



Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL

MERTHYR TYDFIL
County Borough Council

BLUE BADGE

Application Form

Blue Badge Application Form

Merthyr Tydfil County Borough Council

The Blue Badge scheme is designed to help people with a disability who have severe mobility issues or who are sight impaired (blind) to access goods, services and facilities by allowing them to park close to their destination.

An applicant will automatically qualify for a Blue Badge if they are more than 2 years old and one of the following categories apply –

- Registered blind or sight impaired
- Receiving the Higher Rate of the Mobility Component of Disability Living Allowance
- Receiving Personal Independence Payment (PIP) – providing you have been awarded 12 points for the ‘Planning and Following Journeys’ descriptor or 8 points or more for the ‘Moving Around’ descriptor
- Receiving War Pensioner’s Mobility Supplement (WPMS)
- Have received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme with tariff levels 1-8 and have been certified by the SPVA as having a permanent and substantial impairment which causes inability to walk or very considerable difficulty in walking
- Been awarded tariff 6 – Permanent Mental Disorder of the Armed Forces Compensation Scheme

If none of the above applies to you, you may still qualify but will be subject to further assessment if –

- You have a permanent and substantial impairment which means you are unable to walk or have considerable difficulty in walking
- You drive a vehicle regularly, have an impairment in both arms and are unable to operate, or have considerable difficulty in operating parking equipment, such as ticket barriers and pay meters
- You have a child under 3, who has 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 treated

To qualify under the discretionary criteria, you will need to provide supporting evidence. Please see sections 4-6 of the Blue Badge Guidance Notes for further information.

If your Blue Badge has been lost or stolen and you would like a replacement, do not complete this form. There is a separate form to be completed for replacement badges. There will be a £10 charge for all replacement Blue Badges.

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 the appropriate sections and sign the form on their behalf.

If you would like a copy of this form in Welsh, please contact the customer services team on 01685 725000.

If you would prefer all future correspondence to be in Welsh, please tick this box

* Mandatory fields

Title (Please Select)*	Mr / Mrs / Miss / Ms	Other	
First name*			
Surname*			
Surname at Birth (if different)*			
Date of Birth (DD/MM/YYYY)*			
Place of Birth*	Town/City		
	Country		
National Insurance Number*			
Current address*			
Postcode*			
Contact details	Home		
	Mobile		
	Email		
Previous address, if different in the last three years			
Postcode			
<p>For enforcement purposes 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).</p>			
Do you currently hold a Blue Badge, or have you held a Blue Badge previously?	Yes	No	

If Yes:	
Which local authority issued you the badge?	
What is the expiry date?	
What is the serial number?	

If you have a terminal condition, please attach a copy of your DS1500 form, or supporting letter from your McMillan nurse or other relevant health professional and complete section 7, as your application will then be fast-tracked.

Section 2 – Proof of Identity and Residency

In order for us to process your application, you must provide the following:

- 1) One passport-sized photograph
- 2) Proof of Identity – We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified copy of one of the following as proof of your identity:

Birth/Adoption Certificate		Valid Driving Licence	
Marriage / Divorce Certificate		Valid Blue Badge	
Civil Partnership / Dissolution Certificate		Concessionary Travel Card	
Passport			

- 3) Proof of Address

We need to check that you are a resident within our local authority before we can process your application. Please select one of the following options and provide original documentation where relevant:

I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.	
I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.	
I do not pay Council Tax, I am over the age of 16 and give consent to the local authority to check my address on the electoral register.	
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..	

IF YOU SEND ANY ORIGINAL DOCUMENTS YOU WILL BE REQUIRED TO COLLECT THEM IN PERSON FROM OUR COUNCIL OFFICES AS THEY WILL NOT BE RETURNED BY POST.

Section 3 – Eligibility

To qualify for a Blue Badge, you must qualify under one of the categories stated below. You must also complete the relevant sections for that category. If you are not sure whether any of the categories apply to you, please consult the guidance notes for further information. Please tick one of the following:

I am registered blind or sight impaired

I enclose a copy of my Certification of Blindness or Defective Vision (BP1)(3R) or Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist.

If you are registered blind or sight impaired with a Local Authority, please state which Local Authority you are registered with and your registration number:

Local Authority - _____

Registration Number - _____

I give my consent to us to check the local authority register to confirm registration of sight impairment

If you have ticked the above please go straight to Section 7

I am in receipt of a benefit confirming that I have a permanent and substantial impairment which means I am unable to walk or have considerable difficulty in walking.

I confirm that I am in receipt of -

The Higher Rate of the Mobility Component of Disability Living Allowance. I enclose a copy of my award letter from the Department of Work and Pensions, dated within the last 12 months, confirming my entitlement and length of the award.

Personal Independence Payment (PIP) and have been awarded 8 points or more for the 'Moving Around' descriptor or 12 points for the 'Planning and Following Journeys' descriptor. I enclose a letter from the Department of Works and Pensions confirming this and the length of the award.

The War Pensioner's Mobility Supplement. I enclose a letter from the Service Personnel and Veterans Agency (SPVA), dated within the last 12 months, confirming this and the length of the award.

A lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff 1-8 and have been certified by the SPVA as having a permanent and substantial impairment which causes an inability to walk or very considerable difficulty in walking. I enclose a letter from the SPVA confirming this.

Tariff 6 – Permanent Mental Disorder of the Armed Forces Compensation Scheme. I enclose a letter of confirmation from the SPVA.

If you have ticked one of the above, please go straight to Section 7.

I am not in receipt of a qualifying benefit, however, I feel that I have a permanent and substantial impairment which means I am unable to walk or have considerable difficulty in walking. You will need to supply further evidence to support your application.

If you have ticked the above, please go to Section 4.

I have been diagnosed with a cognitive impairment or I am unable to plan or follow any journey. You will need to supply further evidence to support your application.

If you have ticked the above, please go to section 4.

I have an impairment in both arms, drive regularly and am unable to operate, or have considerable difficulty in operating parking equipment, such as ticket barriers and pay meters. You will need to provide further information to support your application.

If you have ticked the above, please go to section 5.

I am applying for a child 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 treated.

If you have ticked the above, please go to section 6.

Section 4 – Questions for applicants with mobility impairment and/or Cognitive Impairment

Please note that you will only qualify for a Blue Badge under this criteria if you, or the person on whose behalf you are applying, are over two years of age and have a permanent and substantial impairment which means you/they are unable to walk or have considerable difficulty in walking, or have been diagnosed with a cognitive impairment and unable to plan or follow a journey.

1) Please describe your mobility difficulties and your reasons for applying for a Blue Badge.

2) Please detail any condition or impairment you have been diagnosed with, when it was formally diagnosed and by whom.

3) Is your condition or impairment permanent in nature?

Yes

No

4) Have you been prescribed oxygen to support your mobility on a daily basis? *Please note that you will be requested to provide evidence of this*

Yes

No

If yes, please describe how and when you need to use it		
5a) How do you mobilise within your home? <i>Please tick one or more options that apply to you:</i>		
Powered wheelchair		
Wheelchair		
Walking frame (Zimmer frame)		
Rollator (Walking frame with wheels)		
Tri/Quad walker with brakes used		
1 or 2 elbow crutches		
1 or 2 walking sticks		
Furniture support		
Leg brace		
5b) Has this equipment been prescribed to you by the NHS? <i>Please note that you will be requested to provide evidence of this.</i>	Yes	No
6a) How far can you walk? <i>Please tick one statement that applies to you</i>		
Cannot, or has severe difficulty walking up to 50 meters without any walking aids		
Can walk up to 50 metres with or without walking aids but experiences severe pain or difficulty, during or afterwards		
Can walk up to 50 metres with or without walking aids but no severe pain or difficulty, during or afterwards		
6b) What equipment do you use to mobilise outside of your home? <i>Please tick one or more options that apply to you:</i>		
Powered wheelchair		
Wheelchair		
Prosthetic lower limb		
Walking frame (Zimmer frame)		
Rollator (walking frame with wheels)		
Tri/Quad walker with brakes used		
1 or 2 elbow crutches		
1 or 2 walking sticks		
Furniture support		
Leg brace		

6c) What is the impact during or following journeys outside of the home? <i>Please tick one or more options that apply to you:</i>		
Extensive recovery		
Extensive pain requiring medication		
Severe breathlessness		
Reduces to very slow speed		
Increased unsteadiness or falls		
7a) Do you regularly take medication that has been prescribed by a health professional to assist your mobility? <i>Please include the name and dosage. You will be required to provide evidence of this.</i>		
7b) Do you need to use an inhaler, nebuliser or GTN spray for all journeys?	Yes	No
8) Do you need support from another person getting in and out of a vehicle for all journeys? Please tick one option below.		
A person either side		
One person		
Please describe why and how they help:		
9a) Have you undergone any previous assessment by Social Services and currently receiving services? If yes, please provide further details:	Yes	No
9b) Do you receive any other support, for example, Attendance Allowance, meal delivery service, care service or additional service, including family support? If yes, please provide further details:	Yes	No

10) Please provide details and letters from any relevant health specialists you have seen in the last 12 months who would be able to support your claim:				
Name	Job Title	Hospital/Health Centre	Telephone Number	Date Last Seen
11) Are you on the Local Authority Learning Disability Register?			Yes	No
If yes, please state which authority:				
12) Do you attend a Memory Clinic?			Yes	No
If yes, please provide an appointment card or letter so support your application				
13) Can you plan and follow the route of a familiar journey without constant supervision? For example, travelling to a local friends house or to a news agent/local shop unaccompanied.			Yes	No
14) Are you currently in receipt of any Disability Living Allowance? For example, Care or Mobility component. If yes, you will need to supply your award letter issued in the last 12 months.			Yes	No
If there is any information you feel needs to be considered with your application, please add the information here.				

If you have completed section 4, please complete the declarations in Section 7.

Section 5 – Questions for applicants with impairment in both arms

These questions are intended for people who drive a vehicle regularly, have an impairment in both arms and are unable to operate, or have considerable difficulty in operating parking equipment, such as ticket barriers and pay meters. **When applying under this criteria, please note that the badge may only be used if the applicant is the driver of the vehicle.**

Do you drive regularly?	Yes	No
Do you have an impairment in both arms?	Yes	No
Please describe your medical condition/impairment:		
Are you unable to operate, or have considerable difficulty operating parking equipment?	Yes	No
If yes, please describe the difficulties you have with operating ticket barriers 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 photocopy of your insurance details to verify this adaption.		
Is your driving licence subject to restrictions due to your impairment?	Yes	No
If yes, please enclose a photocopy of your driving licence		
Driving Licence Number:		

If you have completed section 5, please complete the declarations in Section 7.

Section 6 – Questions for 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 treated.

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 who has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in 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:		
Can you estimate how often they will need treatment?		
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 paediatrician) giving details of the child's medical condition and the type of medical equipment they need.		

If you have completed section 6, please complete the declarations in Section 7.

Section 7 – Declarations and signatures

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.
- Failure to tick a declaration may mean that we are unable to consider your application
- Providing fraudulent information may result in prosecution and a fine.

Merthyr Tydfil County Borough Council is committed to upholding your privacy rights. We will only use your personal information for lawful purposes. If you would like to find out more about how we use your personal information please read our privacy notices which are available on our website (<https://www.merthyr.gov.uk/council/data-protection-and-freedom-of-information/privacy-notices/>). If you have any concerns or would like to know more about data protection compliance please contact our Data Protection Officer on 01685 725329 or data.protection@merthyr.gov.uk

Declarations must be completed by or on behalf of 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 Wales” leaflet which will be sent to me with the badge. Fraudulent applications or misuse of a badge may result in a fine of £1,000 and/or forfeit of the badge.	
I understand that I must not hold more than one valid Blue Badge at any time.	
I understand that I will return my previous badge once it has expired.	
I confirm that I do not currently hold a Blue Disabled Person’s Parking Badge that has been issued by a different local authority.	
I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998 and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud.	
I understand that I will meet any costs if myself, the Local Authority or Independent Advisory Service are required to contact any relevant health specialist (not my G.P.) if further evidence is needed for my application.	

Where further information is required, I understand that I may be required to undertake a face to face interview with a member of the Blue Badge team, in order to determine my eligibility for a Blue Badge.	
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Checklist for 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. Please check with us whether we will accept the original or certified copies.

If you have applied under **Section 3**, please include –

Proof of entitlement - Certificate of Blindness or Defective Vision (BP1(3R), Certificate of Vision Impairment (CVI) or Benefit Award letter issued within the last 12 months	
Proof of identity	
Proof of your address (if you have not given consent for us to check Council Tax/ electoral register/school records)	
A passport-style photograph of yourself with your name on the back (if possible)	

If you have applied under **Section 4**, please include –

Supporting medical evidence (See guidance notes)	
Proof of identity	
Proof of your address (if you have not given consent for us to check Council Tax/ electoral register/school records)	
A passport-style photograph of yourself with your name on the back (if possible)	

If you have applied under **Section 5**, please include –

Supporting medical evidence	
Your insurance details if you drive a specially adapted vehicle	
Your Driving Licence	
Proof of your address (if you have not given consent for us to check Council Tax/ electoral register/school records)	
A passport-style photograph of yourself with your name on the back (if possible)	

If you have applied under **Section 6**, please include –

A letter from a healthcare professional that has been involved in the child's treatment, giving details of condition and type of medical equipment needed.	
Proof of identity	

A passport-style photograph of your child with your name on the back (if possible)	
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Your signature against the declarations

Your signature	
Print name	
Date of application	

If you are applying on behalf of another person, please indicate your relationship.

	Relationship
Official Guardian	
Power of Attorney	
Parental Responsibility	
Other (Please describe)	

Where you have applied for a Blue Badge on behalf of another person you must be aware that using the Blue Badge contrary to the rules governing the scheme may result in prosecution, a fine and the withdrawal of the Blue Badge.