- If you have lost your HRMCDLA award letter or your uprating letter, then please contact the Disability Service Centre for a current award letter by:

#### If you were born after 8 April 1948

Telephone: **08457 123 456**

Textphone: **08457 22 44 33**

NGT text relay (if you cannot hear or speak on the phone): **18001** then **0800 121 4600**

**Monday to Friday, 8am to 7:30pm**

#### If you were born on or before 8 April 1948

Telephone: **0800 731 0122**

Textphone: **0800 731 0317**

NGT text relay (if you cannot hear or speak on the phone): **18001** then **0800 731 0122**

**Monday to Friday, 8am to 6pm**



## 2c - People who have a qualifying award under Personal Independence Payment (PIP)

- Please complete this section if you receive a qualifying award under Personal Independence Payment (PIP).
- Your decision letter will need to state that either:
  - you meet one of the following 'Moving Around' descriptors within the Mobility Component:
  - You can stand and then move unaided more than 20 metres but no more than 80 metres. (8 points)
  - You can stand and then move using an aid, or appliance, more than 20 metres but no more than 50 metres. (10 points)
  - You can stand and then move more than 1 metre but no more than 20 metres. (12 points)
  - You cannot stand or move more than 1 metre. (12 points)
- Or
- you meet the following 'Planning and Following a Journey' descriptor within the Mobility Component:
- You cannot undertake any journey because it would cause overwhelming psychological distress. (10 points)
- Your decision letter can be used as proof of receipt of the relevant PIP award. If this decision letter was issued to you over 12 months ago then please also supply a recent DWP letter confirming the amount of your continuing award.
- If you have lost your PIP decision letter then please contact the Disability Service Centre:  
Telephone: **0800 121 4433**  
Textphone: **0800 121 4493**  
NGT text relay (if you cannot hear or speak on the phone): **18001** then **0800 121 4433**  
**Monday to Friday, 8am to 6pm**

## 2d - People who receive the War Pensioner's Mobility Supplement

- If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a copy of your letter of entitlement to this benefit. If you have lost this letter, please contact Veterans UK via the freephone enquiry number: **0808 191 4218**

## 2e - People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

- Please complete this section if you receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been assessed and certified by Veterans UK as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
- You will have been issued with a letter from Veterans UK 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. You must enclose a copy of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the freephone enquiry number: **0808 191 4218**

## Section 3

### Questions for 'subject to further assessment' applicants with walking difficulties

- Section 3 should be completed if the questions in Section 2 do not apply to you and if you have an enduring and substantial disability which means that:

- you are unable to walk;
- you experience very considerable difficulty in walking;
- you are at risk of serious harm when walking.

An enduring disability is one that is likely to last for a minimum period of three years

- ❗ **Eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition.**

- All applicants who may be eligible 'subject to further assessment' are asked to provide as much information as they can about themselves, any difficulties they experience while walking as part of a journey, and details of any enduring and substantial disabilities with which they have been diagnosed.

- Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they 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 1 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.

- We may ask you to have an assessment with a professional, such as a physiotherapist or occupational therapist, to determine whether you meet the eligibility criteria. If you have had an assessment in the last 12 months which covered your walking ability, please can you provide details of this in section 3, and if possible please can you provide a copy of the report from this assessment.

## Section 4

### Questions for 'subject to further assessment' applicants with Non-Visible (Hidden) disabilities

- Section 4 should be completed if the questions in Section 2 do not apply to you and if you have an enduring and substantial non-visible (hidden) disability which means that:
- you are unable to walk;
  - you experience very considerable difficulty whilst walking as part of a journey (this may include very considerable psychological distress);
  - you are at risk of serious harm when walking, or pose when walking a risk of serious harm to any other person.
- An enduring disability is one that is likely to last for a minimum period of three years
- ❗ **Eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition.**
- ❗ All applicants who may be eligible 'subject to further assessment' are asked to provide as much information as they can about themselves, any difficulties they experience while walking as part of a journey, and details of any enduring and substantial disabilities with which they have been diagnosed.
- Please also detail any steps or coping strategies you use to help manage the difficulties experienced. Travelling with another person – such as a parent / guardian / carer / personal assistant – is an example of a form of coping strategy.

## Section 5

### Questions for 'subject to further assessment' applicants with disabilities in both arms

- ❗ Section 5 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 metres.
- You will need to satisfy all three conditions above in order to obtain a badge. We may ask you to have an assessment with a professional, such as a physiotherapist or occupational therapist, to determine whether you meet the eligibility criteria.

## Section 6

### Questions for 'subject to further assessment' applicants under the age of three

- i** Section 6 should be completed on behalf of:
  - A child under three years of age who has 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
  - A child under three years of age who has a medical condition which means that they need to be near a vehicle at all times, in case of the need for either treatment in the vehicle, or for transportation to a location where treatment can be given.
- i** A parent or guardian must apply on behalf of a child under the age of three.
- i** 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.
- i** The equipment must be always needed and cannot be carried without great difficulty.
- i** 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.
- i** Please note that the above lists are not exhaustive.

**For sections 3, 4, 5 and 6 please supply copies of any relevant documents from medical specialists that confirm your medical condition(s) and how they affect you.**

## Section 7

### Authorisation for Third Party

- >** If you would like South Gloucestershire Council to be able to discuss your application with a third party then this section should be completed. If the applicant would like correspondence to be sent to the third party then a letter confirming Power of Attorney must be enclosed.
- i** Please note that we are only able to issue the actual Blue Badge to either the Badge Holder's address, or to our South Gloucestershire Council address for collection by the Badge Holder or Power of Attorney.

## Section 8

### Declaration / Data Protection

- >** The relevant mandatory declarations must be completed by all applicants, or by the person applying on behalf of the applicant.
- i** Please take time to read and understand these declarations; if the relevant declarations are not ticked and signed we will be unable to accept your Blue Badge application.