

# Blue Badge Application Form

Please complete all relevant sections of the application form using the guidance notes to support you.

Please use the checklist to ensure that you have enclosed ALL supporting documentation required. Incomplete applications cannot be processed and will experience a delay.

Please send your completed form in the post to:

**Ealing BBA**  
**P O Box 68276**  
**London**  
**W5 9LQ**

Ealing Council no longer provides a face to face service for Blue Badges.

Ealing Council is committed to processing complete blue badge applications received with all necessary supporting documentation within the following timescales:

- 21 working days for applications that automatically qualify for a blue badge
- 42 working days for applications that do not automatically qualify and require further assessment.

Ealing Council is not able to provide a status update on your blue badge application unless the processing times outlined above have passed. Incomplete applications will experience a delay in being processed. Please ensure you allow enough time for your application to be processed before the expiry date of your existing badge.

Ealing Council may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria. Ealing Council reserves the right to check the information provided in an application alongside council tax and benefits databases, the electoral register, school records or any other council records for the purposes of fraud prevention.

BBIS App April 2013

## Section 1 – Information about the applicant.

If you are completing the form on behalf of an applicant who is unable to complete the form themselves or is under 16, please provide their details in appropriate sections and sign the form on their behalf. Please ensure you provide your contact details in section 7 as we may need to verify information provided in this application.

If you are applying on behalf of an organisation that cares for and transports disabled people then please do not complete Section 1. You only need to complete Sections 6 and 7.

**Further guidance on completing this section can be found in Section 1 of the accompanying guidance notes.**

<b>Title</b> (Mr, Mrs, Miss, Ms, other):
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<b>First names (in full):</b>
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**Surname:**

**Surname at birth:**

**Gender:** Male ☐ Female ☐      **Date of Birth** (DD/MM/YYYY): /

<b>Place of Birth:</b>	Town:
	Country:

Place of Birth: Country:

**National Insurance Number / Child Registration Number:**

[illegible]

**Current address and contact details:**

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

**Previous address, if different in the last three years:**

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: ☐ No: ☐

**If YES please state:**

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the expiry date of the last badge?

**Proof of your address, dated within the last 12 months:**

We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and **provide photocopies of documentation** where relevant:

**Either:** ☐ 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.

**Or:** ☐ I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.

**Or:** ☐ I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.

**Or:** ☐ 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.

**Proof of your identity:**

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of your identity. The guidance notes provide further information regarding certifying photocopies.

☐ Birth certificate / Adoption certificate ☐ Marriage / Divorce certificate ☐ Passport

☐ Civil Partnership / Dissolution certificate ☐ Valid driving licence

**Photographs:**

**Please enclose two recent passport photographs of the applicant.** The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

**Please ensure that the applicant's name is on the back of the photograph and that you complete Sections 7(a) and 7(d) of this form to confirm that the photograph is a true likeness.**

**Badge issue fee:**

All blue badges cost £10. The easiest way to pay is to enclose a cheque (payable to Ealing Council) with your application. Customers who do not submit a cheque will be contacted to take a debit / credit card payment over the telephone. All payments must be made before a badge application can be processed. If your application is unsuccessful a full refund will be provided.

**See section 1 of the guidance note relating to payment options.**

**Do you drive?** Yes: ☐ No: ☐

**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).

## Section 2 – Questions for applicants who automatically qualify for a blue badge.

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
- receive the Higher Rate of the Mobility Component of Disability Living Allowance or from June 2013 Personal Independence Payment (PIP)
- receive the War Pensioner's Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

Section 2 of the guidance notes enclosed with this application form may assist you completing this section.

### 2a) People who are severely sight impaired (blind)

Are you registered as blind (severely sight impaired)?

Yes: ☐ No: ☐

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

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

Yes: ☐ No: ☐

If NO, then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind:

Yes: ☐ No: ☐

### 2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP)

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):   /   /

Do you receive Personal Independence Payment?

Yes: ☐ No: ☐

If you are in receipt of either the Higher Rate of the Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP) **you must enclose a photocopy of your letter issued within the last twelve months as evidence of your entitlement to this benefit. Alternatively provide a photocopy of your annual uprating letter.** Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions and internal council records.

## 2c) 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):   /   /

If you are in receipt of the War Pensioner's Mobility Supplement **you must enclose a photocopy of your letter of entitlement to this benefit.** You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

## 2d) 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 a photocopy 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 Section 2 please go straight to section 7

### **Section 3 – Questions for applicants with walking difficulties who do not automatically qualify for a blue badge.**

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 complete this section as fully and accurately as possible to enable a full assessment.**

Section 3 of the guidance notes enclosed with this application form may assist you completing this section.

**Please describe:**

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

**Please describe:**

- Any surgery or courses of treatment 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:

**Have you experienced or do you experience falls?**

Yes: ☐ No: ☐

**If YES, Please describe how often you fall and what causes you to fall:**

**If YES, have you had any medical investigations to identify why you are falling?**

Yes: ☐ No: ☐

**Please describe what investigations have been undertaken:**

**Do you experience any difficulties with your balance?**

Yes: ☐ No: ☐

**If YES please describe.**

**If YES, have you had any medical investigations to identify why you are experiencing balance problems?**

Yes: ☐ No: ☐

**If YES please describe what investigations have been undertaken:**

**Do you have a history of emotional, psychological and / or behavioural factors that might affect your ability to use transport? (violent outbursts or inappropriate behaviour)**

Yes: ☐ No: ☐



**If YES please provide details including any treatment received:**

**What medication do you currently take in relation to the conditions / disabilities you described above? Please provide a photocopy of any repeat prescriptions if appropriate.**

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 (you can tick more than one box) 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.

**Further details:**

**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:**

<b>Name</b>	<b>Job title</b>	<b>Hospital / Health Centre</b>	<b>Telephone number</b>

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

Yes: ☐ No: ☐

**If YES, please describe how much you expect your conditions / disabilities to improve:**

**How do the conditions / disabilities you described above affect your ability to walk?**

**Please tick the following statements which 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 to 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 get breathless if I walk for more than a few minutes.
- ☐ I am able to walk, but find it too painful to walk for more than a few minutes.
- ☐ I am able to walk but use 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, a stiff leg or shuffle, or have problems with balance.
- ☐ Extremely poor - for example, you drag your leg, stagger, swing through two crutches or 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 whichever 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?**

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

: metres  : yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards.
- 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?**

: minutes

**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?**

: minutes

**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?**

Yes: ☐ No: ☐

**How far can you walk before getting short of breath?**

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

: metres

: yards

**How long does it take you to recover after getting short of breath?**

: minutes

**Do you have good days and bad days and does this affect your ability to walk?**

Yes: ☐ No: ☐

**If yes please describe the impact this has on your ability to walk:**

**Describe how you manage stairs when you are out, away from your home:**

**Do you experience any pain when you walk?**

Yes: ☐ No: ☐

**If YES please describe this pain, how severe it is and whether it stops you from doing everyday things:**

**Please confirm how long you can stand without the need to sit down. If you have difficulties standing, please explain why:**

### **Living arrangements:**

**What type of property do you live in?**

House or Bungalow: ☐ Flat or Maisonette: ☐

**If you live in a house or bungalow:**

**Are there steps to your main front door?**

Yes: ☐ No: ☐

**If YES please provide details of how many and how you manage the steps?**

**Do you have any rails by the door to support you?**

Yes: ☐ No: ☐

**Are there stairs in your home?**

Yes: ☐ No: ☐

**If YES please provide details of how many steps there are and describe how you manage the steps.**

**Which floor do you sleep on?**

Ground floor: ☐ first floor: ☐ other – please specify:

**If you live in a flat or maisonette:**

**Which floor is your flat or maisonette?**

**Is there a lift to your flat / maisonette floor?**

Yes: ☐ No: ☐

**If NO please provide details of how many flights of stairs there are and describe how you manage the stairs:**

**Are there steps to your main front door?**

Yes: ☐ No: ☐

**If YES please provide details of how many and how you manage the steps:**

**Do you currently use any specialist equipment in your home or have you made any adaptations to your home?**

Yes: ☐ No: ☐



**If YES, please provide details of the type of equipment you have or describe the adaptations you have made:**

**Please describe what type of chair you usually sit on at home and how you transfer on and off it:**

**Do you need assistance with personal care?**

Yes: ☐ No: ☐

**If YES please provide details of the assistance you need:**

**Do you need help with household tasks such as cooking or cleaning?**

Yes: ☐ No: ☐

**If YES please provide details of the help you need:**

**Do you need help to carry out your shopping?**

Yes: ☐ No: ☐

**Please describe how you do your shopping:**

## Public transport

**Do you use public transport?**

Yes: ☐ No: ☐

**If YES, what form of public transport do you use and how frequently do you use it?**

Consider what modes of transport you have used in the last 12 months.

**Please tick whichever options apply to you – you can tick more than one box.**

**Tube:**

Daily: ☐ 1-2 times per week: ☐ fortnightly: ☐ monthly: ☐

**Bus:**

Daily: ☐ 1-2 times per week: ☐ fortnightly: ☐ monthly: ☐

**Train:**

Daily: ☐ 1-2 times per week: ☐ fortnightly: ☐ monthly: ☐

**Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge? Please provide photocopies of any supporting evidence you may have such as prescriptions, medical reports, summary discharges etc.**

## **Section 4 – Questions for applicants with a disability in both arms who do not automatically qualify for a blue badge.**

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 meters.

Section 4 of the guidance notes enclosed with this application form may assist you completing this section.

**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 applicants under the age of three who do not automatically qualify for a blue badge.**

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.

Section 5 of the guidance notes enclosed with this application form may assist you completing this section.

**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 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:**

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 – Applying for an Organisational Blue Badge.

These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle(s) (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge. Please see Section 6 of the accompanying guidance notes for a list of the eligibility criteria prescribed in the regulations that govern the scheme.

An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.

Organisational badges will therefore only be issued to an organisation which:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge – and must not be used for the employee's benefit when they are carrying out other business on behalf of the organisation. It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge.

**Section 6 of the guidance notes enclosed with this application form may assist you completing this section.**

**Name of organisation:**

**Main contact name:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge?** See Section 6 of the accompanying guidance note for a list of the eligibility criteria.

Yes: ☐ No: ☐

**If YES, please give details of the nature of this care:**

**As part of that care, does your organisation provide them with transportation?**

Yes: ☐ No: ☐

**If YES, please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:**

Type of vehicle	Vehicle Registration Number	Frequency used to transport disabled people

**Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation class?**

Yes: ☐ No: ☐

**If YES, please give details and attach a photocopy of the tax disc(s) to this application:**

**How many disabled people are in the care of your organisation?**

: people

**How many of these people are already in receipt of a Blue Badge as individuals?**

: people

**How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals** (see description of eligible disabled people in the accompanying guidance note)?

: people

**Charity number of your organisation:**  
(if applicable)

**Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:**

**How often do you envisage your organisation will use the Blue Badge?**

**If you already have an organisational Blue Badge:**

What is the serial number on the current badge(s)?

What is the expiry date of the current badge(s)?

**How many organisational badges are you applying for?**

(Please note that your organisation will be required to pay the badge issue fee of £10 for each Organisational Badge that is issued). **See section 1 of the guidance note relating to payment options.**

## Section 7 – Declarations and signatures.

These questions should be answered by all applicants.

### 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.

#### Declarations to be completed by all organisational applicants

- ☐ I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people.
- ☐ I understand that, if the application is successful, the badge(s) must only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.



## 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, Housing Benefits and Council Tax departments 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 of 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. Incomplete applications can not be processed and will experience a delay. 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 copy of proof of your identity.
- ☐ Two passport-style photographs of yourself with your name on the back.

### Section 2a – Applicants 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 – Applicants who receive the Higher Rate of the Mobility Component of Disability Living Allowance or from June 2013, Personal Independence Payment (PIP)

- ☐ A photocopy of your letter of entitlement either Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or a photocopy of your annual uprating letter, or a photocopy of proof of Personal Independence Payment (PIP)

### Section 2c – Applicants who receive the War Pensioner's Mobility Supplement

- ☐ A photocopy of your letter of entitlement for the War Pensioner's Mobility Supplement.

### Section 2d – Applicants who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

- ☐ A photocopy of your 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 3 – photocopies of any additional evidence to support your application

- ☐ photocopies of any additional evidence to support your application.

**Section 4 – Drivers with a 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 – Organisational Badge**

☐ A photocopy of the tax discs for any vehicles registered under the Disabled Passenger Vehicle (DPV) class.

**Blue badge fee:**

**I have enclosed a cheque for £10 payable to Ealing Council.**

Yes: ☐ No: ☐

**If you do not enclose a cheque we will contact you to take a debit / credit card payment over the telephone.**

**7d) Your signature against the declarations in section 7a and 7b**

<b>Your signature:</b>	
<b>Date of application:</b>	(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"/>
<b>Print name:</b>	

**If you have completed this form to assist (or on behalf of) the applicant, please complete the section below. It is essential that you provide us with this information because local authority may need to contact you to verify details included in the application. Not providing contact details could result in a delay in processing the application.**

<b>Name and Relationship to applicant:</b>	
<b>Current address and contact details:</b>	
Address: _____ _____	
Postcode: _____	
Email: _____	
Home Tel: _____ Mobile Tel: _____	

## **Privacy notice – Customer services – Blue badge applications**

Ealing Council operates in accordance with Disabled Persons' Parking Badges Act 2013, Section 21 of the Chronically Sick and Disabled Persons Act 1970 and Sections 115 and 117 of the Road Traffic Regulation Act 1984

### **What kind of information does Ealing Council have about me?**

We would need to collect and process personal information for adults and children such as name, address, date of birth, photograph, email address, phone number, gender, title, national insurance number, evidence relating to address and identity, passport number, driving licence details, employee/payroll number, bank account number, sort code and special category information such as, disability and / or special educational needs. Further information that may be required is whether you are in receipt of benefits, and medical information.

### **What do you do with information about me?**

The information collected is used to assess if you are eligible for a blue badge and if you are eligible, to manage the scheme. We may also use it to prevent fraud. Your information will be shared with the contractor Northgate, which provides the blue badge application processing and badge production. Your information will only be shared with our contractor Dependability, if you require an assessment to determine eligibility for a blue badge.

Your information will only be shared with other council department or organisations (e.g. law enforcement agencies) to provide the services or where it is legal to do so (e.g. to detect and prevent crime and protect public funds). Your information may be matched with data from other sources, including CCTV.

### **How do I know the information about me is kept safely?**

All the information we collect is stored securely on our IT systems and manual filing systems. We have strict procedures for the way this is done. Any and all information about you is treated as confidential and with respect. There are also clear rules and guidance about storing, recording and sharing information which staff receive training on.

We take information sharing very seriously. Appropriate council and health staff are DBS (Disclosure and Barring Service) checked. Any member of staff who is found to be breaking the rules will be dealt with through appropriate disciplinary procedures.

### **Are the records confidential?**

All Ealing Council employees have a duty of care in accordance with our Data Protection policy. This includes respecting that right to confidentiality.

### **For how long are records held?**

There are different rules for different documents and/or information kept by the council. We are required by law to keep records for varying lengths of time depending on individual circumstances.

### **Don't you need my permission to keep and share information about me?**

We would need your consent if the LA's legal basis for collecting and processing your personal information is consent.

Although your information is confidential, we may have to share information about you/your family without your permission. These reasons are:

- To protect you from harm, neglect, abuse or significant threat
- When you may need urgent medical treatment
- To prevent or detect a crime
- To comply with a legal obligation

You can withdraw your consent by contacting the Customer Service Support team at [csprocessing@ealing.gov.uk](mailto:csprocessing@ealing.gov.uk) or telephone 0208 825 8161

### **Are there any laws applicable in the processing and protection of my information?**

There are a number of laws which allow for the protection, collection and processing of your personal information for this purpose, such as:

- The General Data Protection Regulations and *The Data Protection Bill 2018*
- Disabled Persons' Parking Badges Act 2013
- Section 21 of the Chronically Sick and Disabled Persons Act 1970
- Sections 115 and 117 of the Road Traffic Regulation Act 1984

### **Can I see the information you have collected about me/my family?**

Yes, you can request a copy of the information held. This is called a subject access request under the *Data Protection Bill 2018* and General Data Protection Regulations which contain certain rights of individuals and their personal data. For more information regarding your rights, please see the LA's corporate Privacy Notice at [https://www.ealing.gov.uk/info/201045/data\\_protection/1420/privacy\\_statement](https://www.ealing.gov.uk/info/201045/data_protection/1420/privacy_statement)

### **Who should I contact if I want further information or to complain about the use of my personal information?**

Please see the LA's website for more information on how we use your information at [https://www.ealing.gov.uk/info/201045/data\\_protection/1420/privacy\\_statement](https://www.ealing.gov.uk/info/201045/data_protection/1420/privacy_statement)

The Council's Data Protection Officer is Mrs L. Cox, whom you can contact on: [dataprotection@ealing.gov.uk](mailto:dataprotection@ealing.gov.uk) or telephone 0208 825 5124 during office hours.