

Office Use only	
New	AUTO/ MOB /HD
Renewal	AUTO /MOB /HD
Payment Taken	Y/N

Blue Badge Application Form (New and Renewal Applications)

It's quicker applying or renewing a blue badge online at
<https://www.gov.uk/apply-blue-badge>

Only complete this form if you cannot apply online

About the form

- Complete all sections that apply to you.
- Provide documents that confirm: your address, your identity and evidence of eligibility.
- Incomplete applications may be returned.

If you do not provide the correct evidence we will be unable to give you a blue badge.

Once the form is completed you can

- Email your form, evidence and photograph to bluebadges@northumberland.gov.uk
- Visit your local Customer Service information centre with your form, evidence and photograph
- Post your form, evidence and photograph to
 The Blue Badge Team
 County Hall
 Morpeth
 NE61 2EF
 (Please do not bring any documents in person to County Hall)

Any questions

- Telephone: 0345 600 6400 and select the Blue Badge option.

Payment (do not send a payment with your application)

The fee for the issue of your Blue Badge is **£10.00** and we will only ask for this if your application has been successful.

- We we will contact you by email, telephone or letter to request payment.

To pay you can either:

- Make a payment by a secure link we can send to your email address. This is the quickest option
- Make a telephone payment when we call you.
- Post a cheque payable to Northumberland County Council once we have contacted you to confirm your application has been successful.

Section 1

About the person applying

☐

I am applying for myself (the badge is for you)

☐

I am applying for someone else (a relative or somebody you care for)

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

If you are applying for somebody else, we will ask for your name and your relationship to the applicant.

☐

I am applying for an organisation (which transports disabled people)

Go to Section 8

If you already have a Blue Badge tell us

Badge number: Expiry date:

If you do not know the badge number, leave it blank and we will be able to find the badge using your details.

Full Name (First name and Last name)

.....

If your name has changed since birth enter full name at birth

.....

Gender

Date of Birth

National Insurance Number

Current address (This is where the badge will be posted to)

.....

.....

.....

Previous address (if different within the last three years)

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.....

Email address (optional).....

Contact phone number

If you are applying on behalf of somebody else:

Who should be contacted about this application?

.....

Your relationship to the applicant

.....

Proof of identity, address and eligibility

It is important that you complete all relevant sections and that you supply the appropriate documents to confirm:

- Identity
- Address
- Evidence of eligibility

Incomplete applications or missing information will delay the process.

If you do not provide the evidence that proves you meet the eligibility criteria we will be unable to issue your blue badge

You must attach one of the following as proof of identity

☐

Birth or adoption certificate

☐

Marriage / Civil partnership / Dissolution or Divorce certificate

☐

Valid Passport

☐

Current driving licence

Proof of address

Do you give Northumberland County Council permission to check your personal details on the local authority Council Tax database to prove your address?

☐

Yes

☐

No

You must provide a copy of your proof of address.

Supply one of the following, dated within the last six months.

- Driving Licence
- Council Tax Bill
- Utility Bill
- Benefit Letter

Recent photograph of the applicant

You will need to provide a photograph as this is printed on the back of your Blue Badge.

The requirements are similar to a passport photo and it is best to get somebody else to take the photo.

Please ensure the applicant's full name is on the back of the photograph.

It must:

- Have a plain, light, background
- Include face and shoulders
- Show the face clearly
- Be a true likeness



Vehicle Registration

Do you drive yourself, or do you normally travel in a specific motor vehicle?

The vehicle could be owned by the applicant, or one that is owned and driven by their main carer e.g. their partner/spouse or their parent/carers.

☐

Yes

Enter the vehicle registration number

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

If there is no main vehicle you travel in, please select this option

☐

No

Section 2 – Applicants who qualify without further assessment

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

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

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

2.1 Severely sight impaired (blind)

Are you registered as severely sight impaired (blind) and do you give us permission to check the register at the local authority?

☐

Yes

Enter the name of the local authority

.....

☐

No

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

2.2 Disability Living Allowance (DLA)

Were you awarded the higher rate of mobility component?

Make sure you send a copy of the award letter with this application

☐

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

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☐

No – You should answer the next section 2.3

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.

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

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

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☐

No - **Go to the next PIP section 2.3.1**

2.3.1 Personal Independence Payment PIP

Did you score 10 points in the following specific points descriptor in the planning and following a journey part of the mobility assessment of PIP?

Make sure you send a copy from the award letter with this application, which shows you have scored 10 points in the specific descriptor. If you have not scored 10 points in the specific descriptor you will need to go to Section 3

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

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☐

No - You should answer the questions in **Section 2.4**

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 from the award letter from DWP.

It should show your entitlement to PIP, assessment scores (including the mobility scores).

2.4 Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 to 8 of the scheme...

and

have you been certified as having a permanent and substantial disability?

☐

Yes

Enclose the original letter from the Service Personnel and Veterans Agency (SPVA) as proof.

☐

No

2.5 War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

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

☐

Yes

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

.....

☐

No

If you answered "yes" to any of the questions in section 2, go straight to Section 7, otherwise go to Section 3

2.6 High Rate of Attendance Allowance

Send us a copy of your High Rate of Attendance Allowance award notice dated within the last 12 months.

If your award is more than 12 months old, send us a copy of your annual uprating letter stating your entitlement.

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)

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

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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

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

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

☐

Walking up a slight hill

☐

Trying to keep up with others on level

☐

Walking on level ground at my own pace

☐

Getting dressed or trying to leave my home

☐

Other

Describe when you get breathless

.....

.....

☐**Balance, co-ordination 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)

.....

.....

It is dangerous to my health and safety☐

Describe how your condition makes walking dangerous

.....

.....

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?

.....

.....

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

☐

Yes

☐

No

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 is an aid, how was it provided? (For example, hospital or bought privately)

How long can you walk for without stopping?

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

(If you listed an aid above, then your answer below should be when using that aid) – Only tick one.

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

If you cannot walk, go to section 7

Describe somewhere you can walk from and to, and how far this is.

(Be specific and use place names or house numbers)

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How long does it take you? (For example, 10 minutes)

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

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

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

Section 4 – non-visible (hidden) conditions

If you answered “yes” to any of the questions in section 3, 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 5

What affects you taking a journey?

(Tick all that apply)

☐

I am a risk near vehicles, in traffic or car parks

When are you at 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 a car park.

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I struggle to plan or follow a journey

What journeys does this apply to?

☐

Unfamiliar journeys

☐

Every journey

☐

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

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

Please describe the kinds of incidents that have happened or are likely to happen on journeys.

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.....

.....

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.

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☐ **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

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Something else

Please describe what affects you taking a journey

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How would a Blue Badge improve taking a journey between a vehicle and your destination for you?

(Describe your needs, in detail)

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What measures 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)

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How effective are they?

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You will need to provide supporting information from a healthcare professional to support your application (provide details of this at Section 7 Supporting Documents).

Section 5 – Disability that affects both arms

If you answered “yes” to any of the questions in section 4, 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)

.....

.....

Do you struggle to operate parking machines?

☐

Yes

Describe how to struggle to operate parking machines

.....

.....

☐

No

Do you drive an adapted vehicle?

☐

No

☐

Yes

Describe how it has been adapted for you.

.....

.....

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

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

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Section 7 – Treatments, medication, associated professionals & documents

This section is only to be completed 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”**

Describe the treatment	Date of the treatment
Anything relevant to your condition that you have seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.	If it is 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 professional”**

Name of this medication or pain relief and if it is 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”**

Name and role of the professional (This cannot only be your GP)	Where do they work? (Include contact details if possible)

It is especially important to attach documents where we have asked for you to provide proof or verification

☐ Yes
List the documents you are attaching/enclosing below.

(for example diagnosis letters, PIP decision and award letters, evidence of the progression of the condition over time, confirmation of ongoing treatments, supporting letter from a healthcare professional)

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, leaving ample room for writing practice. There is no text or other markings on the page.

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

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

What’s the name of your organisation?

.....

Charity number (if applicable)

.....

Postal address (This is where the badge will be posted to)

.....

.....

.....

Who should be contacted about this application?

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

.....

Email address (optional)

.....

Main phone number – landline or mobile

.....

You must supply a declaration on Organisational Letterhead confirming that the organisation does care for disabled people, who would meet one or more of the criteria, and that they will only be using the badge solely for the purpose of transporting those people.

If any of your vehicles are licensed under the Disabled Passenger Vehicle (DPV) taxation class, you must attach a copy of the tax disc(s)

List the vehicles the badge will be used in

Vehicle registration number	How often is the vehicle used?

Section 9 – Declaration

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

Please ensure you sign **one** of the three sections

- Applying for yourself
- Applying on behalf of somebody else
- Organisations

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 Northumberland County Council about any changes that may affect your eligibility

You also agree that Northumberland County Council 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 we hold
- suggest other benefits or services that you may be eligible for
- cross check the information you have provided with other departments

☐

I agree to this declaration

Signed

.....

Date of signature

.....

Applying on behalf of somebody else

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

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
- Northumberland County Council will be told about any changes that may affect their eligibility

You also agree that Northumberland County Council may:

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

☐

I agree to this declaration

Signed

.....

Relationship to applicant

.....

Date of signature

.....

Organisations

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

By submitting this application you agree that:

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

☐

I agree to this declaration

Signed

.....

Position in organisation

.....

Date of signature

.....