



Blue Badge application form

Please note it is **quicker and easier** to apply online at www.norfolk.gov.uk

Apply for yourself, someone else or an organisation. A Blue Badge costs £10.

On receipt of a **fully completed application and supporting evidence**, it can take 6 to 8 weeks to process an application.

Please complete the form **fully**, giving as much detail as possible. The form and supporting evidence should be returned to **Blue Badge Unit, Customer Services, Norfolk County Council, Martineau Lane, Norwich, NR1 2DH**. Alternatively, these can be emailed to bluebadgeunit@norfolk.gov.uk

You'll need to provide proof of identity, address and a passport style photograph in all cases, if applicable you will need to provide evidence of proof of benefit receipt or being severely sight impaired. **We will not be able to process your application without these items.**

You should provide medical information with your application if not applying under an automatic criterion. If we ask you specifically for medical evidence at any stage of the application, we may not be able to continue with your application if this is not supplied to us.

Any documents you supply to us should be **photocopies** which will be confidentially destroyed after use. Any original documents will be returned by standard 2nd class delivery.

You may be asked to attend an Independent Mobility Assessment, if asked you will need to attend if you wish to continue with your application.

Please note, a Blue Badge will not usually be awarded if any of the following statements apply to you:

- You have a temporary health impairment or injury such as a broken leg or recovering from a hip/knee replacement and are expected to recover within 6 months.
- You only need a Blue Badge to access facilities to manage continence.
- You only require a wide parking bay to open the car door.
- You are partially sighted, rather than severely sight impaired and do not meet any of the other criteria.
- You have intermittent periods when you walk with considerable difficulty, but most of the time you are able to walk.

A Blue Badge may be fast-tracked for someone who has been diagnosed with a terminal illness.

Does this apply to your application? Yes No

Local authority use only

Reference number

User ID

Who are you applying for?

- Myself (The badge is for you)
- Someone else (You are completing the form on another person's behalf)

Fill in the answers and sign the form on their behalf. Where the form says "you", it is referring to the applicant.

- An organisation (Which cares for disabled people)

If you're applying for somebody else, we'll ask for your name and your relationship to the applicant.

If applying for a child under 3, please go to Section 6 once you have completed Section 1.

For organisations, you only need to fill in the organisation section.

Do you already have a Blue Badge?

- Yes
Enter the badge number (6 digits) and expiry date

- No

If you don't know the badge number or expiry date, leave it blank and your local authority should be able to find the badge using your details.

Section 1 – Applicant details

For organisations, please complete section 8

Full name (First name and Last name)

Should be the full name of the person the badge is for.

Has your name changed since birth?

- Yes
Enter full name at birth

- No

Date of birth (Day / Month / Year)

Your relationship to the applicant

For you or the person you're applying for

You will need to provide **proof of identity** from the examples below:

In date passport / Birth or adoption certificate / Driving Licence.

If the name on these documents does not match the name on the application, please also provide a copy of a Marriage / Civil partnership / Dissolution or Divorce certificate.

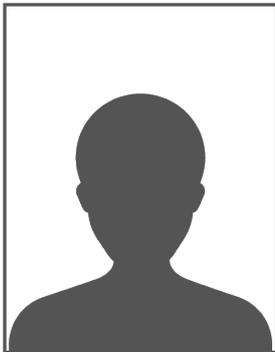
Additionally, you will need to provide **proof of address**, such as Council Tax bill, Driving Licence, letter from DWP.

Attach a **photocopy** of the proof of identity and address to this application.

We will not be able to process your application without proof of identity and address.

Recent photograph of the applicant

You'll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.



Make sure it:

- Has a plain, light, background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness

It's best to get somebody else to take the photo.

The photo should have the applicant's name and a signature on the back.

Vehicle Registration

Please provide the registration of the vehicle(s) the Blue Badge will primarily be used in.

Blue Badges can be used in any motor vehicle the holder is travelling in.

Badge issue fee

We will explain how payment should be made, if the application is successful.

The fee for a Blue Badge will be waived, if you or an immediate family member (partner / children who are living in the same household as the applicant) are a member of serving Personnel in the British Armed Forces. If this applies, please provide evidence of current service.

A Blue Badge costs £10.

Section 2 – Benefits or severely sight impaired

You may automatically qualify for a Blue Badge if you either:

- Are severely sight impaired (blind)
- You receive 8 or more points for “moving around” in the mobility section of Personal Independence Payment
- You receive exactly 10 points with Descriptor E in the “planning and following journeys” part of a mobility assessment for Personal Independence Payment
- Receive the higher rate of the mobility component for Disability Living Allowance
- Receive the War Pensioners’ Mobility Supplement
- Receive a qualifying award under the Armed Forces Compensation Scheme

If none of these apply to you, go to Section 3. Otherwise, you should complete the **relevant** section below and then go to Section 9.

Please note **Attendance Allowance is not an automatically qualifying benefit**, you will need to complete the full application form.

You will need to provide evidence that you meet the criteria you are applying under.

We will be unable to process the application under an automatic criteria without evidence being provided.

Severely sight impaired (blind)

Are you registered as severely sight impaired (blind)?

Yes

Enclose a copy of your Certificate of Vision Impairment (CVI)

No

If applying under this criteria, make sure you send a **photocopy** of the CVI with this application.

Disability Living Allowance (DLA)

Were you awarded the higher rate of the mobility component?

Yes

If your award has an end date, enter the end date

No

You should answer the questions in Section 3

If you were awarded the higher rate of the mobility component, you need to attach a copy of the letter from DWP, dated within the last 12 months. This certificate of entitlement should confirm your mobility rating.

Make sure you send a **photocopy** of the award letter with this application.

If you have lost or mislaid this letter, you can telephone the DLA team on 0800 121 4600 to request another copy.

If the end date of your award is within 3 years, the blue badge will only be awarded for this period.

Personal Independence Payment (PIP)

Did you score 8 points or more in the “moving around” part of the mobility assessment?

Yes

How many points were scored?

If your award has an end date, enter the end date

No

Answer the next question under “PIP”

If you did score 8 points or more in the “moving around” part of the mobility assessment, you need to attach a copy of every page from the award letter from DWP. It should show your entitlement to PIP, assessment scores (including the mobility scores).

Make sure you send a **photocopy** of all of the pages from the award letter with this application.

If you have lost or mislaid this letter, you can telephone the PIP team on 0800 121 4433 to request another copy.

If the end date of your award is within 3 years, the blue badge will only be awarded for this period.

Personal Independence Payment (PIP)

Did you score this specific points descriptor in the “planning and following a journey” part of the mobility assessment?

Descriptor E (10 points) - You cannot undertake any journey because it would cause overwhelming psychological distress

- Yes
If your award has an end date, enter the end date

- No
You should answer the questions in Section 3

If you did score the 10 points outlined above in the “planning and following journeys” part of the assessment, you need to attach a copy of every page from the award letter from DWP. It should show your entitlement to PIP, assessment scores (including the mobility scores).

Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 to 8 of the scheme and been certified as having a permanent and substantial disability?

- Yes
Enclose the original letter from Veterans UK* as proof.

- No

*Letters were previously issued by the Service Personnel and Veterans Agency (SPVA).

War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

- Yes
If your award has an end date, enter the end date

- No

Make sure you send a **photocopy** of all of the pages from the award letter with this application.

If you have lost or mislaid this letter, you can telephone the PIP team on 0800 121 4433 to request another copy.

If the end date of your award is within 3 years, the blue badge will only be awarded for this period.

You must enclose a photocopy of your most recent entitlement letter.

If you have lost or mislaid this letter, you can telephone the Veterans UK team on 0800 169 2277 to request another copy.

You must enclose the original version of your letter as proof of entitlement.

If you have lost or mislaid this letter, you can telephone the Veterans UK team on 0800 169 2277 to request another copy.

Section 3 – Walking difficulties

If you answered “yes” to any of the questions in section 2, go straight to Section 7.

Do you have a condition or disability which means you cannot walk or find walking very difficult?

Yes

Continue answering the questions in this section

No

Go to Section 4

Name any health conditions or disabilities that affect your walking
(Try to use the correct medical terms, if you know them)

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Be as descriptive as possible, but we’ll ask you some more questions after this about how your walking is affected and things like medication.

How does your health condition make walking difficult for you?

Excessive pain

If you didn't tick "Excessive Pain", don't answer this section.

How would you describe the pain you experience, when walking? (You can choose more than one)

When I take my pain relief medication I am able to cope with the pain

Even after taking pain relief medication I have to stop and take regular breaks

Even after taking pain relief medication the pain makes me physically sick

Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable

Other
Describe the pain

Breathlessness

If you didn't tick "Breathlessness", don't answer this section.

When do you get breathless?
(You can choose more than one)

Walking up a slight hill

Trying to keep up with others on level ground

Walking on level ground at my own pace

Getting dressed or trying to leave my home

Other
Describe when you get breathless

Only fill in the extra text-boxes if you've ticked the checkbox.

Also known as shortness of breath, this could be described as an intense tightening in the chest, or a feeling of suffocation.

- Balance, coordination or posture
Describe how the way you walk is affected by your condition

(For example, if your posture is affected or you struggle to take full steps)

How would you describe your balance or coordination, when walking?

(You can choose more than one)

- I can walk around a supermarket, with the support of a trolley
- I can walk up/down a single flight of stairs in a house
- I can only walk around indoors
- I can walk around a small shopping centre
- Other
Describe your balance or coordination, when walking

Have you seen a healthcare professional for any falls in the last 12 months?

- Yes No

It's dangerous to my health and safety
Describe how your condition makes walking dangerous

Only fill in the extra text-boxes if you've ticked the checkbox.

Do you have a chest, lung or heart condition / epilepsy?

Yes No

Something else
What is it about your condition that causes you difficulty walking?

Help to get around

What is this aid or support? (For example, a wheelchair, crutches or a member of your family)	When do you need this help? (For example, to get to the shops)	If it's an aid, how was it provided? (For example, Hospital or bought privately)

How long can you walk for without stopping?
(If you listed an aid, then your answer should be when using that aid)

- I can't walk at all
- Less than a minute
- Between 1 and 5 minutes
- Between 5 and 10 minutes
- More than 10 minutes

“Stopping” could be to take a rest or to catch your breath.

Only tick one.

If you cannot walk, go to section 7

Describe somewhere you can walk from and to
(Be specific and use place names or house numbers)

How long does it take you?
(For example, 8 minutes)

You can now go to: Section 7 – Treatments, medication, healthcare professionals & supporting documents

For example, “from my home to Tesco” or “from my home to No. 36 on my street”

If you use an aid to get around, then your answer should be whilst using that aid

Section 4 – non-visible (hidden) conditions

If you answer "no" to the first question in this section, but "yes" to any of the questions in section 3, you can skip this section and go straight to Section 7.

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

Yes

Continue answering the questions in this section

No

Go to Section 7

What affects you taking a journey?

(Tick all that apply)

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

Remember, when we are referring to "you" this is the applicant. If you're applying for somebody else, answer the questions on their behalf.

If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.

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 or are likely to happen on journeys

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

I regularly have intense responses to overwhelming 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 situations 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 for you?

(Describe your needs, in detail)

A large, empty rectangular box with a thin black border, intended for the user to describe their needs in detail. The box is currently blank.

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

(List the steps taken to try to improve journeys)

How effective are they?

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Section 5 – Disability that affects both arms

If you answer "no" to the first question in this section, but "yes" to any of the questions in sections 3 or 4, you can go straight to Section 7.

Do you have a disability in both arms?

Yes

Continue answering the questions in this section

No

Go to Section 6

Do you drive regularly?

Yes

Continue answering the questions in this section

No

Go to Section 6

Name any health conditions or disabilities that affect your arms
(Try to use the correct medical terms, if you know them)

Remember, when we are referring to "you" this is the applicant. If you're applying for somebody else, answer the questions on their behalf.

Do you struggle to operate parking machines?

Yes

Describe how you struggle to operate parking machines

No

Do you drive an adapted vehicle?

Yes

Describe how it has been adapted for you. You should also attach copies of insurance details or Vehicle Registration document which verify this.

No

Attach copies of your insurance details or Vehicle Registration document as supporting documents.

Section 6 – Children under 3 years old

This section is for people applying on behalf of a child that is under 3 years old.

Are you applying for a child under 3 years old?

Yes
Continue answering the questions in this section

No
Go to Section 7

Which of these applies to the child under 3?

They need to be accompanied by bulky medical equipment

They need to be near a vehicle to receive or be taken for treatment

Neither of these

Name any health conditions or disabilities that affect the child
(Try to use the correct medical terms, if you know them)

You should enclose a letter from any healthcare professionals that are involved in the child's treatments, which confirms the details of the condition.

Section 7 – Treatments, medication, associated professionals & documents

This section is for if you have answered any of the questions in sections 3, 4, 5 or 6. Otherwise, go to Section 9.

Treatments

Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.

Yes

Add the treatment details below

No

Go to “Medication”

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Treatments

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.

Date of the treatment

If it's in the future – Do you expect the condition to improve afterwards?

Medication

Do you take any medication for your condition?

(Any medication or pain relief you currently take for your condition)

Yes

Add the medication details below

No

Go to "Associated professionals"

Medication

Name of this medication or pain relief And is it prescribed?	How much do you take at a time? (Dosage)	How often do you take this?

Associated or healthcare professionals

Do you currently see any professionals for your condition?

(Or if you have seen any in the last 3 years)

Yes

Add their details below

No

Go to "Supporting documents"

Examples of professionals could be consultants, teachers, therapists, neurologists, psychologists, or psychiatrists

Associated or healthcare professionals

Name and role of the professional

(This cannot only be your GP)

Where do they work?

(Include organisation name, address, email and telephone number if possible)

Name and role of the professional (This cannot only be your GP)	Where do they work? (Include organisation name, address, email and telephone number if possible)

Supporting documents

What documents are you attaching?

List the documents you are attaching to this application

It's especially important to attach documents where we've asked for you to provide proof or verification.

For example, diagnosis letters, PIP decision and award letters, evidence of the progression of the condition over time, confirmation of ongoing treatments.

Section 8 – Organisation badges

Does your organisation care for people who need a Blue Badge?

Yes

No

Does your organisation transport the people you care for?

Yes

No

What's the name of your organisation?

Charity number (if applicable)

Postal address

(This is where the badge will be posted to)

Postcode:

Who should be contacted about this application?

(If you're the contact, put your full name here)

If you answer "No" to either of these questions, it is unlikely your organisation is eligible for a Blue Badge.

Email address (optional)

This will be used for updates about the application.

Main phone number (required)

Alternative phone number (optional)

List the vehicles the badge will be used in

Vehicle registration number	How often is the vehicle used?

Section 9 – Declaration

Sign one of the three sections.

Read the declaration carefully and only sign it once you are clear.

Applying for yourself

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 your local authority about any changes that may affect your eligibility

You also agree that your local authority may:

- contact you if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for you
- check your eligibility with the information they hold
- suggest other benefits or services that you may be eligible for

I agree to this declaration

Signed

Date of signature

Applying on behalf of somebody else

By submitting this application you agree on behalf of the applicant that:

- the rules for using a Blue Badge have been read and understood
- you have the authority to submit this application
- the details provided are complete and accurate
- they won't hold more than one Blue Badge at any time
- your local authority will be told about any changes that may affect their eligibility

You also agree that your local authority may:

- contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse

Read the declaration carefully and only sign it once you are clear.

- if required, arrange a phone-based or in-person assessment for the applicant
- check their eligibility with the information they hold
- suggest other benefits or services that they may be eligible for

I agree to this declaration

Signed

Date of signature

Organisations

By submitting this application you agree that:

- you're authorised to complete this application on behalf of your organisation
- the details you have provided are complete and accurate
- you will tell your local authority about any changes that will affect your organisation's Blue Badge entitlement
- your local authority can check any information they already have about you so that they can process your application

I agree to this declaration

Signed

Date of signature

Read the declaration carefully and only sign it once you are clear.