

## Guidance Notes

### Disabled Persons Parking Badges (Blue Badge Scheme)

**Please read carefully before completing the attached application form. Please complete and return all pages of this application form including this page.**

**Applications may take six to eight weeks to process.**

The blue badge scheme provides a national arrangement of parking concessions for people with various disabilities, who travel either as drivers or passengers.

You will qualify for a badge automatically if you can supply evidence that:

- You are registered blind or severely sight impaired
- You receive the higher rate of the mobility component of the Disability Living Allowance
- You receive the War Pensioner's Mobility Supplement; or
- You receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme

You may qualify for a badge at the discretion of Peterborough City Council if:

- Your disability is permanent and substantial, i.e. you are unable to walk or have severe difficulty in walking
- You hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn the steering wheel of your vehicle by hand

The scheme does not allow badges to be issued if:

- You have a temporary disability such as a broken leg
- You suffer from a psychological disorder unless your disability causes severe difficulty in walking
- Your problem is with carrying shopping
- Your problem is intermittent and does not continuously severely restrict your ability to walk

It is the intention of the scheme that only severely disabled people will qualify and that badges will only be issued to people who are able to walk with excessive labour and at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close to their destination. It is essential that the applicant is able to make purposeful use of the Scheme after leaving the vehicle, if necessary using walking aids/wheelchair.

The applicant's ability to walk or severe difficulty in walking must be permanent and not just intermittent or temporary. The degree of disability should not be less than that required to qualify for the higher rate of the Disability Living Allowance.



*Peterborough City Council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. Further information relating to your rights under the Data Protection Act can be sent to you on request.*

**Return your completed application to either address below:**

By post to:

or

In person to:

Peterborough City Council  
Blue Badge Scheme  
Town Hall, Bridge Street  
Peterborough  
PE1 1HG

Bayard Place  
Broadway  
Peterborough  
PE1 1AY

Telephone: (01733) 452356

**Renewals**

If your blue badge was issued by the city council, we will contact you prior to the expiry of your badge with an invitation to renew.

You will need to hand in your expired badge when you come to collect the new one.

**Ethnicity Recording**

We are required by the Department of Health to ask about the ethnic group of the people to whom we provide a service. You are not obliged to provide this information, but it is hoped you will feel able to do so;

- any information you provide will be used solely to compile statistics that will help us ensure that we provide the services needed by our local citizens, whatever their ethnic background
- these statistics will not allow individuals to be identified, and the information will not be used for any other purpose
- from time to time the statistics will be passed to the Department of Health to contribute to local and national data

What does ethnic group mean?

A person's ethnic group describes how they see themselves. This may be based on many things, including, for example, their skin colour, language, culture, ancestry or family history. Ethnic group is not the same as nationality.

Please tick the appropriate box below.

<b>White</b>		<b>Mixed</b>		
<b>1</b>	British	<input type="checkbox"/>	<b>5</b> White and Black Caribbean	<input type="checkbox"/>
<b>2</b>	Irish	<input type="checkbox"/>	<b>6</b> White and Black African	<input type="checkbox"/>
<b>3</b>	Other European	<input type="checkbox"/>	<b>7</b> White and Asian	<input type="checkbox"/>
<b>4</b>	Any other White background	<input type="checkbox"/>	<b>8</b> Any other mixed background	<input type="checkbox"/>
<b>Asian or Asian British</b>		<b>Black or Black British</b>		
<b>9</b>	Indian	<input type="checkbox"/>	<b>13</b> Caribbean	<input type="checkbox"/>
<b>10</b>	Pakistani	<input type="checkbox"/>	<b>14</b> African	<input type="checkbox"/>
<b>11</b>	Bangladeshi	<input type="checkbox"/>	<b>15</b> Any other Black background	<input type="checkbox"/>
<b>12</b>	Any other Asian background	<input type="checkbox"/>		<input type="checkbox"/>
<b>16</b>	<b>Chinese</b>	<input type="checkbox"/>	<b>17</b> <b>Any other ethnic group</b>	<input type="checkbox"/>
<b>18</b>	I do not wish my ethnic group to be recorded in any way			<input type="checkbox"/>

# Blue Badge Scheme

(Parking concessions for disabled and blind people)



## Application Form

<b>For official use only</b>		Photo to be affixed here
Registration number		
Approved/not approved		
Blue badge number		
Assessing officer		
Expiry date		
Reason if refused		

Application for **New Issue** or **Renewal\*** of a badge (\*please delete as applicable)  
 If you are renewing a badge, please state the number of your current badge and date of expiry

### Part A

Badge number: .....
Expiry date: .....

Title: Mr/Mrs/Miss/Ms ..... Date of birth: .....

Surname: ..... First names: .....

Name at birth: .....

Address: .....

.....

..... Postcode: .....

Telephone number: .....

Mobile telephone number: .....

Email address: .....

Place of birth: .....

National Insurance Number or Child Registration Number: .....

If you have moved within the last three years, please state previous address:

.....

Name of doctor: .....

Practice address: .....

.....

..... Postcode: .....

If your application is successful how do you prefer to be notified:

By email

By letter

Proof of your address (dated within the last 12 months)

We need to check that you are a resident within the city council's area before we can process your application. Please select one of the following options:

**Either:**  I give consent to the city council to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.

**Or:**  I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.

**Or:**  I do not pay Council Tax, am over the age of 16 and give consent to the city council to check my address on the electoral register.

**Or:**  I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the city council to check school records to confirm their address.

Proof of your identity

We need proof of your identity before we can process your application. Please select one of the following options:

**Either:**  Birth certificate

**Or:**  Marriage/Divorce Certificate

**Or:**  Civil Partnership Certificate

**Or:**  Driving Licence

**Or:**  Passport

## Part B

Please tick boxes as appropriate and provide details as requested.

1. Are you registered as blind (severely sight impaired)? Yes  No

If yes, please state the name of the local authority with which you are registered

.....

2. Do you receive either the higher rate of the mobility component of the Disability Living Allowance? Yes  No

If yes, please supply evidence (eg a copy of the official letter confirming the award )  
If you do not have your official letter, or it is out of date, it is your responsibility to obtain a duplicate. The Department of Work and Pensions can be contacted on 0845 712 3456.

3. Do you receive the War Pensioners Mobility Supplement? Yes  No

If yes, please supply evidence (eg a copy of the official letter confirming the award )  
You should have a letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted on 0800 1692277.

4. Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking? Yes  No

If yes, please supply evidence (eg a copy of the official letter confirming the level of award and that you have been assessed as having a permanent and substantial disability). You should have a letter from the SPVA. If you have lost this letter, then the agency can be contacted on 0800 1692277.

## Part C

Complete this part only if you consider that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

1. What is the nature of your disability? Please provide full details.

.....  
.....  
.....

2. What is the maximum distance you can walk without stopping, severe discomfort, or help from another person?.....

3. Do you regularly use a walking aid? Yes  No

If yes, please state type of aid .....

## Part D

Complete this part only if you hold a valid driving licence and have a severe disability in both upper limbs and are unable to turn by hand the steering wheel of a vehicle even if that wheel is fitted with a turning knob.

1. What is the nature of your disability?

.....  
.....

2. Do you drive a specially adapted car?

Yes

No

If yes, please state type of adaptation .....

## Part E

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read, understand and agree with each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a blue badge.
- Providing false information may result in prosecution and a fine

I confirm that the details I have provided are complete and accurate. I realise that you may take action against me if I have provided false information in this application form.

I understand that I must promptly inform the local authority of any changes that may affect my entitlement to a badge.

I confirm that the photograph I have submitted with my application is a true likeness.

I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge.

I agree to the local authority contacting an accredited healthcare professional, if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a blue badge.

I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and you may share them within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.

Signed: ..... Date: .....

**Please check that the following items are enclosed and tick the boxes as indicated:**

I have enclosed a passport style photo with my name on the back

I have enclosed evidence of Disability Living Allowance/War Pensioner's Mobility Supplement/Armed Forces and Reserve Forces (Compensation) Scheme (if applicable)