

Castle Circus Health Centre  
Abbey Road  
Torquay  
TQ2 5YH

Tel: 01803 295153

## To request a copy in another format or language phone 01803 295153

Dear

### Blue Badge Application

Please find enclosed an application form for a Blue Badge. This form should be completed in BLOCK CAPITALS using black ink. Please read the following information before completing the application form.

- Badges are normally only available for permanent disabilities, not for temporary conditions.
- Badges are issued for the sole use of the individual with the disability and not to the driver of the car.
- This form is only for residents of Torbay who pay their council tax to Torbay Council. Applications should be made to the council that charges you your council tax.
- Ensure all sections are completed. Missing information, including unsigned photos, will result in delays to the application process.
- Blue Badges will normally be issued for three years, after which they will need renewing. A reminder will be sent to the address given on the application form.
- Badges may be issued for less than three years if the higher rate of the mobility component of the Disability Living Allowance or War Pensioner's Mobility Supplement has been awarded for less than three years. In this case the badge will expire when the award expires.
- Torbay Care Trust is only responsible for the issuing of Blue Badges.
- Torbay Council is responsible for parking charges, Parking Permits and enforcement of parking regulations.

### What is the Blue Badge scheme?

- The Blue Badge Scheme provides a national arrangement of parking concessions. It allows badge holders to park close to their destination, but the national concessions apply only to **on-street** parking.

## Do You Qualify for a Blue Badge?

You are automatically eligible if:

- You receive the higher rate of the mobility component of Disability Living Allowance **OR**
- You receive War Pensioner's Mobility Supplement **OR**
- You are registered severely visually impaired (blind).

You must provide **original** proof of meeting the eligibility criteria, as follows:

- Disability Living Allowance: A letter dated within the last 12 months confirming the award to indicate that it is still current and that you receive the higher rate mobility component (Copies can be obtained from the DLA Benefits office in Blackpool Tel: 08457 123456) **OR**
- War pensioners **mobility supplement**. A current original award notice or letter of confirmation from the Veterans Agency dated within the last 12 months **OR**
- A current road tax exemption certificate (a copy of both sides of the certificate).

Where benefits have been awarded for less than three years, the badge will only be issued for the period of the award.

Use of a badge issued under the above criteria when the award has been withdrawn or terminated is a criminal offence.

You may still be eligible under the discretionary criteria (see below) but would need to reapply.

### Discretionary Eligibility- for people over 2 years of age.

You may be eligible if:

- You have a permanent and substantial disability which means you are unable to walk.
- You have **severe** walking difficulties and travel either as a driver or passenger.
- You drive a vehicle regularly, have a **severe** disability in both arms and are unable to operate, or have considerable difficulty in operating, all or some types of parking meter.

You may be asked to answer a series of questions to help the Torbay Care Trust determine whether you are eligible for a badge.

### For Children under two

Children under two may be eligible if:

- They must always be accompanied by bulky medical equipment.
- Their condition requires that they must be near a motor vehicle so they can receive treatment or be quickly taken to a place where they can be treated.

The badge will expire the day after the child's second birthday.

It is an offence (subject to £1000 fine) to continue to use the badge if the child no-longer needs the badge because their condition has changed. For example children using harnesses or casts for hip dysplasia, which would normally last between three and six months.

## **Right of Appeal**

The Blue Badge Scheme is administered under legislation laid down by the Department of Transport, and appeals are to the Secretary of State. However, should you be refused you may reapply if:

- You can provide further evidence to support your application **or**
- your circumstances change.

## **Complaints**

Should you wish to make a complaint contact Torbay Care Trust Complaints Department on 01803 210533.

If you require any further information, or help in completing the form, please contact the Blue Badge Administrators. (Contact details are at the top of this letter) or visit the following websites:

- Torbay Care Trust: [www.torbaycaretrust.nhs.uk](http://www.torbaycaretrust.nhs.uk) .
- Department of Transport:  
[http://www.dft.gov.uk/stellent/groups/dft\\_mobility/documents/divisionhomepage/030925.hcsp](http://www.dft.gov.uk/stellent/groups/dft_mobility/documents/divisionhomepage/030925.hcsp)
- The Blue Badge Network: <http://www.bluebadgenetwork.org/>

Yours sincerely,

Blue Badge Administrator



**Confidential**  
**Blue Badge Application Form**

If you require this form in any other format or need support completing this form please contact - Blue Badge Applications Service Torbay Care Trust on **01803 295153**

*Please read the accompanying information sheet before completing this form.*

Please Complete in BLOCK CAPITALS, using black ink.

<b>Section A: Basic personal details</b>			
Family name:		Given name(s):	
Title:		Date of Birth:        /        /	
Present address/location:		Permanent address <i>(if different)</i>	
Post Code:		Post code:	
Telephone No*:		Telephone No*:	
Email*:			
<i>* These are not essential but if we have any queries they could speed up the processing of your application.</i>			
Type of format preferred:		Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/> please specify	
1.	Do you receive the higher rate of the mobility component of Disability Living Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Do you receive War Pensioner's Mobility Supplement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you have answered yes to questions 1 or 2 What date does the benefit run out?	DATE	
3.	Are you registered Severely Visually Impaired (Blind) under the National Assistance Act 1948?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you <b>drive</b> a vehicle regularly, have a <b>severe</b> disability in both arms and are unable to operate, or have considerable difficulty in operating, all or some types of parking meter. <i>(If yes, describe below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If applying by this category you may wish to ask for extra information explaining what is meant by <b>severe</b> .			
If you have answered <b>yes</b> to question 1, 2 or 3, please complete Sections B, D, E, F and G. If you have answered <b>no</b> to questions 1, 2, 3 and 4, please complete Sections B, C, E, F and G. <b>Children under two</b> , please complete Sections B, C (question 11), E, F and G.			

## Section B Disability Parking Permit

The Disability Parking Permit is issued by Torbay Council's Parking Services. If you require a Disabled Parking Permit Torbay Care Trust will copy sections A and B of this form to Parking Services. Torbay Care Trust will not be responsible for the annual renewal of the Parking Permit.

You will only be eligible for a Parking Permit if you meet the Automatic Criteria for a Blue Badge under questions 1 or 2 above. (\* see below for exceptions)

Do you require a Disabled Parking Permit?

Yes  No

If Yes, please supply the Registration of the Car.....

I understand that misuse of the Council's Car Pass will lead to the permit being withdrawn. The above details are correct and I will inform Torbay Council Parking Services immediately should any of these details change.

Signed .....

Date.....

### **\*Torbay Council may on occasions issue a Parking Permit to:**

- a) People who are over 65 who have not been awarded Disability Living Allowance (Mobility Supplement) because they are over the eligible age.
- b) Children with a disability who are too young to be eligible for Disability Living Allowance, Mobility component.

**If a car park permit is applied for under these circumstances you will need to provide a letter from your GP.**

**In this case, contact Torbay Parking Department direct at the address below.**

**Car Park Permits are renewable annually.**

**Proof of entitlement will be required each year. Applicants previously issued with a permit will not automatically be eligible for a renewed permit.**

### **For further information please contact:**

Parking Services  
PO Box 422  
Torquay  
TQ2 5WU

01803 207695

Section C Discretionary Criteria			
5.	Do you have a medical diagnosis for your disability? <i>(If yes, state below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5a	Are you receiving any treatment or awaiting treatment for this condition? <i>(If yes, state below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Please give details of your disability and how it affects your ability to walk including the distance you can walk. <b>Please indicate this in metres or yards.</b>		
7.	Do you drive a vehicle adapted for your disability? <i>(If yes describe below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Are you able to walk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Do you require the help of another person to walk? <i>(If yes describe below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Do you require a professionally prescribed mobility aid? <i>(If yes describe below)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE GO TO QUESTIONS 13 AND 14

**Children Under 2**

11.	Does the child require bulky medical equipment at all times? <i>(If yes please give details below)</i>	Yes <input type="checkbox"/>	No
12.	Does the child require rapid access to a motor vehicle so they can be treated for their condition or be taken to a place where they can be treated? <i>(If yes please give details below)</i>	Yes <input type="checkbox"/>	No

**To be answered by all Applicants**

	In the event that we require further information to process your claim, we may contact your Doctor (GP).
13.	Please give your Doctor's (GP's) Name:
14.	Please give your Surgery Name and address:

<b>Section D- If applying under questions 1 or 2 of section A, please tick and enclose <u>one</u> of the items below.</b>	
<input type="checkbox"/>	I enclose a letter dated within the last 12 months confirming that the Disability Allowance Award is current and I receive the higher rate mobility component.
<input type="checkbox"/>	I enclose a current original award notice or letter of confirmation from the Veterans Agency dated within the last 12 months, which states that I receive war pensioner's mobility supplement.
<input type="checkbox"/>	I enclose a current road tax exemption certificate (both sides of the certificate).
<b>Section E - Most Important</b>	
<input type="checkbox"/>	I enclose two recent, <b>self signed</b> , on the reverse of passport size photographs of myself.
<b>Section F- Please read the information below and tick to indicate you have read it.</b>	
<input type="checkbox"/>	As part of our audit and quality checking processes your application may be subject to further processing and assessment by an appropriate health and/or social care professional including possible referral to your GP.
<input type="checkbox"/>	Any applications to obtain entitlement to become a Blue Badge holder suspected to be fraudulent will be referred for further investigation by the Local Counter Fraud Specialist for Torbay Care Trust.
<input type="checkbox"/>	I understand that the Badge can be withdrawn if I misuse it or allow others to misuse it.
<input type="checkbox"/>	It is a criminal offence for non-disabled people to use a Badge. If they do so, they are liable to a fine of up to £1,000.
<input type="checkbox"/>	I understand it is a criminal offence to drive a vehicle displaying a Blue Badge unless the Badge holder is in the vehicle, or the vehicle is being driven by someone other than the Badge holder for the purpose of entering or leaving an area (which is accessible only to vehicles displaying a Blue Badge) in order to pick up or drop off the holder.
<input type="checkbox"/>	I understand Parking Attendants have legal authority under the Traffic Management Act to inspect any Blue Badge to ensure it is being used correctly and that the holder of the Badge is present with the vehicle. Failure to present the Badge to a Parking Attendant for inspection will result in the issue of a Penalty Charge Notice.
<input type="checkbox"/>	I agree that the information provided in this Blue Badge form may be shared with health and social care professionals who can contribute to my care or with Torbay Council in connection with the issuing of a parking permit or with respect to misuse of the Blue Badge. I understand that any misuse of the badge will be reported between Torbay Council and Torbay Care Trust.
<input type="checkbox"/>	I understand that this information will be used to support the process for issuing a Blue Badge. I also understand that agencies may use anonymised information for statistical purposes and that the law may allow in some circumstances for other agencies to be provided with information about me.
<input type="checkbox"/>	I understand that I may withdraw my consent to share information at any time and this may affect the issue of a Blue Badge.
<input type="checkbox"/>	I understand that I have the right to restrict what information may be shared and with whom but this may affect the issue of a Blue Badge.

**Section G – Must be completed**

Please <b>sign</b> within the boundaries of <b>both</b> boxes.	Signature 1 <div style="border: 2px solid black; height: 40px; margin: 5px auto; width: 90%;"></div>	Signature 2 <div style="border: 2px solid black; height: 40px; margin: 5px auto; width: 90%;"></div>
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**Please tick this box if you are signing on behalf of the person applying above.**

Ethnic origins Category	Please tick appropriate box				
White British		A1	Pakistani		C2
White Irish		A2	Bangladeshi		C3
Any other White background		A3	Any other Asian Background		C4
Mixed White/ Black Caribbean		B1	Caribbean		D1
Mixed White/ Black African		B2	African		D2
Mixed White./ Black Asian		B3	Any other Black Background		D3
Any other Mixed Background		B4	Chinese		E1
Indian		C1	Any other Ethnic Group		E2
			Not Stated		06

**DATE form completed** .....

**For Office Use Only**

Application Approved / Declined		
If Declined, give reason		
Parking Permit requested	Y/N	
Date sections A and B forwarded to Parking		
Signed Issuing Officer		