

# Blue Badge Application Form

## Risk in Traffic



Please complete all relevant sections of the application form and supply the appropriate documents to confirm the applicant's address, identity and evidence of eligibility.

When completing this form you may find useful information on Blue Badge eligibility at: [www.mygov.scot/apply-blue-badge/eligibility](http://www.mygov.scot/apply-blue-badge/eligibility).

Please note there is a 'Counter Signatory Questionnaire' at the end of this application form which must be completed by a healthcare, social work or teaching professional who have seen the applicant during the last 12 months and who is not the applicant's GP. Please ensure this questionnaire is completed and enclosed along with this application.

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

If you are completing the form on behalf of an applicant who is under 16 years old or someone not able to complete it on their own, you should provide your details in the section directly below and **their details thereafter** and sign the form on their behalf.

### Information about the person completing this form

**Title** (Mr, Mrs, Ms, other)

**First name(s)** (in full)

**Surname**

**Surname at birth**  
(if different)

**Telephone** (home)

**Telephone** (mobile)

**Email address**

**Relationship to applicant**

**Local Authority of residence**

## Information about the applicant

**Title** (Mr, Mrs, Ms, other)

**First name(s)** (in full)

**Surname**

**Surname at birth**  
(if different)

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

D	D	M	M	Y	Y	Y	Y
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**Place of birth**  
(town and country)

**National Insurance**

**Number** (16 and over)/

**NHS Number** (under 16)

The NHS number is made up of 10 digits, usually shown in a 3-3-4 format)

**Current address & postcode**

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

**Telephone** (home)

**Telephone** (mobile)

**Email address**

## Information about the applicant

Does the applicant currently hold a Blue Badge, or have they held a Blue Badge before?

Yes  No

If they have:

Which local authority issued you with the last badge?

What is the serial number on the last badge? (The serial number can be found on the front of your badge.)

What is the expiry date of the last badge?

## Proof of address

We need to check that the applicant is a resident in this local authority area before we can process their application. Please select one of the following options and **provide copies of the original documentation** where relevant:

- Either**  I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months
- Or**  I have enclosed a Utility bill bearing my name and address dated within the last 3 months
- Or**  I do not pay Council Tax, am over the age of 16 and submit a copy of my lease as proof of my address
- Or**  I give consent to the local authority to check my personal details on the local authority's Council Tax/Assessor and Electoral Register or National Entitlement Card systems to confirm my address
- Or**  I am applying on behalf of an applicant who is under 16 and submit a copy of an NHS letter to prove their address
- 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

The name of the applicant's school is:

## Information about the applicant

### Proof of applicant's identity

We need to check the applicant's identity to reduce the potential for fraudulent applications for a Blue Badge. Please attach a **photocopy** of one of the following as proof of the applicant's identity. Do not send original documents as these will not be returned.

- Birth/Adoption certificate
- Marriage/Divorce certificate
- Passport
- Civil Partnership/Dissolution certificate
- Valid driving licence

## Photograph

Please enclose a recent passport-quality 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.

Applicants who are unable to access photo booths can provide a suitable clear photograph taken by other means (\*e.g, mobile phone, tablet or digital camera) which can be cut down to an appropriate size.

Please ensure that the applicant's name is on the back of the photograph and complete the declaration at the back of the form to confirm that the photograph is a true likeness.

## Badge Fee

If this application is successful the applicant will receive a letter/email/telephone call requesting payment of £20 for the badge. Your Local Authority will only issue successful applicants with a Blue Badge once payment has been received.

### Payment information specific to Inverclyde Council

If your application is successful you will receive either a telephone call or a text message requesting your payment of £20 for your badge.

**Where possible, 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)

## Confirming your eligibility

Please note that you will only qualify for a Blue Badge under this criterion if you have been diagnosed with a mental health, cognitive or behavioural condition which means you lack awareness of danger from traffic which is likely to compromise your safety or the safety of others. This includes any mental health problem, personality disorder or learning disability, however caused or manifested. Examples are Dementia, Autism or Down's Syndrome.

If the applicant is still driving they will not qualify for a Blue Badge under this criteria.

### 1. What is the condition you have been diagnosed with?

Proof must be provided from a regulated healthcare professional that you have been diagnosed with this condition. You should attach a letter confirming the diagnosis to this form unless you are re-applying for a Badge on the basis of the same diagnosis, and the condition is not going to improve, in which case you don't need to send in another letter.

### Have you enclosed the required documentation?

 Yes

## 2. Receiving Disability Benefits

Providing information about the disability benefits you receive will help the local authority make a full assessment of your application.

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

You get the higher rate of the care and/or mobility component of the Disability Living Allowance

You get the higher rate of the mobility component of Child Disability Payment or enhanced mobility component of Adult Disability Payment

You get the middle rate of the care component of the Disability Living Allowance

You get the higher rate of Attendance Allowance

You get the lower rate of Attendance Allowance

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

- communicating verbally
- reading and understanding signs, symbols and words
- engaging with other people face-to-face
- planning & following a journey

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

- communicating verbally
- reading and understanding signs, symbols and words
- engaging with other people face-to-face
- moving around

## Confirming your eligibility

If you receive any of the benefits listed in the previous question, you should enclose a copy of the original letter of entitlement to the benefits dated within the last 12 months. If you're enclosing a Personal Independence Payment letter of entitlement, you have to enclose a letter showing the breakdown of points you receive. We may also check that you are in receipt of this award with the Department for Work and Pensions.

Have you enclosed benefit documentation?

Yes

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

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

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#### 3. Please describe:

- Any courses of treatment you have undergone or specialist clinics you have attended in relation to the condition 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

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#### 4. What medication do you currently taking in relation to the condition you described above?

Medication	Dosage	Frequency

## Confirming your eligibility

### 5. Why do you require a Blue Badge? How is a Blue Badge going to help you?

Please describe what benefit you seek to get from having a Badge. You may want to give examples.

### 6. How would the use of a Blue Badge reduce the risk in comparison to current strategies?

### 7. 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.

## Declarations and Signatures

The following questions are mandatory and are intended to be answered by all Blue Badge applicants.

Please read the following declarations thoroughly and tick all of the 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 2018, UK General Data Protection Regulation (GDPR) and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. We also have our own Privacy Policy, details of which can be found on our website.

Any medical information that you have supplied to support this application is deemed, under the Data Protection Act 2018, 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 applicant

- I can confirm that, as far as I know, the details I have provided are complete and accurate. I understand that action may be taken 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 Blue Badge.
- I confirm that the photograph I have submitted is a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the Blue Badge and I must only use the Blue Badge in accordance with the rules of the scheme as set out in the Rights and Responsibilities leaflet that will be sent to me with my Blue Badge.
- I understand I must not hold more than one valid Blue Badge at any time.
- I consent to the local authority contacting the NHS, school or social care services for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake a mobility assessment with a regulated healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
- I consent to the local authority having access to my medical notes where their systems allow.

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**Misuse of a Blue Badge is a criminal offence.**

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## Your consent to use your information to improve the service you receive

Please read and tick the following declarations that you consent to. Ticking these boxes will help us to improve the service we can offer.

I consent to my local authority checking any information already held by their 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 information included in this form to other local authority department/service providers so that I can be informed about other services that may be of benefit to me.

## Checklist of documents you may need to disclose

Please ensure that you have enclosed copies of all of the relevant documents for the sections of this application form. Copies should be true likeness of the originals. Please tick the relevant box(es) below to confirm all documents/photocopies provided are genuine:

If applicable, copy of documentation proving the relevant benefits you receive

Copy of the letter from a regulated healthcare professional confirming your diagnosis

Counter Signatory Questionnaire completed by a healthcare, social work or teaching professional

Document to prove your address, as listed in the 'Information about the applicant' section

Document to prove your identity, as listed in the 'Information about the applicant' section

## Your signature against the declarations

**Signature**

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

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**Please print your name**

If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.

**Please indicate your relationship to the applicant:**

## Submitting your application

Please send your completed form and relevant documents to;  
Inverclyde Centre for Independent Living  
10-16 Gibshill Road  
Greenock  
PA15 2UP

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## Counter signatory questionnaire

These questions are for qualified and registered/regulated healthcare, social work or teaching professionals who have seen the applicant during the last 12 months and who is not the applicant's GP.

The healthcare, social work or teaching professional should complete the questions, **providing examples to support their answers which reference how the applicant acts when in the community where possible**, and then they should sign this section.

Before completing the questionnaire, please refer to the guidance notes on the last page.

### Information about the counter signatory professional

Name

Job title

Date of last contact  
with applicant

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 that of others.

**1. Can the applicant follow the route of a familiar journey on their own? If this is appropriate to their age.**

Yes  No  Sometimes

Please provide examples and give reference to how often this occurs:

**In the case of children, does the applicant show any evidence of being able to learn this?**

Yes  No

If **yes**, give an example of where they can currently walk to:

**2. Can the applicant follow the basic instructions such as “slow down”, “stay here” or “stop” in situations involving traffic?**

Yes  No  Sometimes

Please indicate how frequently:

Provide examples on how the applicant responds when given such instructions:

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

Yes  No  Sometimes

Provide examples of this.

How often does this occur?

When was the last time this happened?

How is the applicant being kept safe at present?

**4. Does the applicant require continual**

Yes  No  Sometimes

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

Please explain type of supervision and how applicant responds to it. E.g. hand holding, arm linking, physical or verbal guidance, and give examples of how applicant responds e.g. breaks free from hand holding.

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

Yes  No  Sometimes

What behaviour does the applicant display around traffic as a result of unexpected changes to their journey? How often does this occur? When did this last occur?

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**6. Does the applicant walk or run away or become disorientated when exiting a vehicle, causing danger to themselves or others?**

Yes  No  Sometimes

How is this risk managed at present? For example, use of rear door safety lock, parking with applicant towards pavement side.

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**7. If the applicant is a child, has an NHS buggy been provided for safety reasons?**

Yes  No  Not Applicable

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

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**9. How would provision of a Blue Badge improve applicant's safety and/or reduce level of support currently required?**

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**10. In your professional opinion, having considered the actual and current 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 provide details:

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**Do you think this risk will reduce over time?**

Yes  No  Unsure

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**Professional counter signing signature against the declarations**

**Signature**

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

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**Please print your name**

## Blue Badge Scheme – Risk in Traffic Application

Information for professionals completing the 'Counter Signatory Questionnaire' in the Risk in Traffic application form.

### Points to consider

1. **It is important for you to determine if you know the applicant well enough to complete the application form.** You will need to know about their behaviours, responses and needs when they are out and about – especially when negotiating roads and traffic. You may wish to consult with other professionals before completing the form.

You may also need to advise the applicant/ their families/ or representatives if you consider that you are not the most appropriate person to complete the form.

2. The Blue Badge award means that people with the most significant difficulties are enabled to maintain their travel needs in order to access the parts of the community they need to. If you consider that the proposed applicant does not meet the criteria for a Blue Badge under the Risk in Traffic eligibility criteria i.e. if you do not consider that they are someone who, because of a diagnosed mental disorder, **lacks awareness of danger from traffic AND is likely to compromise their safety, or the safety of others;** you may need to explain this to applicants and their families/ or representatives.

3. **Badges will not be awarded to people solely on a diagnosis of a Mental Disorder/ Cognitive Impairment.** Blue Badges are awarded based upon current evidenced risk to the individual (or others) not upon potential or future risk associated with the condition.

Also, if successful strategies are in place to minimise risk (e.g. if supervision is required but this keeps the applicant safe, or handholding and/or verbal prompting manages risk) it is unlikely that a Blue Badge will be awarded.

4. **Blue Badge Team relies heavily on the information provided by the professional completing the questionnaire.** You are therefore asked to complete the form with as much detail as possible, giving clear examples of current strategies, when strategies have failed and resulted in actual risk to the safety of the applicant or others.

The Blue Badge assessor may need to contact you if there is insufficient information to assess the application. This may delay the application process.

5. **Blue Badge awards are not permanent.** Under the current scheme, badges may be awarded for a maximum of three years. Please indicate on the form if there is the potential for the applicant's responses and behaviours to change in the future, and if it is possible that their safety or risk levels may increase or decrease e.g. if they are adjusting to a new routine or if you are working with them to increase their safety awareness and promote independent living.

Thank you for your attention and help to ensure that Blue Badges are awarded to those that need them the most.



Office Use Only:

CASH / PO / CHQ / ONLINE PAYMENT

RECEIPT NO.

Received by :

Date Received :

SWIFT :

Authorised by :

Date Authorised :

Refused by :

Date Refused :

Eligibility

- War Pension Mobility Supplement
  - Higher Rate Disability Living Allowance
  - Adult Disability
  - Registered Blind
  - Discretionary
- Armed and Reserve Forces Scheme
  - PIP
  - Child Disability
  - Temporary
- < 3 year old