



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

### **Blue Badge Application Form (New and Renewal Applications)**

You can complete your application for a new or renewal blue badge online at <https://www.gov.uk/apply-blue-badge>

Your badge will be processed quicker if it is completed online.

**Only complete this application form if you are unable to submit an online application form.**

Please complete all relevant sections of the application and supply the appropriate documents to confirm: your address, your identity and evidence of eligibility. When completing this form you may find the accompanying guidance notes helpful.

We may have to return any incomplete applications.

**We will be unable to issue your blue badge if you do not provide the evidence that proves you meet the eligibility criteria.**

The fee for the issue of your Blue Badge is **£10.00** and will only be taken if your application has been successful. **Please do not send or make a payment when submitting your application.**

If your application is successful, we will contact you by telephone or letter to request payment.

You can either:

- Make a telephone payment when we call you. This is the quickest option and will ensure your badge is with you as soon as possible.
- Post us a cheque payment made payable to Northumberland County Council, once we have contacted you to confirm your application has been successful.

**When your form is complete you can email your form and evidence, including your photograph to [Bluebadges@northumberland.gov.uk](mailto:Bluebadges@northumberland.gov.uk)**

**Alternatively you can post your form and evidence to:**

The Blue Badge Team  
Northumberland County Council  
Wansbeck Square  
Ashington  
Northumberland  
NE63 9XL

If you have any queries regarding your application please call us on: 0345 600 6400 and select the Blue Badge option.

## Section 1 – About you or the person you are applying for

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

For organisations, you only need to fill in the organisation section.

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

### Who are you applying for ?

- Myself (The badge is for you)
- 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.

- An organisation (Which transports disabled people)

### Do you already have a Blue Badge ?

- Yes  
Enter the badge number (6 digits) and the expiry date

Badge number:  
Expiry date :

- No

**IF YOU ARE AN ORGANISATION GO TO SECTION 8**

### Full Name (First name and Last name)

### Has your name changed since birth ?

- Yes  
Enter full name at birth

- No

### Gender

### Date of birth (Day / Month / Year)



## If you are applying on behalf of somebody else

### Who should be contacted about this application ?

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

### 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:

- Your identity
- Your address
- Evidence of eligibility

We may have to return any incomplete applications or contact you requesting further information, this will delay the processing of your blue badge.

***We will be unable to issue your blue badge if you do not provide the evidence that proves you meet the eligibility criteria.***

### Which of these are you providing as proof of identity?

You must attach one of the following as proof of identify

- Birth or adoption certificate
- Marriage/Civil partnership/Dissolution or Divorce certificate
- Passport
- Driving licence (must be current)

## 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

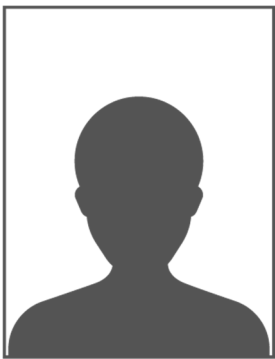
No – You must provide a copy of your proof of address, please supply one of the following, dated within the last six months.

The requirements are similar to a passport photo.

- 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.



Make sure it:

- Has a plain, light, background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness

## Vehicle Registration

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

Yes  
Enter the vehicle registration number

No

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

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If you do not give us permission. You will need to provide us with proof of your address.

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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.

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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/carer.

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

## 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 the War Pensioners’ Mobility Supplement
- Receive a qualifying award under the Armed Forces Compensation 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 ?**

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

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.

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

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

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

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).

Make sure you send a copy of the pages from the award letter showing you have scored 8 points or more in the moving around section of the mobility assessment.

### 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 ?

*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

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).

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.

## 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

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

## 2.5 War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement ?

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

No

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

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



### 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)

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Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

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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.

## 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

Only fill in the extra text-boxes if you have ticked the checkbox.

### Breathlessness

If you didn't tick "Breathlessness" don't answer this section

#### 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

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

**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

| <b>What is this aid or support?</b><br>(For example, a wheelchair, crutches or a member of your family) | <b>When do you need this help?</b><br>(For example, to get to the shops) | <b>If it is an aid, how was it provided?</b><br>(For example, Hospital or bought privately) |
|---|--|---|
|   |  |   |

### How long can you walk for without stopping?

(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

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

### 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)

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

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

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

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.

**I struggle to plan or follow a journey**

What journeys does this apply to?

- Unfamiliar journeys     Every journey

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Remember, when we are referring to “you” this is the applicant. If you are applying for somebody else, answer the questions on their behalf.

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

**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

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

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

**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

**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

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

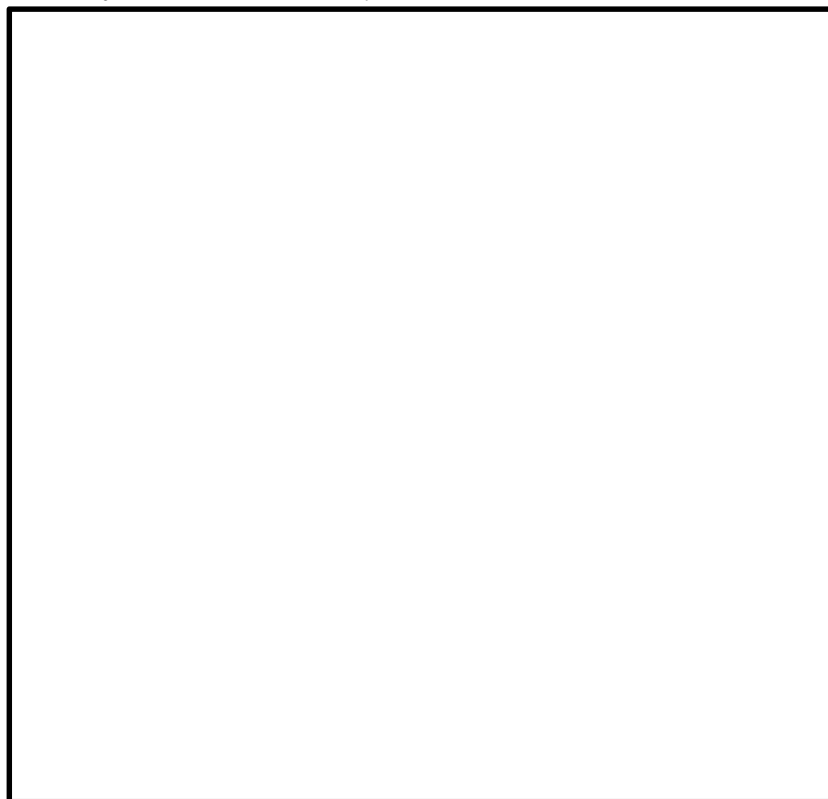
Please describe the levels of anxiety

**Something else**

Please describe what affects you taking a journey

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

(Describe your needs, in detail)

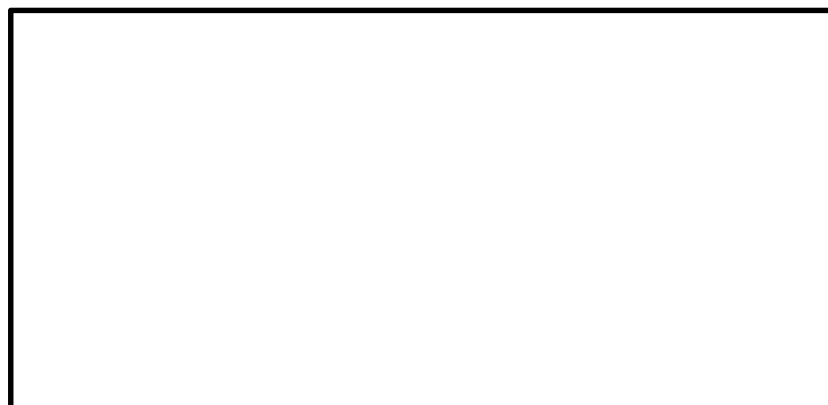


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Remember, when we are referring to “you” this is the applicant. If you are applying for somebody else, answer the questions on their behalf.

**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)



**How effective are they?**



**You will need to provide supporting information from a healthcare professional to support your application (provide details of this at Section 7 Supportin 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?**

Yes  
Describe how it has been adapted for you. You should also attach copies of insurance details to verify this.

No

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

## 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

## Section 7 – Treatments, medication, associated professionals & documents

Remember, when we are referring to “you” this is the applicant. If you are applying for somebody else, answer the questions on their behalf.

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”**

| <b>Name and role of the professional</b><br>(This cannot only be your GP) | <b>Where do they work?</b><br>(Include contact details if possible) |
|---|---|
|   |   |

Do you give us permission to issue a form to a support worker or healthcare professional you have named above to provide further information in support of your application ?

Yes

No  
Go to **“Supporting documents”**

## Supporting documents

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

**Are you attaching supporting documents to this application?**

Yes  
List the documents you are attaching/enclosing below.

No  
Go to **Section 9**

**What documents are you attaching?**

List the documents you are attaching to this application

*(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)*



**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**