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| **Apply for a Blue Badge (Upper Limbs)**  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** | **Local authority use** |
| **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 (first 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 photocopy 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**  Once your eligibility has been confirmed, then Shropshire Council will explain the fee payable and how payment should be made. | ***Sections 2,3 and 4 are not required.*** |
| **Section 5 – Disability that affects both arms**  **Do you have a disability in both arms?**   |  |  | | --- | --- | |  | Yes  If **Yes**, continue answering the questions in this section | |  | No  If **No**, then you do not qualify under this criterion | | ***Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.*** |
| **Do you drive regularly?**   |  |  | | --- | --- | |  | Yes  If **Yes**, continue answering the questions in this section | |  | No  If **No**, then you do not qualify under this criterion | |  |
| **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 you 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 which verify this. | |  | No | | ***Attach copies of your insurance details as supporting documents.***  ***Section 6 not required.*** |
| **Section 7 – Treatments, medication, associated professionals & documents**  **This section is for if you have answered any of the questions in section 5.**  **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.***  ***Section 6 is not required.*** |
| **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? (Please provide a copy of your repeat prescription.** | **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 | | ***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 a phone-based or 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 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  |  |  | | --- | --- | |  | 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.*** |