

GUIDANCE NOTES

DISABLED PERSONS PARKING BADGES (BLUE BADGE SCHEME)

PETERBOROUGH



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 6 – 8 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 under the National Assistance Act 1948
- You receive either Mobility Allowance or the **HIGHER RATE** of the mobility component of the Disability Living Allowance
- You receive a war pensioner's mobility supplement
- You receive a Government grant towards your own vehicle
- Your vehicle was supplied by the Department of Social Security, the Scottish Office and Health Department or the Welsh Office

YOU MAY QUALIFY FOR A BADGE AT THE DISCRETION OF THE LOCAL AUTHORITY 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
- You are under two years of age
- Your problem is with carrying shopping
- Your problem is intermittent and does not **CONTINUOUSLY** severely restrict your ability to walk

PLEASE NOTE:

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 Mobility Allowance or 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.

PLEASE RETURN YOUR COMPLETED APPLICATION TO EITHER ADDRESS BELOW:

By post to:

or

In person to:

**Peterborough City Council
Blue Badge Scheme
PO Box 1077
Peterborough
PE1 9JR**

**Bayard Place
Broadway
Peterborough
PE1 1AY**

TEL: 01733 452356

RENEWALS

If your Blue Badge was issued by Peterborough City Council, we will contact you prior to the expiry of your badge with an invitation to renew.

Please note: 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.

White		Mixed		
1	British	<input type="checkbox"/>	5 White and Black Caribbean	<input type="checkbox"/>
2	Irish	<input type="checkbox"/>	6 White and Black African	<input type="checkbox"/>
3	Other European	<input type="checkbox"/>	7 White and Asian	<input type="checkbox"/>
4	Any other White background	<input type="checkbox"/>	8 Any other mixed background	<input type="checkbox"/>
Asian or Asian British		Black or Black British		
9	Indian	<input type="checkbox"/>	13 Caribbean	<input type="checkbox"/>
10	Pakistani	<input type="checkbox"/>	14 African	<input type="checkbox"/>
11	Bangladeshi	<input type="checkbox"/>	15 Any other Black background	<input type="checkbox"/>
12	Any other Asian background	<input type="checkbox"/>		<input type="checkbox"/>
16	Chinese	<input type="checkbox"/>	17 Any other ethnic group	<input type="checkbox"/>
18	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

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

PART A

Badge No:
Expiry Date:

TITLE: MR/MRS/MISS/MSDATE OF BIRTH:

SURNAME: FIRST NAMES:

ADDRESS:

.....

..... POSTCODE:

TELEPHONE NUMBER:

IF YOU HAVE MOVED WITHIN THE LAST THREE YEARS, PLEASE STATE PREVIOUS ADDRESS:

.....

.....

NAME OF GP:

PRACTICE ADDRESS:

.....

..... POSTCODE:

FOR OFFICIAL USE ONLY		PHOTOS TO BE AFFIXED HERE
SSID Number		
Approved/Not Approved		
Blue Badge Number		
Created by	Checked by	
Assessing officer		
Expiry Date		
Reason if refused		

PART B

PLEASE TICK BOXES AS APPROPRIATE AND PROVIDE DETAILS AS REQUESTED.

- 1. Are you registered blind under the National Assistance Act 1948? Yes No

If yes, please state the name of the Local Authority with which you are registered

.....

- 2. Do you receive either the Mobility Allowance or 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 & Pensions can be contacted on 0845 712 3456.

- 3. Was your vehicle supplied by the Department of Health and Social Security, the Scottish Home and Health Department, or the Welsh Office? Yes No

If yes, please give details

- 4. Do you receive a Government grant towards your vehicle? Yes No

If yes, please give details

- 5. Do you receive War Pensioners Mobility Supplement? Yes No

If yes, please supply evidence (eg a copy of the official letter confirming an award of War Pensioners Mobility Supplement)

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

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

I declare that to the best of my belief all the statements I have made on this form are true and I agree to the Local Authority contacting my family doctor if necessary for the purpose of obtaining information to support my application.

Signed: Date:

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

I have enclosed two passport style photos with my name on the back

I have provided two Specimen Signatures below

I have enclosed evidence of Mobility Allowance/Disability Living Allowance (if applicable)

SPECIMEN SIGNATURES

Disabled persons parking badges (Blue Badges) have to be signed by the named holder. In the case of children under ten years of age their parent/guardian should sign on their behalf.

Please sign in both boxes or use your mark
Ensure your signature does not go outside the box

	Sign in both boxes	
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PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE ADDRESS ON PAGE 2