

Section B: Evidence of eligibility

You will be eligible for a Blue Badge without further assessment if you are more than two years old and can answer YES to one or more of the following questions:

1. Are you registered as severely sight impaired (blind) under the National Assistance Act 1948?

Yes No

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

2. Do you receive the higher rate of the mobility component of Disability Living allowance?

Yes No

If yes, please supply up to date evidence such as your official letter from the Disability and Carers Service, confirming your award of the allowance.

3. Do you receive War Pensioners' Mobility Supplement?

Yes No

If yes, please supply up to date evidence such as an official letter from the Service Personnel or Veterans Agency confirming your award of War Pensioners' Mobility Allowance.

If you have answered YES to any of the questions above, go to the **Section G: Declaration** on **page 7**.

If you answered NO to all the questions in Section B, you will only qualify for a badge if you or the person on whose behalf you are applying is:

- Over two years old and is unable to walk or has considerable difficulty in walking due to a permanent and substantial disability. Please complete **Section C**.
- Over two years old and has a severe disability affecting both arms, drives regularly and cannot use, or finds it difficult to use, parking meters. Please Complete **Section D**.
- Under three years of age and has a medical condition requiring bulky medical equipment or immediate access to a vehicle for treatment. Please complete **Section E**.

Section C: If you are over two years old and have difficulty walking

Unless all questions are answered your application cannot be processed.

Do you have any physical problems that restrict your ability to walk?

Yes No

Please give details of your disability or medical condition that restricts your ability to walk. If you have a behavioural or psychological disorder you will not normally qualify unless your impairment causes you very considerable difficulty in walking at all times.

How long have you had this condition?

How long is this condition likely to last?

Please tick the boxes below to tell us about the walking aids you use:

Wheelchair/ mobility scooter	<input type="checkbox"/>	Walking frame	<input type="checkbox"/>	Artificial limbs	<input type="checkbox"/>
Walking stick/ crutches	<input type="checkbox"/>	No aids used	<input type="checkbox"/>	Help from another person	<input type="checkbox"/>

Please give details of use (e.g. Indoors, outdoors, all the time, occasionally)

How far can you normally walk before you have to stop? Metres/Yards

How far can you normally walk before you feel severe discomfort? Metres/Yards

How long on average would it take you to walk this distance? Minutes

What best describes your walking speed? Please tick one of the boxes below:

Normal Slow Very slow

Further Information

Is there any other information you wish to tell us about, that may support your application? (For example other medical conditions you have or if you stumble or fall on a regular basis?) Please add additional sheets if necessary.

Please go to **Section F**, page **6**

Section D: If you have severe difficulty in both arms

Unless all questions are answered your application cannot be processed.

Do you drive regularly? Yes No

And

Do you have a severe disability in both arms? Yes No

Are you unable to operate, or do you have considerable difficulty operating all or some types of parking meters? Yes No

Please describe your medical condition (including any difficulties you have in operating parking meters and pay and display machines):

If you drive an adapted car, please give details of the adaptation:

Section E: If you are applying on behalf of a child under three years old

Unless all questions are answered your application cannot be processed.

Does the child have a condition requiring transportation of bulky medical equipment at all times? Yes No

And/or

Does the child have a condition that requires that they must be near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated? Yes No

Please describe the child's medical condition (including any equipment which needs to be transported regularly):

Further Information for sections D and E

If there is any other information you wish to tell us that may support your application (for example details of other medical conditions) please add additional sheets.

Please go to **Section F**, page 6

Section F: Other health care professionals consulted

In the last 12 months, have you consulted anyone about your medical condition or disability apart from your GP? (For example a District Nurse, Practice Nurse, MacMillan Nurse, Physiotherapist, Hospital Consultant or Occupational Therapist)

Yes No

If YES, please give details. (If you have seen more than one person please enclose details with this application.)

Name

Occupation

Address
Postcode:

Telephone

Which of your illnesses did you see them about? Please specify below:

When did you last see them?

Are you in receipt of Disability Living Allowance? Please tick:

No Care element high Care element medium Care element low Mobility element low

Are you in receipt of Attendance Allowance? Please tick:

No High rate Medium rate

I declare that, to the best of my knowledge, all the information I have provided is correct

I understand that I may be required to undertake a mobility assessment with an independent health care professional to determine my eligibility for a blue badge

I understand that I must promptly inform you of any changes that may affect my entitlement to a badge

I agree to you contacting a registered health professional to ask for information to support my application

Calderdale Council has a duty to protect the funds it administers. I agree to the Council using the information on this form, and sharing it with other bodies responsible for auditing or administering public funds, to detect or prevent fraud.

I consent to the local authority checking any information already held by the social care department that may help determine my eligibility for a badge.

Additional information that may support your application can be attached at the end of this document.

Signed

Date

dd/mm/yyyy

Your signature (to be placed on the badge)

Please sign in the white box:

If a signature is not practical, an authorised mark may be used.

This will form an essential part of your badge as proof of identity. The badge cannot be issued if this box is not signed.

You will also require confirmation of address and identity, and two passport sized photographs, signed by yourself on the back.

For office use only

Proof of personal identity

Further comments:

Signed

Date
dd/mm/yyyy

Job title

Referral for further
assessment (date)

The issue of a Blue Parking Badge is agreed/refused

Comments:

Signed

Date:

Job title

Admin Use

Date issued:

Badge Number:

Expiry Date:

Serial Number: