

Return to:
Concessionary Travel Team
London Borough of Merton
Civic Centre
London Road
Morden
SM4 5DX



Blue Badge Application Form

Please complete all relevant sections of the form and supply documents to confirm your address, identity and evidence of eligibility.

Your application may be refused if you do not provide adequate evidence that you meet the eligibility criteria.

Section 1- Information about the applicant.

If you are completing the form on behalf of an applicant who is under 16, or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.	
Title (Mr, Mrs, Miss, Ms, other):	
First names (in full):	
Surname:	
Surname at birth (if different):	
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of Birth (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"/>
Place of Birth Town: Country:	
National Insurance Number/ Child Registration Number:	
Driving Licence Number (If you hold a driving licence)	

Do you currently hold a blue badge, or have you held a blue badge before?

Yes: ☐ No: ☐

If you have:

Which local authority issued you the last badge?

Which is the serial number on the last badge?

What is the expiry date of the last badge?

Full address and contact details:

Home Tel:

Mobile Tel:

Email:

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).

**PLEASE ATTACH ONE PASSPORT-SIZED
PHOTOGRAPH WITHIN THE BOUNDARIES
OF THIS BOX**

**If you answer “Yes” to any of the questions in this section, please enclose the relevant
proof and proceed to the declaration page**

Section 2- Automatic Eligibility

2a) People who are severely sighted (blind)

Are you registered as blind (Severely sight impaired)?

Yes: ☐ No: ☐

If YES, are you registered with Merton:

If YES, do you give consent to us to check the authority's register of blind people to see whether you are already known to the council?

Yes: ☐ No: ☐

If NO or if you have been registered in a different local authority, please enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form.

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

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?

Yes: ☐ No: ☐

If YES, have you been awarded this benefit indefinitely?

Yes: ☐

No: ☐ If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose a letter of entitlement for this benefit issued within the last twelve months.

2c) Personal Independence Payment (PIP) 'Moving Around' Scoring 8 or more

Yes: ☐ No: ☐

Have you been awarded this benefit for an ongoing period?

Yes: ☐

No: ☐ If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

2d) Personal Independence Payment (PIP) 'Planning & Following s Journey

10 points specifically for **Descriptor E** (you cannot undertake a journey as it would cause overwhelming psychological distress)

Yes: ☐ No: ☐

Have you been awarded this benefit for an ongoing period?

Yes: ☐

No: ☐ If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

2e) People who receive the War Pensioner's Mobility Supplement

Do you receive the War Pensioner's Mobility Supplement?

Yes: ☐ No: ☐

If YES, have you been awarded this benefit indefinitely?

Yes: ☐

No: ☐ If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

2f) 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 have 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, the Service Personnel and Veterans Agency (SPVA) 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 the original of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

If you have answered "Yes" to any of the questions in this section, please enclose the relevant proof and proceed to the declaration page

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, are over two years of age and **have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.**

Please describe:

- Any medical conditions/ disabilities which affects your walking if you know them please state medical terms for the condition you have been diagnosed with

Please describe:

- Any surgery or courses you have undergone or specialist clinics you have attended in relation to each medical condition/ disability 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:

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

Medication	Dosage	Frequency

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: ☐ No: ☐

If Yes, please explain what you are taking and how frequently you need it:

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below).

- ☐ Awaiting surgery in relation to the conditions/ disabilities described above?
- ☐ Recuperating from surgery in relation to the conditions/ disabilities described above?
- ☐ Awaiting treatment for any of the conditions/ disabilities described above?
- ☐ Managing your condition/ disability since you have been advised it is not expected to improve any further?
- ☐ None of the above.

Please give details of the healthcare professionals or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Job Title	Hospital/ health centre	Telephone number

Do you anticipate that your condition/ disabilities will improve in the next 3 years? (Tick as appropriate).

Yes: ☐ No: ☐

Please tick whichever of the following statements describe your general walking ability:

(Please tick whichever options apply to you - you can tick more than one box).

- ☐ I am able to walk well, including recreational walks.
- ☐ I am able to walk around the supermarket and 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, but I get breathless if I walk for more than a few minutes.
- ☐ I am able to walk, but I find it too painful to walk for more than a few minutes.
- ☐ I am able to walk but used a wheelchair for longer trips outside the home.
- ☐ I am able to walk around my home, but am unable to climb the stairs.
- ☐ I am unable to walk at all.
- ☐ Other (please describe below).

Are you able to walk outside without help?

Yes: ☐ No: ☐ (please describe the help you need in the space below...)

Where, in your local area, can you comfortably walk to from your home?

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

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

☐ Normal- no specific problems with walking.

☐

Adequate- for example, you walk with a slight limp.

- ☐ Poor- for example, you walk with a heavy limp, stiff leg or shuffle, or have problems with balance.
- ☐ Extremely poor- for example, you drag your leg, stagger, swing through two crutches for need physical support
- ☐ Other

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Do you use any of the following walking aids?

(Please tick whichever options apply to you - you can tick more than one box).

- | | |
|--|--|
| <input type="checkbox"/> 1 elbow crutch. | <input type="checkbox"/> 2 elbow crutches |
| <input type="checkbox"/> 1 walking stick. | <input type="checkbox"/> 2 walking sticks. |
| <input type="checkbox"/> Walking frame (Zimmer frame). | <input type="checkbox"/> Rollator. |
| <input type="checkbox"/> Wheelchair. | <input type="checkbox"/> Powered wheelchair. |
| <input type="checkbox"/> Other (please describe in the space below). | |

Were your walking aids...?

(Please tick which ever options apply to you).

- ☐ Purchased privately by me.
- ☐ Prescribed by a healthcare professional.
- ☐ Provided by social services.
- ☐ Other (please describe below).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

(Please state the distance in metres or yards using whichever measure is best for you).

<input type="text"/>	:metres	<input type="text"/>	:yards
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When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

<input type="text"/>	:minutes
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Are you able to continue walking after a short rest?

Yes: ☐ No: ☐

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

<input type="text"/>	:minutes
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Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes: ☐ No: ☐

Do you get short of breath walking with other people of your own age on level ground?

Yes: ☐ No: ☐

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

Yes: ☐ No: ☐

Do you get too breathless to leave your home, or after dressing?

Yes: ☐ No: ☐

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

Section 4- Questions for ‘subject to further assessment’ applicants with a disability in both arms.

These questions are intended for people who **drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking metres.**

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

Do you drive regularly?

Yes: ☐ No: ☐

Do you have a severe disability in both arms?

Yes: ☐ No: ☐

Please describe your medical condition / disability:

Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes: ☐ No: ☐

If yes, please describe the difficulties you have with operating parking meters and 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:

Section 5- Questions for subject to further assessment' applicants under the age of three.

These questions are intended for 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 kept near a motor vehicle on account of a condition so that 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 so treated.

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

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 that suffers from a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition on 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 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 they need, or provide the healthcare professional's contact details below:

Section 6 – Non visible (Hidden) disabilities

These questions are intended for people who experience considerable difficulty whilst walking which may include considerable psychological distress or are at serious risk of harm when walking or pose, when walking, a risk of serious harm to any other person

Do you have a non-visible (hidden) condition, causing you to severely struggle with journeys between a vehicle and your destination?

Yes: ☐ No: ☐ please specify condition:.....

What affects you taking a journey?

I am a risk near vehicles, in traffic or car parks When are you a risk:

- ☐ Almost never
- ☐ Sometimes
- ☐ Almost every journey
- ☐ Every journey

Please give an example of when you have been a risk near vehicles, in traffic or car parks:

I struggle to plan or follow a journey What journeys does this apply to?

- ☐ Unfamiliar journeys:
- ☐ Every journey:

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others. How often does this happen??

- ☐ Almost never
- ☐ Sometimes
- ☐ Almost every journey
- ☐ Every journey

Please describe the kinds of incidents that have happened on journeys:

I regularly have intense and overwhelming responses to situations causing temporary loss of behavioural control. How often does this happen?

- ☐ Almost never
- ☐ Sometimes
- ☐ Almost every journey
- ☐ Every journey

Please give examples of the situation that cause temporary loss of behavioural control:

I can become extremely anxious or fearful of public/open spaces. When do you become extremely anxious/fearful?

☐

Almost never

☐

Sometimes

☐

Almost every journey

☐

Every journey

Please describe the levels of anxiety:

Something else....please describe what affects you taking a journey?

How would a Blue Badge improve taking a journey between a vehicle and your destination? Please describe your needs in detail:

What measures are currently taken to try to improve journeys for you between a vehicle and your destination? List the measures taken to try to improve journeys

How effective are these measures?

Section 7 - declarations and signatures.

These questions should be answered by all applicants for a Blue Badge.

7a) Mandatory declarations about the information you have provided and the application process

- Please read the following declarations thoroughly.
- 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 and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and 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 deemed, under the Data Protection Act, 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 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.

Declarations to be completed by all individual applicants

☐ I confirm that the photographs I have submitted with my application are 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 England” 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.

Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed sections 3, 4 or 5).

☐ 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 who is independent of my existing care and treatment in order to determine my eligibility for a Blue Badge.

7b) Your consent to use your information to improve the service you receive

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

☐ I consent to the local authority checking any information already held by the local authority’s 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 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.

7c) Checklist for documents you may 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.

Section 1 – Information about you

- ☐ Proof of your address, dated within the last 12 months.
(if you have not given consent for us to check Council Tax / electoral register / school records).
- ☐ A certified copy of proof of your identity.
- ☐ A passport standard photograph of the applicant with their name on the back.

Section 2a – People who are severely sight impaired

- ☐ A copy of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register).

Section 2b – People who received the Higher Rate of the Mobility Component of Disability Living Allowance

- ☐ Letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months.

Section 2c – People who meet a ‘Moving Around’ descriptor for the Mobility Component of Personal Independence Payment (PIP)

- ☐ Personal Independence Payment decision letter issued within the last 12 months.

Section 2d - 10 points specifically for Descriptor E (you cannot undertake a journey as it would cause overwhelming psychological distress)

- ☐ Personal Independence Payment decision letter issued within the last 12 months.

Section 2e – People who receive the War Pensioner’s Mobility Supplement

- ☐ An original letter of entitlement for the War Pensioner’s Mobility Supplement.

Section 2f – People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

- ☐ An original 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 4 – Drivers with an disability in both arms

- ☐ A copy of your insurance details if you drive a specially adapted vehicle.

Section 5 – Children under the age of three

- ☐ A letter from a healthcare professional that has been involved in the child’s treatment, giving details

of medical condition and type of medical equipment needed.

Section 6 - Non visible (Hidden) disabilities you will need to provide comprehensive supporting evidence, such as;

- A letter of diagnosis, as up-to-date as possible
- Evidence of the progression of the condition over time
- Confirmation of ongoing treatments/clinic attendances, or referral for such
- Evidence of prescribed medication relevant to your condition
- Evidence of specialist consultations, or referral for such
- Your Patient Summary or Summary Care Records
- Education Health and Care Plans (EHCP)
- Care Plans from social care teams
- Social housing letters/assessment reports from a local authority
- Letters from any other professionals involved in your care

☐

7d) Your signature against the declarations that you have ticked in section 7a and 7b

Your signature:	
Date of application:	Date of signature (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"/> <input type="text"/> <input type="text"/>
Please print your name here:	