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Shropshire Council
The Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: As per postmark
My ref: All National Criteria
Your ref: Blue Badge Application

Dear Applicant

BLUE BADGE SCHEME – ALL NATIONAL CRITERIA

Please find enclosed a Blue Badge Application Form (All National Criteria). Alternatively, you can complete an online application/renewal application by visiting www.gov.uk/apply-blue-badge

Our preferred method of communication is by email. If you can provide your email address or that of a relative or friend, we will be able to advise you if there is any further information that we may need in support of your application, and if your application is approved to also advise you quickly of the fee payable. **Please do not enclose any payment.**

On receipt of your application, the Blue Badge Team will carry out administrative checks to ensure that:

- Your application has been **fully completed** (including declarations/signature)
- You have provided proof of your **Residence in Shropshire** as per the acceptable options
- You have provided proof of your **Identity** as per the acceptable options
- You have provided proof of any **supporting automatic entitlement** as required
- You have provided **one recent colour passport standard photograph**.

Please note that your application will be returned to you if one or more of the above is not enclosed and which may result in an eventual delay in processing your application and/or issuing/re-issuing you the parking concession.

Should you have any queries relating to the application or the renewal process or the scheme in general then please do not hesitate in contacting Shropshire Council Customer Service Centre on 0345 678 9014.

Shropshire Council
Blue Badge Team

www.shropshire.gov.uk

e-mail: ss-bluebadge@shropshire.gov.uk

WHEN RETURNING YOUR APPLICATION PLEASE ENSURE THAT THE CORRECT POSTAGE IS USED. THE WEIGHT, SIZE AND THICKNESS OF THE ENVELOPE MAY ALTER THE ROYAL MAIL COST IN DELIVERY. INSUFFICIENT POSTAGE WILL RESULT IN YOUR APPLICATION NOT BEING DELIVERED. YOU ARE ALSO ADVISED TO PUT YOUR POSTCODE AND HOUSE NUMBER/HOUSE NAME ON THE REVERSE OF YOUR ENVELOPE.

Regulations and Legislation

The Blue Badge Scheme is governed by Regulations approved by Parliament and the Scheme is administered by Local Authorities on behalf of the Central Government Department for Transport (DfT). Shropshire Council has a duty and obligation to abide by Legislation and qualifying National criteria and **has no legal right to alter or issue/re-issue outside of this criteria**. There have been numerous amendments to the Scheme but the current governing legislation is contained within these documents:

- [The Disabled Persons \(Badges for Motor Vehicles\) \(England\) \(Amendment\) \(No. 2\) Regulations 2011](#)
- [The Disabled Persons \(Badges for Motor Vehicles\)\(England\)\(Amendment\) Regulations 2011 \(SI 2011/1307\)](#)

Shropshire Council administers the Scheme on behalf of the DfT and in accordance with the above Regulations. Shropshire Council has used the DfT Blue Badge Scheme Local Authority Guidance (England) as a framework to put in place administration, assessment and enforcement practices:

- www.gov.uk/publications/blue-badge-scheme-local-authority-guidance

National Qualifying Criteria

All applications, new or renewal, are subject to the same National qualifying criteria as detailed in the DfT Leaflet 'Can I get a Blue Badge?'

- www.gov.uk/government/publications/blue-badge-can-i-get-one

Blue Badge Applications

An applicant/badge holder can apply/re-apply for a badge or submit a renewal application:

- Via www.gov.uk/apply-blue-badge
- By requesting an application form by telephoning Shropshire Council Customer Service Centre on 0345 678 9014
- Or downloading the relevant application via www.newshropshire.gov.uk/parking/blue-badge-parking-scheme
- Or request an application form via customerfirst@shropshire.gov.uk

DfT Leaflet 'Blue Badge Holder – Rights and Responsibilities'

Information on the Scheme, including the rights and responsibilities of a badge holder, will be provided at the time of issue and each time a badge is renewed or re-issued. This leaflet can be accessed via:

- www.gov.uk/government/publications/the-blue-badge-scheme-rights-and-responsibilities

Assessed Eligibility

By completing this application for a Blue Badge, you will only qualify and issued a badge, if you are able to demonstrate that you have "a permanent and substantial disability which means you are unable to walk or have considerable difficulty in walking".

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 that is expected to recover within 6 months.
- You only need a badge to access facilities to manage continence.
- You only need a badge because you have poor eyesight.
- You only require a badge to help manage a mental health condition (for example memory loss or behaviours/routines).
- You have intermittent periods when you walk with considerable difficulty but most of the time you are able to walk.
- You need a badge because you have difficulty in carrying (parcels/shopping).
- You require a badge because you need to fully open a car door to enter or exit a vehicle.

Blue Badge Application Form

Please refer to the Checklist (pages 11 & 12) when completing this form.

1x Passport
Standard Photo

Terminal illness: We may be able to fast track your application if your illness seriously limits your mobility **and** you are receiving hospital treatment or are linked to a Hospice/Macmillan Nurse. Please tick the box and **complete sections A, D, E and F. Please tell us about your illness in box D.**

A Applicant's details Title: Mr Mrs Miss Ms Other:

Surname First name(s) Surname at Birth

Address Post Code

Date of birth Gender: Male Female

National Insurance Number / Child Registration Number

Town of Birth Country of Birth

Telephone Number Mobile Number Email

Please enclose one recently taken colour passport styled photograph. Photocopies of proof of your identity and proof of your address will be required (do NOT send original documents). Please see Checklist for details about what we can accept.

Previous address if different in the last 3 years
Post Code

Blue Badge holder (Renewal): please complete this part if you already have a Blue Badge:

Badge number: Expiry date:

Issued by: Shropshire Council Other (please state below)

Office Use: BBIS Northgate Number:

Issuing Cat: Permanent / 3 Years / SSI / DLA / PIP / WPMS / AFPS/ Child / Special Rules

Proof of Residence:Proof of Identity:

B Qualify 'Without Further Assessment (Automatic entitlement)'

Please refer to the **Checklist** when completing this section

B1. Are you registered as severely sight impaired (Blind)?

Yes

No

If **Yes**, with which Local Authority are you registered?

Local Authority registration number:

OR DO YOU

B2. Receive the Higher Rate Mobility component of Disability Living Allowance (DLA)?

Yes

No

If **Yes**, have you been awarded this benefit indefinitely

Yes

No

If **No**, please tell us when your award is due to end

OR DO YOU

B3. Receive the mobility component of Personal Independence Payment (PIP) because you meet a descriptor from the 'moving around' activity with a score of 8 or more points?

Yes

No

If **Yes**, which statement below **matches the descriptor as set out in your DWP decision letter?**

You can stand and then move unaided more than 20 metres but no more than 50 metres (8 points)

Yes No

You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres (10 points)

Yes No

You can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided (12 points)

Yes No

You cannot stand or move more than 1 metre (12 points)

Yes No

If **Yes**, have you been awarded this benefit for an on-going period

Yes

No

If **No**, please tell us when your award is due to end

OR DO YOU

B4. Receive a War Pensioner's Mobility Supplement?

Yes

No

OR DO YOU

B5. Receive a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (incl)

Yes

No

If you answered **YES** to one of the above, then please go to and complete Section D

If you answered **NO** to all of the above, then please go to and complete Section C

C If you or the person you are applying for have answered **NO** to the questions in **Section B** then you will only qualify for a **Blue Badge** if you are over two years of age and:

- (C1) have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking; **or**
- (C2) drive a vehicle regularly **and** have a severe disability in both arms **and** are unable to operate, or have considerable difficulty in operating, all or some types of parking meters; **or**
- (C3) have a child under the age of 3, and 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.

In order to determine your eligibility against one of the above criteria you may be asked to attend an Independent Mobility Assessment. Please answer the questions in C1 or C2 or C3.

C1. Walking disability or difficulties

Do you have a permanent and substantial disability which means you are unable to walk; or you have very considerable difficulty in walking? If **YES**, please continue. If **NO**, please go to Question C2. Yes No

If **Yes**, please describe any medical conditions/disabilities that affect your walking. If you know them, please state the medical terms for the conditions you have been diagnosed with.

What treatments are you receiving or expect to receive for the medical conditions/disabilities mentioned above. Include any surgery you have had or expect to have.

Please tell us what medication you are on and whether you take any painkillers.
Please enclose a copy of a recent repeat prescription.

Do you anticipate that your mobility will improve in the next 3 years? Yes No

How far can you walk using any walking aids, before you feel discomfort? Metres: Yards:

Please tick the box that best describes your walking speed:

Normal (more than 60 metres a minute)

Slow (40 to 60 metres a minute)

Very slow (less than 40 metres a minute)

If none of these describes your walking speed, please tell us about it in your own words:

Does the exertion of walking constitute a danger to your life, or is it likely to lead to a serious deterioration in your health? Yes No

If **Yes**, please tell us:

Where, in your local area, can you comfortably walk to from your home? *(Please state a specific location, landmark or postcode that could be found on a map e.g. a shop, street address, a church, park or a public house)*

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

- 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.
- If none of the above, then please describe below.

Please tick the box which 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.
- If none of the above, then please describe below.

Please place a tick against any of the following aids you may use to help with your mobility out of doors:

- Walking stick
- Crutches
- Companion support
- Rollator
- Walking frame
- Scooter
- Powered wheelchair
- Wheelchair
- Other (please describe below).

Who provided you with the aid(s)?

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort? (Please state the distance in metres or yards using whichever measure is best for you).

: metres : yards

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, or after dressing? Yes No

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

C2. Severe Disability in both arms

Please refer to the **Checklist** when completing this section

Do you regularly drive a motor vehicle and have a severe disability in both arms that makes it difficult to operate all or some types of parking meters? If **YES**, please continue below. If **NO**, please go to Question C3.

Yes

No

If **Yes**, please explain the nature of your disability and the difficulties you have operating parking meters:

Do you drive a specially adapted motor vehicle?

Yes

No

If **Yes**, and you have registered this with the DVLA please enclose a copy of both sides of your photo card driving licence for verification. Alternatively, please provide photocopies of any insurance documents detailing statements to this effect.

The Department for Transport advises us that only a small number of people are expected to qualify under this criterion. For example: disabled people with a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease or a condition of comparable severity.

C3. Children under 3 years old

Please refer to the **Checklist** when completing this section

Are you applying on behalf of a child aged under 3 years of age who:

Has a condition requiring transportation of bulky medical equipment?

Yes

No

Has a condition that requires them to be kept near a motor vehicle at all times to be treated for that condition or needs to be taken to a place where they can receive treatment?

Yes

No

If **YES**, please describe the child's medical condition.

If you have answered **NO** to the National Criteria at Questions B1, B2, B3, B4 and B5 and to Questions C1, C2 and C3 then you are **not eligible** to receive the Blue Badge parking concession.

If you have answered **YES**, then please go to and complete Section D.

D. Additional Information

Please add any information regarding your **mobility** to support your application. Please continue on a separate sheet if necessary.

E. Doctor and/or other medical professional details

Your Doctor and/or other medical professionals i.e. Physiotherapist/Consultant may need to be contacted for additional information. Please provide their contact details:

Doctor:	Telephone No:
---------	---------------

Surgery Address:

Medical professional:	Telephone No:
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Practice Address:

Medical professional:	Telephone No:
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Practice Address:

Medical professional:	Telephone No:
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Practice Address:

Please go to and complete all the Declarations and Data Protection Notice at Section 7

7. Mandatory Declarations and Data Protection notice

Tick **all** boxes relevant to your application to indicate that you have read, understood and agree with each declaration. Not ticking one of these declarations may mean we are unable to process your application and/or issue you with a Blue Badge.

- 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 not hold more than one valid Blue Badge at any time.
- I understand that I must promptly inform Shropshire Council of any changes that may affect my continued entitlement to a badge.
- I give consent to Shropshire Council to check my personal details, if necessary, on the local authority's council tax database for proof of my address.
- I confirm that the photograph I have submitted with my application is a true likeness.
- I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge.
- I understand that you will deal with all documents relating to this application in line with The Data Protection Act 2018, and you may share them within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.
- I accept that Shropshire Council is not responsible for any original documents (please provide photocopies) which may get lost in the post.

Complete this section and tick all boxes only if you are applying under one of the 'Subject to Further Assessment' criteria (Section C1, C2 or C3)

- I agree to the Council contacting an accredited healthcare professional, if necessary, for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake an Independent Mobility Assessment (IMA) with a healthcare professional that is independent of my existing care and treatment, to determine my eligibility for a Blue Badge.
- I understand that the information I have supplied to support my application is deemed to be "sensitive personal data" and I consent to its disclosure only to a 3rd party who is responsible for the operation and administration of the Blue Badge scheme and other Government departments or agencies, to validate proof of my entitlement

Your signature against the above declarations:

Your signature:	
Please print your name here:	
Date of application:	

PLEASE GO TO THE CHECKLIST OF DOCUMENTS (PAGES 11 AND 12)

Checklist of Documents

Please ensure you have enclosed all the necessary supporting documents. Failure to provide one of the under mentioned will result in your application form being returned.

Section A Information about you:

Proof of your address in Shropshire

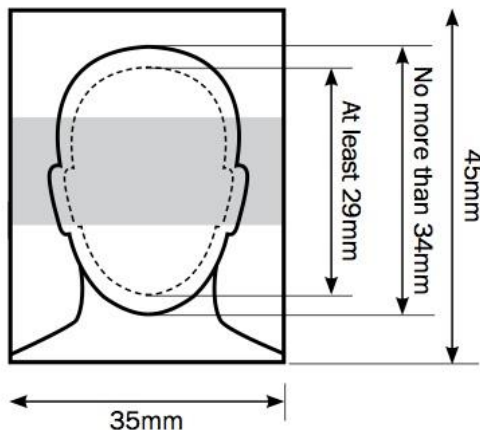
- A **PHOTOCOPY** of **ONE** of the following dated **within the last 12 months** must be provided:
- A Shropshire Council Tax Bill **or** consent for us to check the council tax database; **or**
 - A Department for Works and Pensions Letter; **or**
 - A Service Personnel and Veterans Agency letter; **or**
 - A Shropshire Council Social Services letter; **or**
 - A Housing Benefit letter; **or**
 - A confirmation letter from your child's Shropshire School (child application).

Proof of your identity

- A **PHOTOCOPY** of **ONE** of the following must be provided:
- A birth/adoption certificate; **or**
 - A marriage/civil partnership certificate; **or**
 - A divorce/dissolution certificate; **or**
 - A valid driving licence; **or**
 - A valid passport; **or**
 - A HM Forces ID Card; **or**
 - A Certificate of British Nationality.

Photograph

- One **colour passport standard photograph** must be provided:



Section B Without Further Assessment (Automatic):

B1. Registered as severely sight impaired (blind):

- Your Local Authority Blind Registration Number.

B2. Receipt of the Higher Rate Mobility Component of DLA

- A **PHOTOCOPY** of your letter of entitlement **issued within the last 12 months** or a **PHOTOCOPY** of your annual uprating/yearly update letter **issued within the last 12 months**.

B3. Receipt of the Moving Around Descriptor (8, 10 or 12 points) of the 'Mobility Component' of Personal Independence Payment (PIP):

- A **PHOTOCOPY** of the front page of your PIP Award letter (dated within the last 12 months) **and** a copy of the Statement of Entitlement. This will show how your points score was made up and how long the award is for.

B4. People who receive the War Pensioners' Mobility Supplement:

- A **PHOTOCOPY** of your letter of entitlement issued within the last 12 months or a **PHOTOCOPY** of your annual uprating letter issued within the last 12 months.

B5. People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme (AFCS):

- A **PHOTOCOPY** of your award letter and which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.

Section C: Subject to Further Assessment:

Section C1: Permanent and substantial walking disability:

- Please ensure that **all** relevant parts of this Section are fully completed.

Section C2: Drivers with a disability in both arms:

- A **PHOTOCOPY** of your Motor Insurance details and/or your DVLA Driving Licence.

Section C3: Children under the age of three:

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

Section D: Additional Information:

- Please use this section to provide additional information to support your application.

Section E: Doctor's/other medical professional details

- Please provide the details of your Doctor and any other medical professional who may be involved with any treatment in relation to your mobility

Section F: Mandatory Declarations and Data Protection notice

- This section **must** be fully completed as required.

Payment:

If your application is successful, we will send you a letter with details on payment methods. The cost of a badge is £10. **Do not send any payment with your application.**

Blue Badge Service:

Please return the completed form and supporting documents as required to:

- **The Blue Badge Service, The Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND**

You can hand in your application at any of the following Customer Service Points/Community Hubs during their normal opening hours. Please be advised that it will be **your responsibility** to ensure that you have **fully completed** your application and that you have **enclosed the required supporting documents** and **one recent colour passport standard photograph**:

The Library, Listley Street, **Bridgnorth**
The Library, 7/9 Parkway, **Ludlow**
The Raven, 129 Cheshire Street, **Market Drayton**
The Library, Arthur Street, **Oswestry**
1A Castle Gates, **Shrewsbury**
Civic Centre, High Street, **Whitchurch**

Blue Badge General Enquiries: Telephone 0345 678 9014