

# Blue Badge Application Form

**Badge Serial No:**  
**Badge Expiry Date:**  
**Benefit Expiry Date:**  
**Documents attached:** Yes/No  
**Award:** Yes/No

## Risk in Traffic Eligibility

These criteria apply to those with a diagnosed mental disorder, who receive a specified social security benefit 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.

Once you have completed the form, you can hand it into your nearest Community Access Point (CAP) or Council Office, where the staff will verify your documents to confirm your address, identity and evidence of eligibility.

Please complete this form using black ink, and write in BLOCK CAPITALS.

### Section 1 – Information about the applicant

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 the appropriate sections and sign the form on their behalf.

**Title** (Mr, Mrs, Miss, Ms, Dr, Prof, other):

**First names** (in full):

**Surname:**

**Surname at birth:**

**Gender:** Male  Female

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

**Place of Birth:**

Town:

Country:

**National Insurance Number or NHS number (if under 16):**

(see Section 1 of the guidance notes)

**Current address and contact details:**

Address:

Town:

Postcode:

Home telephone:

Mobile telephone:

Email address:

**Previous address, if different in the last three years:**

Postcode:

<b>School details (if the applicants over 5 &amp; 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:
<p><b>Proof of your address, dated within the last 12 months:</b> We need to check that you are a resident in the Clackmannanshire Council area before we can process your application. Please select one of the following options.</p> <p><b>Either:</b> <input type="checkbox"/> I give consent to Clackmannanshire Council to check my personal details on the Council Tax database / Electoral Register so that I do not need to submit proof of my address.</p> <p><b>Or:</b> <input type="checkbox"/> A Council Tax bill or letter from the Assessor/Electoral Registration Office, bearing my name and address, dated within the last 12 months.</p> <p><b>Or:</b> <input type="checkbox"/> A valid driving licence (if not used as proof of identity), a housing benefit notification letter, a pension or benefit letter from the DWP, a bank or building society statement or a utility bill bearing my name and address, dated within the last 12 months.</p> <p><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 have enclosed a Child Benefit letter/letter from a Health Care Professional for that child showing their address or a confirmation letter from their school.</p>	
<p><b>Proof of your identity:</b> We need to check your identity to reduce the risk of fraud. Please provide one of the following options. Do not send original documents through the post.</p> <p><input type="checkbox"/> Passport / Driving Licence      <input type="checkbox"/> Birth / Adoption Certificate  <input type="checkbox"/> Marriage / Divorce Certificate      <input type="checkbox"/> Civil Partnership / Dissolution Certificate</p>	
<p><b>Photographs:</b> Please enclose a recent colour passport standard photograph of you (the applicant). The photograph needs to show your full face so that you 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 your name is written on the back of the photograph.</p>	
<p><b>Badge issue fee:</b> Please note there is a £20 badge issue fee payable on completion of a successful application. If your application is successful we will write to you with details of how to submit payment. <b>You will only be issued with a Blue Badge once your payment has been received.</b></p>	
<p><b>Please provide the vehicle registration number(s) for the main vehicles in which you intend to use the Blue Badge:</b> (Up to three registration numbers should be nominated, but please remember that other vehicles can be used).</p>	<input type="text"/> <input type="text"/> <input type="text"/>

## 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, cognitive or behavioural condition. This includes any mental health problem, personality disorder or learning disability, however caused or manifested. Examples are dementia, autism or Down's Syndrome.

What is the condition you have been diagnosed with?

- Please provide a letter from a healthcare professional as proof that you have been diagnosed with this condition. 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.

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

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)

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 award notice of entitlement to this benefit dated within the last 12 months. If you do not have this letter you can contact the Department for Work and Pensions (DWP) Disability Service Centre. For PIP Telephone: 0800 121 4433 or for DLA if you were born on or after 8 April 1948 Telephone: 0800 121 4600 or if you were born before 8 April 1948 Telephone: 0800 731 0122. If you are enclosing a Personal Independence Payment letter of entitlement, you must enclose a letter showing the breakdown of points you receive.**

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

Providing information about your condition will help us 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 your medical condition.
- 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 condition you described above?

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 by giving examples below.

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### 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.**

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## Section 3 – Countersignatory questionnaire

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

You should therefore pass this application onto a healthcare, social work or teaching 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:

The purpose of this questionnaire is to gather information about whether the applicant meets the Blue Badge criteria of **being someone who, because of a diagnosed mental disorder within the meaning of the Mental Health (Care and Treatment) (Scotland) Act 2003, lacks awareness of danger from traffic and is likely to compromise their safety, or the safety of others.**

**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 a 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?**

**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.

**Your signature:**

**Date of signature:**

(DD/MM/YYYY):  /  /

**Please print your name here:**

## 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.

If you don't provide us with the information on this form we won't be able to verify your eligibility. All information relating to this application will be handled in line with data protection laws. The data controller is Clackmannanshire Council and you can contact our data protection officer:

Head of Resources & Governance, Tel: 01259 450000 or email: [dpo@clacks.gov.uk](mailto:dpo@clacks.gov.uk).

We use the information you provide in this form to check your eligibility and process your application. The information 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. For more information about how we process information, please visit: [www.clacks.gov.uk/regulation/dataprotectionpolicy/](http://www.clacks.gov.uk/regulation/dataprotectionpolicy/)

### 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 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: 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 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 that is independent of my existing care and treatment in order to determine my eligibility for a Blue Badge.

### Optional declarations about using your information

Please read and tick the following optional declaration if you are giving your consent. Ticking this box 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="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Please print your name here:</b>	
If the applicant is unable to sign them selves 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 your address.
- Proof of your identity.
- A recent colour passport standard photograph of you with your name written on the back.
- An original letter from a healthcare professional confirming your diagnosis, unless you are re-applying and the condition you have will not improve.
- An original benefit decision letter dated within the last 12 months.

## Returning this form

**Please complete all relevant sections of the application form. Once you have completed the form, you can hand it into your nearest Community Access Point (CAP) or Council Office, where the staff will verify your documents to confirm your address, identity and evidence of eligibility. Do not send original documents through the post. Your application cannot be processed if you do not provide the necessary documents.**

**For the location and opening hours of your nearest CAP or Council Office:**

<https://www.clacks.gov.uk/community/caps/>

Email: [ptu@clacks.gov.uk](mailto:ptu@clacks.gov.uk)

Tel: (01259) 450000

**Correspondence address only:** Blue Badge Team, Clackmannanshire Council, Kilncraigs, Greenside Street, Alloa, FK10 1EB

**Misuse of a blue badge is a criminal offence and can lead to a fine.**

## Guidance Notes - Risk In Traffic Eligibility

These notes have been produced to help you complete the application form.

### Section 1 – Information about you

This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.

The form asks for a National Insurance Number or in the case of children under 16, the NHS number. This can be found on an NHS Medical Card or you can ask the child's GP for it. If an adult applicant does not have a National Insurance Number, an explanation should be provided.

Please **DO NOT** enclose the £20 badge issue fee with the application form. If your application is successful we will write to you with details on how to submit payment. You will only be issued with a Blue Badge once your payment has been received.

While you're asked to provide information about up to three vehicles in which the Blue Badge will be used, you can use a Blue Badge in other vehicles too. This information helps local authorities with enforcing the rules of the Blue Badge Scheme.

Clackmannanshire Council may refuse to issue a badge if we have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued. For this reason, the council needs to check your identity and address, details are on Page 2 about how to provide the necessary information.

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

This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.

To be eligible, you must be in receipt of one of the social security benefits at the rates listed in this section. If you need to check the benefits you currently receive, or require a specific letter to be issued again, contact the Department for Work and Pensions Disability Service Centre (see page 3 for contact details)

### Section 3 – Countersignatory questionnaire

This section should be completed by a healthcare, social work or teaching professional who has seen the applicant at some point over the last 12 months and is not the applicant's GP.

You should get one of the following professionals to complete the form:

- A Medical Doctor with a current licence to practice (not the applicant's GP)
- An occupational therapist
- A practitioner psychologist
- A speech and language therapist
- An arts therapist
- A nurse who is a specialist practitioner in mental health nursing (SPMH)
- A nurse who is a specialist practitioner in learning disability nursing (SPLD)
- A nurse who is a specialist practitioner in community mental health nursing (SCMH)
- A nurse who is a specialist practitioner in community learning disabilities nursing (SCLD)
- A social worker registered with the Scottish Social Services Council
- A class teacher registered with the General Teaching Council for Scotland