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| **Apply for a Blue Badge (Hidden Disabilities)**  Apply or renew for yourself or someone else.  You’ll need to provide proof of identity, address and benefit (if applicable). Along with a recent photograph of the applicant’s face including shoulders.  The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.  You can apply online via **gov.uk/apply-blue-badge**  For more information phone theBlue Badge Team **0345 678 9014**  **Return the completed application to the Blue Badge Service at:**  **The Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND** |  |
| **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. | | ***If you’re applying for somebody else, we’ll ask for your name and your relationship to the applicant.*** |
| **Do you already have a Blue Badge?**   |  |  | | --- | --- | |  | Yes  Enter the badge number (6 digits) | |  | No | | ***If you don’t know the badge number, leave it blank and your local authority should be able to find the badge using your details.*** |
| **Full name** (First name and Last name)  **Has your name changed since birth?**   |  |  | | --- | --- | |  | Yes  Enter full name at birth | |  | No | | ***Should be the full name of the person the badge is for.*** |
| **Gender**   |  |  | | --- | --- | |  | Man (or Boy) | |  | Woman (or Girl) | |  | Identify in a different way  Enter gender identified with | |  |
| **Date of birth** (Day / Month / Year) |  |
| **National insurance number**  (Leave blank if you don’t have one) | ***This helps us to find your details if you call up about your application.*** |
| **Postal address**  (This is where the badge will be posted to)  Postcode: |  |
| **Email address** (optional) | ***This will be used for updates about the application.*** |
| **Main phone number** |  |
| **Alternative phone number** (optional) |  |
| **If you are applying on behalf of somebody else**  **Who should be contacted about this application?**  (If you’re the contact, put your full name here) |  |
| **Your relationship to the applicant** |  |
| **For you or the person you’re applying for**  **Which of these are you providing as proof of identity?**  (Choose one, to attach as a copy)   |  |  | | --- | --- | |  | Birth or adoption certificate | |  | Marriage / Civil partnership / Dissolution or Divorce certificate | |  | Passport | |  | Driving licence | | ***Attach a photocopy of the proof of identity to this application.***  ***Your application cannot be processed without one of these forms of proof of Identity*** |
| Do you give the local authority permission to check their records to prove your address?   |  |  | | --- | --- | |  | Yes  If Yes, which records should we check? (Choose one)  Council tax / Electoral roll / School records | |  | No  If No, you must provide a copy of your proof of address | | ***If you don’t give us permission. You must attach a copy of either:***   * ***Council tax*** * ***Utility bill*** * ***Driving licence*** * ***School records*** * ***DWP Benefit letter*** |
| **Recent photograph of the applicant**  You’ll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.   |  |  | | --- | --- | | **../../../../../dev/blue-badge/prototype-blue-badge/app/assets/images/passport-photo.png** | **Make sure it:**   * Has a plain, light, background * Includes face and shoulders * Shows the face clearly * Is a true likeness or taken within the last 6 months | | ***It’s best to get somebody else to take the photo.***  ***The photo should have the applicant’s name and a signature on the back.*** |
| **Badge issue fee**  The local authority will explain how payment should be made, if the application is successful. | ***Sections 2 and 3 are not required.*** |
| **Section 4 – Invisible (hidden) disabilities**  **Do you have an invisible (hidden) condition or disability, causing you to severely struggle with journeys?**   |  |  | | --- | --- | |  | Yes  If **Yes**, continue answering the questions in this section | |  | No  If **No**, you do not meet this criterion for issue. |   **As part of the application, applicants would reasonably be expected to demonstrate a health/social care history that is consistent with having an enduring and substantial disability that causes them very considerable difficulty when walking between a vehicle and their destination.** | ***Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.*** |
| **What affects you taking a journey?**  (Tick all that apply)   |  |  | | --- | --- | |  | I am a risk near vehicles, in traffic or car parks  When are you a risk?  Sometimes  Regularly  Every journey  Please give an example of when you have been a risk near vehicles, in traffic or car parks | |  | 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?  Sometimes  Regularly  Every journey  Please describe the kinds of incidents that have happened or are likely to happen on journeys | |  | I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown)  How often does this happen?  Sometimes  Regularly  Every journey  Please give examples of the situations that cause the meltdowns | |  | I can become extremely anxious or fearful of public/open spaces  When do you become extremely anxious/fearful?  Sometimes  Regularly  Every journey  Please describe the levels of anxiety | |  | Something else | | ***If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.*** |
| **How would a Blue Badge improve taking a journey for you?**  (Describe your needs, in detail) | ***Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.*** |
| **What steps are currently taken to try to improve journeys for you?**  (List the steps taken to try to improve journeys)  **How effective are they?** | ***Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.***  ***Sections 5 and 6 are not required.*** |
| **Section 7 – Treatments, medication, associated professionals & documents**  This section is for 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**” | | ***Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.*** |
| **Treatments**   |  |  | | --- | --- | | **Describe the treatment**  Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic. | **Date of the treatment**  If it’s 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 professionals**” | |  |
| **Medication**   |  |  |  | | --- | --- | --- | | **Name of this medication or pain relief**  **And is it 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**” | |  |
| **Associated or healthcare professionals**   |  |  | | --- | --- | | **Name and role of the professional**  (This **cannot** only be your GP) | **Where do they work?**  (Include contact details if possible) | |  |  | | |
| **Supporting documents**  **Are you attaching supporting documents to this application?**   |  |  | | --- | --- | |  | Yes  List the documents you are attaching below. | |  | No  Go to **Section 9** | | ***It’s especially important to attach documents where we’ve asked for you to provide proof or verification. For example, diagnosis letters.*** |
| **What documents are you attaching?**  (Attach copies of the documents, where possible)   |  |  | | --- | --- | |  | Diagnosis letter | |  | Prescriptions | |  | Appointment letters | |  | Other  List the documents you are attaching to this application |   **Any documents related to your condition, if you have them (diagnosis letters or hospital correspondence).** | ***Section 8 is not required,*** |
| **Section 9 – Declaration**  Sign **one** of the two sections.  **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 your local authority about any changes that may affect your eligibility   You also agree that your local authority may:   * contact you if there are any issues with this application or to prevent badge misuse * if required, arrange an in-person assessment for you * check your eligibility with the information they hold * suggest other benefits or services that you may be eligible for  |  |  | | --- | --- | |  | **I agree to this declaration** |   **Signed**  **Date of signature**  Top of FormBottom of Form  Shropshire Council will decide if you are eligible for a badge. They cannot start the assessment process until they have all the necessary evidence. An application will normally be assessed within 4 weeks of receipt but may take up to 12 weeks to assess your eligibility.  If Shropshire Council decides that you are not eligible and you think that they did not take account of all the facts, you can ask Shropshire Council to review your application. | ***Read the declaration carefully and only sign it once you are clear.*** |
| **Applying on behalf of somebody else**  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 * your local authority will be told about any changes that may affect their eligibility   You also agree that your local authority 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 an 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  |  |  | | --- | --- | |  | **I agree to this declaration** |   **Signed**  **Date of signature**  Shropshire Council will decide if you are eligible for a badge. They cannot start the assessment process until they have all the necessary evidence. An application will normally be assessed within 4 weeks of receipt but may take up to 12 weeks to assess your eligibility.  If Shropshire Council decides that you are not eligible and you think that they did not take account of all the facts, you can ask Shropshire Council to review your application. | ***Read the declaration carefully and only sign it once you are clear.*** |