



Blue Car Badge Application Form for Adults and Children over 3 years old



Please complete the following in BLOCK CAPITALS

NEW BADGE APPLICATION REPLACEMENT BADGE APPLICATION

If application is for a **REPLACEMENT** please indicate reason (*tick one box only*)

Current badge expiring Badge is stolen
(Crime Reference Number _____)

Badge is lost Badge is damaged
(Please include damaged badge with application)

Title

First Names

Surname

Surname at birth (if different)

Permanent Address

Previous Address
(Within last 3 years)

Contact telephone number
Home:
Mobile:

Email address:

Date of Birth

Town of Birth

Country of Birth

Gender

Current/previous occupation

National Insurance Number

Driving License Number

Are you registered disabled?

Yes / No

Name of GP

Address of GP

Contact Number of GP

First Language

Spoken Language

Is English Spoken?

Yes / No

Is an interpreter required?

Yes / No

Any communication requirements?

Vehicle Registration Number(s).
Please list up to 3

- 1.
- 2.
- 3.

Signature (or authorised mark)

For Office Use Only

Issue Date	Expiry of L/ST/D
Expiry Date	Badge Type
Badge No	Swift ID

Please complete the following

Please complete the following questions by selecting the most appropriate option.

Do you consider yourself to be Welsh? (please circle) Yes No

Please state your ethnicity by selecting the most appropriate option.

White

British
Northern Irish
Irish
Any other White background

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Black

British
African
Caribbean
Any other Black background

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other please specify: _____

Other please specify: _____

Asian

British
Indian
Pakistani
Bangladeshi
Any other Asian background

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mixed Race

White & Black Caribbean
White & Black African
White & Asian
Any other mixed background
Other please specify: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other please specify: _____

Chinese or other Far Eastern

British Chinese
Vietnamese
Korean

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Chinese
Japanese
Any other Chinese or Far Eastern background

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other please specify: _____

Nationality

Please state your Nationality

Religion

Please state your Religion

Marital Status (please select one of the following)

Divorced
Domestic Partner
Legally Separated
Single

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Living Together
Married
Registered Partners
Widowed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please complete the following

Please tick any option(s) that applies to you

I am registered as blind under the National Assistance Act 1948 and have provided evidence of this.

I receive **Mobility Allowance** at the **Higher Rate Mobility** Component of the Disability Living Allowance and have provided evidence of this.

Please state below the duration of entitlement.

From: _____

If indefinite please tick following box:

To: _____

I receive Personal Independence Payments for help with getting around or planning a journey

Please state below the duration of entitlement.

From: _____ To: _____

PIP and Blue Car Badge criteria are the same. If you are under 65 yrs and have not applied for PIP we would advise that you do so and reapply if this is awarded. This will speed up your application and provide proof of eligibility

I have a vehicle supplied by the department of Social Security, the Scottish Home and Health Department or the Welsh Assembly Government.

I receive a Government Grant for my own vehicle.

I receive a War Pensioner's Mobility Supplement.

If you ticked one or more of the above

- Make sure you have done the following and return everything to us.
 - Complete the declaration section of this form
 - Please provide **full** PIP Award letter or DLA Award letter if applying under this criteria

If not Complete appropriate additional Information section of this form and the declaration section.

Additional Information

You must only complete this section if you did not tick any of the boxes on the previous page.

In order to be considered under the discretionary criteria you must have

1. **Permanent** and **substantial** disability which causes considerable difficulty in walking.
2. A temporary condition causing substantial **impairment to your mobility lasting for at least a year** after the date of your application.
3. A significant **cognitive impairment making you unable to travel safely** and independently

Application under the Mobility Criteria

Please describe your medical condition or disability

Is this disability or medical condition: (please circle)

Permanent Intermittent Temporary

If **Temporary**, please state how long the condition is expected to last

_____ Months

If **intermittent**, please state how frequently the applicant is affected:
(e.g. how many bad days do you get per week, month, year)

How does this affect your ability to walk?

How far can you walk, without help or having to stop before feeling discomfort or breathlessness?
(please state in metres)

Do you use a wheelchair?

Yes / No

Do you regularly use a walking aid?

Yes / No

Do you have help from someone when you go out?

Yes / No

Have you ever applied for the Mobility Component of the Disability Living Allowance or PIP?

When did you last speak to your GP about your medical condition or disability?

For temporary conditions please indicate which of the following relate to you:

Please Tick	Condition / Impairment	Estimated Recovery Time
	I am recovering from a complex leg fracture, possibly managed with external fixators	
	I am undergoing therapy in order to recover from stroke or head injury that has impacted on my mobility	
	I am undergoing therapy in order to recover from spinal trauma with loss of leg function	
	I am undergoing medical intervention, for example treatment for cancer, that impacts upon my mobility,	
	I have severe functional leg Impairments and I am awaiting or have undergone joint replacement (e.g. unilateral or bilateral hip, knee, etc)	
	Other, please describe	

Upper limb disability

You must hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn, by hand, the steering wheel of a vehicle even if fitted with a turning knob.

Please provide Registration number.
Make and Model of your adapted vehicle

Cognitive Impairment

If an application is being made under the Cognitive Impairment criteria, please tell us:

The medical term for the condition which the applicant has been diagnosed with

Is the applicant on the local authority learning disability register or known to the learning disability team?

YES **NO** **Not Known**

Does the applicant attend memory clinic?

YES **NO** **Not Known**

Please describe the applicant's ability to plan and follow a route. Please tell us whether this requires supervision or assistance?

This application must be supported by evidence of your condition and its impact on your ability to walk. This might be from:

- Consultant
- Hospital specialist
- District nurse
- Pain clinic
- Physiotherapist or occupational therapy
- Social services care plan or adaptations / equipment
- Community psychiatric nurse
- Memory clinic

All applications require the following documentation

- **Proof of address (e.g. utility bill dated in last 6 months)**
- **Proof of identification (e.g. copy of passport or birth certificate)**
- **Include 1 x Passport sized photograph with your name printed on the back (please note that we cannot return photographs)**
- **Proof of disability or cognitive impairment**
(Please state below what documentation has been provided)

Declaration

All applicants must complete this section.

I understand that:

- Vale of Glamorgan Adult Social Services Department may share the information I have supplied with other relevant authorities.

I confirm that:

- To the best of my knowledge, all the information I have provided is accurate.

Print Name

Date

Signed

Can we help you?

- Would you like more information on the services we provide or do you feel there is anything else we can help you with? (please circle)

Yes

No

If yes please provide information below:

Sign here

- If approved, we must validate your badge with your signature (or other authorised mark). Please sign the box below, it is important that your signature is contained within the box.

