

# Blue Badge Application

## Disabled Person's Parking Badge

**Passport Quality Photo (taken in last 12 months - applications will be returned if old photos are supplied). A Smartphone/Tablet photo is acceptable.**

One colour photograph is required for your Blue Badge. It should be taken against a plain pale background. Your face should be seen clearly e.g. without any hat or sunglasses etc.

In case photograph becomes detached from the application form, please write your National Insurance Number on the back of the photograph.

Print applicant's name

National Insurance (NI) Number  
eg JG 00 00 00 A

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**If you already have a Blue Badge please provide the following:**

The badge number

Previous authority

(e.g. Kent County Council)

The expiry date

**Please note** - it can take up to 10 weeks to process your application (if it has been completed correctly and is supported by medical evidence)

**Existing Badge Holders** - Please make sure you remember to re-apply approximately 10 weeks before your badge expires.

### **Before you apply you will need the following:**

- Your personal information including National Insurance Number.
- Evidence of qualification for a Blue Badge as detailed in the eligibility criteria.
- A photocopy of one of the following as proof of your identity: driving licence, passport, birth certificate, marriage certificate, civil partnership/ dissolution certificate.
- A photocopy proof of address (e.g. bill within the last 12 months, driving Licence).
- A colour passport style photograph taken in the last 12 months.
- The fee for a Blue Badge is currently £10.00 - paid in one of the following ways:
  - o We can email you a link to pay online once a decision is made.
  - o We can take telephone payments.
  - o £10 Cheque or postal order with your application, made payable to Hampshire County Council.

### **Eligible without further assessment (automatic qualification)**

- Receives Higher Rate of the Mobility Component of the Disability Living Allowance.
- Is registered blind (severely sight impaired).
- Receives a War Pensioner's Mobility Supplement (WPMS).
- Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces and has been assessed as having a permanent and substantial walking disability
- PIP award - in the **"Moving Around"** section of the mobility component - **8 points or more**
- PIP award –In the **"Planning Your Journey"** section - with only the following statement "to undertake a journey causes overwhelming psychological distress" – **10 points only**

12 points in the 'Planning your Journey' section does not qualify you automatically for a Blue Badge.

### **Eligible subject to further assessment (non-automatic qualification)**

#### **If you:**

- Have an enduring and substantial disability which causes you, during the course of your journey, to be unable to walk or have very considerable difficulty whilst walking – which may include very considerable psychological distress
- Are at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person
- Drives a motor vehicle regularly, has a severe disability in both upper limbs and is unable to turn by hand the steering wheel of a motor vehicle even if that wheel is fitted with a turning knob.
- Have a child (under 3) who must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty.
- Have a child (under 3) who needs to be kept near the vehicle in case of imminent emergency.

### **Qualification will be unsuccessful if:**

- You have a disabling condition that is only temporary, such as a broken leg.
- You suffer from an Inflammatory Bowel condition, includes Crohn's disease and Ulcerative Colitis where none of the above qualification criteria are met.

## Part 1:

**Details of the person who requires the Blue Badge** (Please use block letters).

Gender Male ☐ Female ☐ I identify in a different way ☐

Forename(s)

Surname

Surname at Birth

Confirm National Insurance Number

Date of Birth

Place of Birth & Country of birth

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Current Address Line 1

Current Address Line 2

Town

County

Post Code

E-mail

Telephone Number

Mobile Number

**Please fill in this section if you are completing this application on behalf of someone else.** By providing this information the applicant is giving Hampshire County Council permission to discuss information relating to this application. **Failure to complete this section may delay the application in the event we need to speak to you to clarify information or request further evidence.**

Relationship to the person who needs the Blue Badge.

Forename

Surname

E-mail

Telephone Number

Mobile Number

## Part 2 Blue Badge Privacy Notice & Declaration

**The Hampshire County Council Blue Badge Service collects information about you as part of the application process.**

The County Council will use your personal information to;

1. Process your application
2. Manage any Blue Badge misuse or fraud enforcement history
3. Analyse the use of the Blue Badge service
4. In the event that an applicant subsequently applies for a blue badge parking space, a limited amount of information held will be used to assist with the determination

The basis for our use of this information is a legal obligation and public task, to meet the County Council's statutory duties under The Disabled Persons (Badges for Motor Vehicles) (England) Act 1970. In addition, processing is required for reasons of substantial public interest. Analysis of Blue Badge data is conducted by the Council's Adults' Health and Care department to produce statistics required under the Health and Social Care Act 2012.

Your information will be collected by the County Council and uploaded to the Blue Badge Digital Service (BBDS), a national database commissioned by Department for Transport ([DfT Privacy notice](#)) and developed and managed by Valtech UK.

Hampshire County Council will be using a Case Management System (CMS), to manage the administration of the assessment process. This CMS will be fully integrated with the BBDS and we may share your information with NEC Software Solutions as a third party processor, providing support for the CMS as well as application processing support when required.

If you are in receipt of the relevant Department for Work & Pensions (DWP) mobility component of either Personal Independence Allowance (PIP) or Disability Living Allowance (DLA), then the County Council assessors have limited access to the DWP system which only allows them to confirm the type of award and its duration.

Your information will be shared with our processor APS who will be managing the printing and postage of Blue Badges to customers.

We may share your information with other local authorities and the Department for Transport, in connection with the detection or prevention of fraud.

If you already have a Blue Badge from Hampshire County Council, or you are a new applicant and your application is successful, we will keep your personal information for three years after your latest Blue Badge has expired or is cancelled. If you are a new applicant and your application is unsuccessful, we will keep your personal data for six months.

Where the Blue Badge Issuing fee payment is made online, personal details and payment information may be collected from applicants via GOV.UK Pay. This transaction is processed by Stripe and its global affiliates for you.

The above information is the specific privacy notice for this service. For more information about your rights in relation to your personal data, see the [County Council's general privacy notice](#).

You have some legal rights in respect of the personal information we collect from you. Please see our [Data Protection](#) page for further details.

You can contact the County Council's Data Protection Officer at [data.protection@hants.gov.uk](mailto:data.protection@hants.gov.uk)

If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the [Information Commissioner's Office](#).

**Please sign the following declaration to show that you have read, understand and agree**

**Providing fraudulent information may result in prosecution and a fine.**

### **Declaration**

By submitting this application you agree that:

- you have read and understand the rules for using a Blue Badge
- the details provided are complete and accurate
- you won't hold more than one Blue Badge at any time
- you will tell Hampshire County Council about any changes that may affect your eligibility

You also agree that Hampshire County Council may:

- contact you if there are any issues with this application or to prevent badge misuse
- check your eligibility with the information Hampshire County Council hold and have access to

I agree to this declaration

Signature

Date

**Please remember to send only photocopies of the required documents and photograph to prevent incomplete applications being returned. We are unable to return original documents.**

### Part 3: Eligibility for a Blue Badge without the need for further assessment

To be eligible for automatic qualification you need to meet one of the requirements below and evidence must be provided.

**(Please note: if any of the awards below have been issued for a date less than three years, your badge will expire on the award end date)**

- ☐ Higher Rate Mobility Component of Disability Living Allowance? (Please note - Attendance Allowance does not apply).

*Local authorities now have direct access to the DWP PIP and DLA database and will be able to confirm the level of your award, duration and therefore Blue Badge eligibility without further assessment (automatic qualification).*

**You do not need to provide a photocopy of your current award letter**

- ☐ Personal Independence Payment (PIP) award (8 Points) that indicates in the "Moving Around" activity of the mobility component that you cannot walk further than 50 metres.

*Local authorities now have direct access to the DWP PIP and DLA database and will be able to confirm the level of your award, duration and therefore Blue Badge eligibility without further assessment (automatic qualification).*

**You do not need to provide a photocopy of your current award letter**

- ☐ Personal Independence Payment (PIP) award (10 Points) that indicates in the "Planning Your Journey" section – **10 points** regarding overwhelming psychological distress (12 points PIP in "Planning Your Journey" does not automatically qualify for a Blue Badge)

*Local authorities now have direct access to the DWP PIP and DLA database and will be able to confirm the level of your award, duration and therefore Blue Badge eligibility without further assessment (automatic qualification).*

**You do not need to provide a photocopy of your current award letter**

- ☐ War Pensioner's Mobility Supplement (WPMS)?

*Please send us a photocopy of the official letter confirming that you receive the allowance.*

- ☐ Benefit under the Armed Forces and Reserve Forces (Compensation) Scheme (within tariff 1-8) and have been assessed as having a permanent and substantial walking disability?

*Please send us a photocopy of the official letter confirming that you receive the allowance.*

- ☐ Registered severely sight impaired (Blind) **(First time applicants only)**

*Please send us a photocopy of the evidence of the registration.*

**If you have ticked any of the boxes above please continue to the checklist on Page 16.**

**Please remember to send only photocopies of the required documents and photograph to prevent incomplete applications being returned.**

**We are unable to return original documents.**

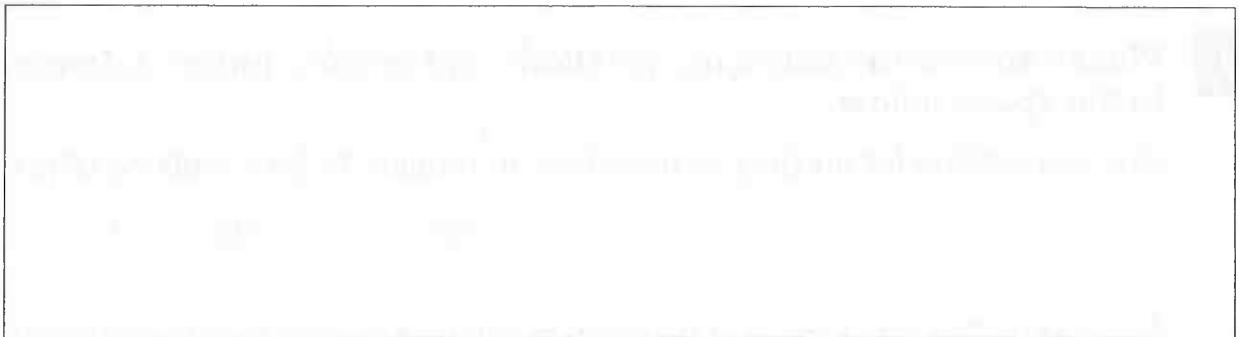
**PLEASE NOTE : if you**

- **Have a non-visible (hidden) disability, please ignore Part 4 and go to Part 5**
- **Have both a walking disability and a non-visible (hidden) disability, then fill in Part 4 and 5** (*filling in both parts, if relevant, will give a clearer view of the difficulties you experience overall*)
- **Have a Terminal Illness with a poor prognosis then please go to Part 6.**
- **Are applying for a child under 3 please go to Part 7**
- **Are applying because you have a disability in both arms go to Part 8**

## **Part 4: Physical Walking Disability**

**This section is about understanding your enduring and substantial disability which focusses on physical walking disability**

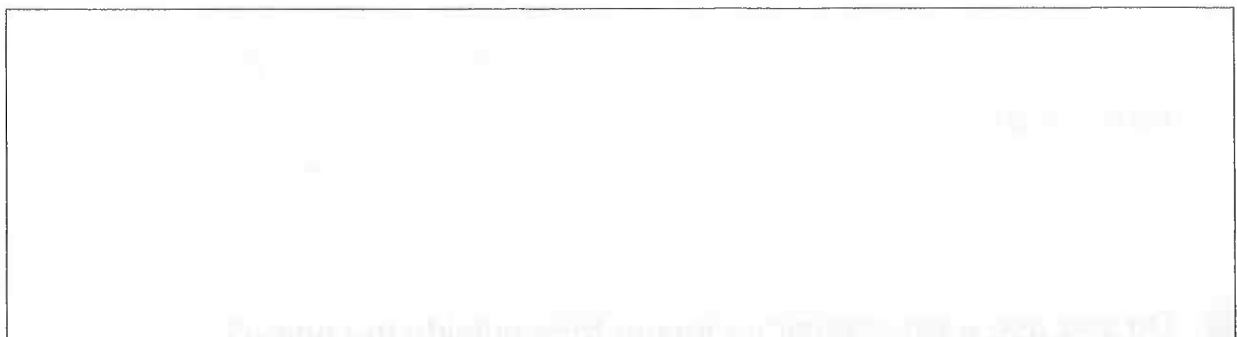
- 1** Please give a **detailed** description (even if you have had a badge before) of the condition/disability that affects your walking ability.



Include details of any relevant courses of treatment or surgery that you have undergone or are awaiting and of the healthcare professionals or specialists who have been treating you.



Please give details of any medication you are taking in relation to the condition/disability that affects your mobility.



**(Applications will be unsuccessful if the information/evidence provided does not clearly support your application).**

Condition/Disability Description – Whether applying for the first time; or re-applying for a Blue Badge, we require mandatory medical evidence including letter of diagnosis, consultation report and/or treatment plans. Please attach photocopies of any medical reports or hospital letters that would support your application. **Letters from your GP usually incur costs and are not required unless you already have one in your possession.** To support your application, you can access your Health Records online by typing the following in Google - ***how to access your health records NHS***. Your GP surgery should be able to help with this.

**2** Do you anticipate that your conditions/disabilities will improve in the next 3 years?

Yes ☐ No ☐

**3** Please answer the following questions and provide further information in the space below.

Are you waiting for surgery or treatment in relation to your walking difficulty?

Yes ☐ No ☐

Are you recovering from an operation in relation to your walking difficulty?

Yes ☐ No ☐

Are you managing your condition because it is not expected to improve?

Yes ☐ No ☐

Explanation

**4** Do you struggle with longer distances or hills?

Yes ☐ No ☐

Why is that?

**5** Do you use a wheelchair for longer trips outside the home?  
(mobility scooters not included)

Yes ☐ No ☐



**6** Are you able to climb stairs or steps?

Yes ☐

No ☐

Why is that?

**7** Do you have a balance, posture or co-ordination difficulty?

Yes ☐

No ☐

Why is that?

**8** Are you able to walk outside without assistance from another person?

Yes ☐

No ☐

Why is that?

**9** If you use walking aids please tell us what equipment you use and why?

**10** Please tick the box that best describes the way you walk.

Normal

☐

Adequate

☐

Poor

☐

Extremely poor

☐

Unable to walk at all

☐

Please explain why you have made the selection above?

**11** Do you get breathless when walking for more than a few minutes?

Yes ☐

No ☐

Why is that?

**12** Are you troubled with shortness of breath when hurrying on level ground or walking up hill?

Yes ☐

No ☐

Why is that?

**13** Do you get extremely breathless when walking up and down stairs?

Yes ☐

No ☐

Why is that?

**14** Do you have to stop for breath when walking at your normal pace on level ground?

Yes ☐

No ☐

Why is that?

**15** Do you get too breathless to leave your home, or after getting dressed?

Yes ☐

No ☐

Why is that?

**Please remember to send only photocopies of the required documents and photograph to prevent incomplete applications being returned. We are unable to return\original documents.**

**16** Are you seeing a specialist or attending clinics for pain relief?

Yes ☐

No ☐

Name and contact number of specialist or clinic.

**17** Are you currently taking any pain relief in relation to the medical conditions/ disabilities you have described?

Yes ☐

No ☐

If yes, please explain what you are taking and how frequently you need it.

**18** Do you find it too painful when walking for more than a few minutes?

Yes ☐

No ☐

**19** Please tell us how far you can walk (this can be with an aid) before the severe discomfort, pain or breathlessness you experience prevents you walking any further.

metres or

yards

From your home, where in your local area can you walk to?

**20** How long does it take to walk this distance in minutes?

**21** Are you able to continue walking after a short rest?

Yes ☐

No ☐

**22** If you can continue, roughly how long in minutes are you able to walk for in total?

minutes

**Please remember to send only photocopies of the required documents and photograph to prevent incomplete applications being returned. We are unable to return original documents.**

## PART 5: Non-Visible (Hidden) Disability – Overwhelming psychological distress or risk of serious harm

**Please note: All information provided will assist Hampshire County Council to assess the application but does not guarantee qualification for a Blue Badge.**

In this section please explain to what degree the diagnosed disability/condition causes overwhelming psychological distress and therefore negatively affects behaviour and puts the applicant at risk of serious harm when walking; or poses, when walking, a risk of serious harm to any other person, despite having continuous support when out and about. **THIS IS VERY IMPORTANT TO SHOW THAT YOU MIGHT BE ELIGIBLE**

**1** What is your condition and when was it diagnosed?

Please provide proof e.g. Consultant letter, NHS Patient Summary.

**2** Please give details of their impairment/condition; and how it affects them in their day to day living.

**3** Please describe the behaviour the applicant exhibits because of changes to their environment, which is a direct result of their cognitive or behavioural impairment, condition or disability.

**4** Please describe how much planning and the type of support that is required for the applicant in these situations?

**Please remember to send only photocopies of the required documents and photograph to prevent incomplete applications being returned. We are unable to return\original documents.**

**5**

If the applicant receives one of the following benefits then please tick the correct box; and provide evidence. (This will be considered during assessment but doesn't guarantee qualification).

☐

Personal Independence Payment (PIP) Planning your journey 12 points

☐

Higher Rate Disability Living Allowance – Care Component

☐

Higher rate Attendance Allowance

**6**

Additional information to support your application - **please tick all relevant boxes and then provide as much documentation as possible.**

☐

Is the applicant already receiving support from Hampshire County Council (either Adult or Children's Services)? For example, respite or residential care? If so, please tell us what is in place to support the applicant?

☐

For children, is there an EHCP or Statement of SEN?

☐

School risk assessment report – has your child's school put anything specific in place? For example, for trips or classroom support

☐

A recent report from the OT/Paediatric OT service

☐

If the applicant is in a care home or supported living or being supported in any other way, please tell us what aids or additional support has been implemented in the residential setting

☐

A recent Care Plan – for either children or adults

☐

Does applicant attend memory clinic?

☐

Other

Please tell us how you meet this criterion by providing examples

*Please continue overleaf if needed*

## Part 6: Terminal Illness Concession

If the applicant has a terminal illness with a poor prognosis then please use the 'condition' box below. Please explain the illness, prognosis and how it affects your mobility. To support your application, you must provide a DS1500 form or hospital letter confirming your diagnosis and prognosis. (Because this is a special Hampshire CC concession)

Condition/Medication

Please remember to send only photocopies of the required documents, photograph and payment to prevent incomplete applications being returned. We are unable to return original documents

## Part 7: Under Three Application

Eligibility for a Blue Badge subject to further assessment for a child under the age of three where their condition requires transporting bulky medical equipment, or where they need to be kept near a motor vehicle on account of their condition (e.g. Hip Dysplasia).

Does your child's condition require transporting bulky medical equipment, and/or do they need to be kept near a motor vehicle on the account of their condition?

Yes ☐

No ☐

(A badge acquired on this basis will no longer be valid after your child's 3rd birthday).

**Please give a description of the medical condition and equipment used.**

## **Part 8: Severe Disability Both Arms**

**Eligibility for a Blue Badge subject to further assessment due to severe disability in both arms.**

**Please complete the next 3 questions only if you hold a valid driving licence and have a severe disability in both arms and cannot turn the steering wheel of a vehicle by hand, even if a turning knob is fitted, and cannot use parking meters.**

**1** What is the nature of your disability?

**2** Do you drive a specially adapted car?

Yes ☐

No ☐

**3** Please give more details as to why you should qualify in this section?

**Please remember to send only photocopies of the required documents and photograph to prevent incomplete applications being returned.  
We are unable to return original documents.**

## Check list

**All applications (People who are terminally ill with a poor prognosis can ignore points 1, 2 and 3).**

Tick List

**1** Photocopy proof of address no older than 12 months (e.g. a recent bill, Driving Licence, Council Tax Bill).

☐

**2** Photocopy proof of identity (e.g. Driving Licence, Birth Certificate, Marriage Certificate).

☐

**Please note: a current driving licence provides us with both proof of identity and address.**

**3** A passport quality colour photograph taken in the last 12 months (see front page).

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**4** If paying by £10.00 cheque or postal order please make payable to Hampshire County Council.

☐

**5** Remember to provide supporting evidence if you are applying under non-visible or walking disability sections

☐

**For applications without further assessment (automatic), one of the following:**

**1** Photocopy of War Pensions mobility supplement letter.

☐

**2** Photocopy of Armed Forces (compensation) Scheme letter.

☐

**3** Photocopy of Certificate of Visual Impairment (CVI) or other evidence of the registration which states that you are registered severely sight impaired.

☐

**4** DS1500 form/hospital letter if application for terminal illness with poor prognosis.

☐

**Please note: applications that are incomplete and/or missing photograph, payment or other required documentation will be returned to you for completion. Incorrect postage will delay your application being delivered to us - ensure you get your envelope weighed at the Post Office.**

Send your completed application to:

**Blue Badge  
PO Box 696  
FAREHAM  
PO14 9PD**

Website: **[www.hants.gov.uk/bluebadge](http://www.hants.gov.uk/bluebadge)**  
Tel: **0300 555 1376**  
Email: **[blue.badge@hants.gov.uk](mailto:blue.badge@hants.gov.uk)**

**Expired Blue Badges must be returned to the address above and only after the start date of your new Blue Badge. This date can be found on the front of your Blue Badge.**