

**Application Form**

❖ **Please ✓ as appropriate**

❖ For fee payable see covering letter - Please note this is non-refundable if you do not qualify for a badge

**PART A**

Type of application: New  Renewal  Replacement

Full name of applicant \_\_\_\_\_

Mr/Mrs/Miss/Ms (delete as applicable) Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel. No \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PART B**

1. Are you registered as blind under the National Assistance Act 1948?

Yes  Register No.  No

If **YES**, go straight to **PART F**

2. Do you receive the higher rate of the mobility component of the Disability Living Allowance? (which was known as the Mobility Allowance)

Yes  Relevant Number  No   
or amount

If **Yes**, please supply evidence photocopies of evidence, such as:

- an official letter confirming you were awarded the allowance; or
- a Vehicle Excise Duty Exemption certificate; or
- the section in your Post Office Order Book which shows the allowance being paid to you

3. Was your vehicle supplied by a Government Health Department?

Yes  No

If **Yes**, please give details \_\_\_\_\_

4. Do you receive a Government grant towards your own vehicle?

Yes  No

If **Yes**, please give details \_\_\_\_\_

5. Do you receive War Pensioners' Mobility Supplement?

Yes  No

If **Yes**, please supply photocopies of evidence, such as an an official letter confirming you were awarded it.

👉 **Important Notes - please read before completing Parts C or D**

- ❖ If you have answered No to all the questions in Part B you will qualify for a badge only if;
  - you cannot walk or can walk only with severe difficulty; or if
  - you hold a valid driving licence and have a severe disability in both arms or hands, and are unable to turn by hand the steering wheel of a vehicle, even if that wheel is fitted with a turning knob.
- ❖ The intention of the Scheme is that only very disabled people will qualify under these conditions.
- ❖ We must consider each application carefully. You may be asked to provide medical evidence of your disability or have a medical examination.
- ❖ We will issue a badge to people who would otherwise find it impossible to visit shops, public buildings or other places, or to drivers who cannot turn by hand the steering wheel of a vehicle.
- ❖ People with temporary disabilities, such as a broken leg, will not qualify for badges.

**If after reading these notes you think you may qualify for a badge, please read Part C and Part D.**

**PART C**

**Complete this part of the form only if you consider that you have a permanent and substantial disability which makes you unable to walk, or causes you very considerable difficulty, or significant discomfort or pain in walking.**

1. What is your disability?

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2. Is this a permanent disability?

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3. How far do you feel that you are able to walk without experiencing discomfort or pain? (Please estimate the distance in metres, yards or feet. The length of an average saloon car is approximately 14 feet (4.6 metres). Twelve parked cars is approximately 168 feet or 56 metres).

Please give details:

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4. Do you use any equipment to help you get around, such as a walking frame, a wheelchair, or a stick?

Yes  No

**IF YES** please state what you use and how often

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5. Do you have any difficulty negotiating steps, kerbs, ramps, obstacles etc? Yes  No

6. Please give any additional information that you may think might be useful to us.  
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**PART D**

**Complete this part of the form only if you hold a valid driving licence and have a severe disability in both upper limbs (arms or hands), and are unable to turn by hand the steering wheel of a vehicle, even if that wheel is fitted with a turning knob.**

1. What is the nature of your disability? -----  
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2. Do you drive a specially adapted car? Yes  No

If **Yes**, please state type of adaptation -----

**PART E**

1. What is the name and address of your family doctor?

Name -----

Address -----  
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2. Are you willing for us to contact your GP to confirm the extent of your disability for the purpose of supporting your application? Yes  No

**PART F APPENDIX - ETHNICITY CATEGORIES**

National census ethnic descriptions and codes

Description	Codes	Description	Codes
<b>White</b>		<b>Mixed</b>	
British	A1 <input type="checkbox"/>	White and Black Caribbean	B1 <input type="checkbox"/>
Irish	A2 <input type="checkbox"/>	White and Black African	B2 <input type="checkbox"/>
Any other White background	A3 <input type="checkbox"/>	White and Asian	B3 <input type="checkbox"/>
<b>Asian or Asian British</b>		Any other mixed background	B4 <input type="checkbox"/>
Indian	C1 <input type="checkbox"/>	<b>Black or Black British</b>	
Pakistani	C2 <input type="checkbox"/>	Caribbean	D1 <input type="checkbox"/>
Bangladeshi	C3 <input type="checkbox"/>	African	D2 <input type="checkbox"/>
Any other Asian background	C4 <input type="checkbox"/>	Any other Black background	D3 <input type="checkbox"/>
<b>Other Ethnic Groups</b>		Not Stated	F1 <input type="checkbox"/>
Chinese	E1 <input type="checkbox"/>		
Any other ethnic group	E2 <input type="checkbox"/>		

Please sign below:



**PART G**

Please sign both above and below this box. The signature above the box is the one we will cut off and stick on to the actual badge if we issue one to you.

I declare that the information I have provided and all the statements I have made on this form are true, and I feel that I qualify for a Blue Badge. I am aware that if any of the information I have provided is found to be untrue the Badge will be withdrawn from my use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

- Please enclose:
- two passport size photographs of yourself, which you have signed on the back
  - the fee of £2.00 (make cheques payable to Warwickshire County Council) Please note that this will not be refunded if you are found not to qualify for a badge
  - your application (this form)

**PART H**

**FOR OFFICE USE ONLY**

1. Applicant's CareFirst Person ID

2. CareFirst Contact Date

**Receipt Number**

3. Fee paid (specify amount) £

4. Does this application need confirmation by a Medical Practitioner? Yes  No

5. If yes, issue a Medical Advice Form SS. 211.

DATE SS.211 ISSUED .....

6. Upon request of the completed Medical Advice Form SS.211, would you consider the applicant now qualifies for a Blue Badge? Yes  No

7. Application approved? Yes  No

Serial Number of Badge issued

Date entered in Register

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_