

# Blue Badge Assessment Form



## Notes for Self Assessment for the Blue Badge applicant

The Blue Badge Scheme provides a national arrangement of on-street parking concessions for people with permanent and severe walking difficulties. Badges are provided to people who are unable to walk or virtually unable to walk or who are able to walk only with excessive labour and at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings, or other places unless they were able to park close to their destination.

The scheme is governed by regulations approved by Parliament. Governing legislation can be found at: [www.dft.gov.uk/transportforyou/access/bluebadge/legislation/](http://www.dft.gov.uk/transportforyou/access/bluebadge/legislation/)

### To be eligible for a blue badge you must satisfy one of the following criteria:

- 1 Be in receipt of the Higher Rate of the Mobility Component of the Disability Living Allowance (HRMCDLA), or
- 2 Be registered blind (severely sight impaired), or
- 3 Be in receipt of the War Pensioner's Mobility Supplement (WPMS), or
- 4 Be a person over the age of 2 and be unable to walk or virtually unable to walk, or
- 5 Have a severe disability in both arms; and regularly drive an adapted or non-adapted vehicle and be unable to operate, or have considerable difficulty in operating, all or some types of parking meter, or
- 6 Be a child under the age of two; who has received a prognosis of limited life expectancy who can only access brief moments of outside life and need a quick route home or
- 7 Be a child under the age of two; who has a condition that requires that they always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty or who has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

**Criteria  
1 to 3:**

You do not require an Occupational Therapy Mobility assessment.

**You must supply us with up to date documentation to support your application.**

---

**Criterion 4:**  
you are  
unable to  
walk or  
virtually  
unable to  
walk

Criterion 4 to 7:- In order to assess eligibility for the scheme, all applicants applying to the Royal Borough of Kingston upon Thames under the 'eligible subject to further assessment' criteria (4 to 7) because they are unable to walk or virtually unable to walk, will be expected to undertake a mobility assessment by an Occupational Therapist. It is the applicant's responsibility to ensure that all the relevant facts are taken into consideration at the time of the Occupational Therapy mobility assessment.

To be eligible for the Blue Badge scheme under this criterion your degree of walking disability should be permanent and substantial, not intermittent or temporary.

Unable to walk means that you cannot put one foot in front of the other. If your only means of getting about is to swing through crutches you are considered unable to walk. Virtually unable to walk means that you are unable to walk far without experiencing severe discomfort. Eligibility does not apply to people with mental health problems or learning disabilities, unless their inability to walk very far stems from a physical condition. Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease/incontinent conditions and myalgic encephalomyelitis (M.E.) are not in themselves a qualification for a Blue Badge. People with these conditions may be eligible for a badge but only if they are in receipt of HMRCDLA, or are unable to walk or have very considerable difficulty in walking, in addition to their condition.

People with temporary disabilities (that last less than 12 months), such as a broken leg, do not qualify for the scheme.

---

**Criterion 5:**  
you have a  
severe  
disability in  
both arms

In order to qualify under this criterion you must have a severe disability in both arms, regularly drive an adapted or non-adapted vehicle and be unable to operate, or have considerable difficulty in operating, all or some types of parking meter. You may be required to undertake a mobility assessment by an Occupational Therapist.

---

**Criteria 6  
and 7:**  
Children  
under the age  
of two years

Blue Badges will be issued to children under two who have received a prognosis of limited life expectancy or are diagnosed with an unstable medical condition, or their condition requires that they must always be accompanied by bulky medical equipment which cannot be carried with the child without great difficulty.

Children with highly unstable medical conditions include; children with tracheostomies, severe epilepsy/fitting or highly unstable diabetes. Examples of bulky medical equipment includes; Ventilators, suction machines, feed pumps, parenteral equipment, syringe drivers, oxygen administering equipment, continuous oxygen saturation monitoring equipment, casts and associated medical equipment for the correction of hip dysplasia.

---

Further information on the Blue Badge scheme can be found at:

[www.dft.gov.uk/transportforyou/access/bluebadge/](http://www.dft.gov.uk/transportforyou/access/bluebadge/). If you consider that you meet the criteria for the Blue Badge Scheme, please complete and return the attached assessment form.

# Blue Badge Assessment Form

## Part A All applicants must fill in this Section

If you are completing this form on behalf of another person (including a child) all the details you provide in this form (parts A to H) must relate to the disabled applicant only. You must also complete the declaration at Part I.

Title (Mr, Mrs, Other):						
First name(s) :						
Surname:						
Date of Birth:						
Address:						
						Post Code:
Previous address if less than 3 years ago:						
						Post Code:
Phone number Home:			Phone number Work:			
Email address (if any) :						
National Insurance Number:	Letters		Numbers		letter	
Children under the age of 16: National Health Number:						
Your GP's Name:						
Your GP's Address:						
Declaration: I confirm that you can contact my GP for further information						
Signed:						

**If you are renewing your Blue Badge provide details of your current badge**

Badge Serial Number		Expiry date of badge	
---------------------	--	----------------------	--

Applicants renewing Blue Badges will be re-assessed to ensure they are still eligible for the scheme. We will not issue a new Blue Badge until the expired or expiring badge is returned to us.

## Part B All applicants must fill in this Section

1 Are you **Registered Blind (Severely Sight Impaired)** under the National Assistance Act 1948? Yes  No

If **Yes**, which Local Authority are you registered with?

---

2 Do you receive the **higher rate** of the **Mobility Component** of the **Disability Living Allowance (HRMCDLA)**? Yes  No

2a If you have answered 'Yes', what is the length of your entitlement?

For life  Indefinite period

Or between Start Date: End Date:

If you have answered 'Yes' to Question 2, please send us proof, in the form of a recently dated letter confirming your award that includes evidence of the duration of your award.

Applicants whose award finishes within three years of the application date will only be issued with a Blue Badge for the life of their entitlement of HRMCDLA.

---

3 Do you receive **War Pensioners' Mobility Supplement**? Yes  No

If you have answered 'Yes', you must provide us with recent evidence (e.g. an official letter from the Service Personnel and Veterans Agency) confirming award of War Pensioner's Mobility Supplement (WPMS)

Failure to provide us with recent documentary proof of your award of higher rate of the Mobility Component of the Disability Living Allowance (HRMCDLA) or War Pensioners' Mobility Supplement (WPMS) will result in your application being delayed or refused.

If you have answered 'Yes' to any of the questions in Part B, please go to Part F.

If you have answered 'No' to any of the questions in Part B, please go to Part C.

## Part C Only fill in this section if you have answered 'No' to all of the questions in part B, and have a permanent and substantial physical disability and you consider that you are unable to walk, or virtually unable to walk

Applicants applying under the 'eligible subject to further assessment' criteria will be expected to undertake a mobility assessment clinic run by an Occupational Therapist.

You must **complete all the questions** so that we can assess your eligibility for a Blue Badge.

1 Are you able to walk? Yes  No   
(Please tick 'No' if you cannot walk at all)

2 Do you use a walking aid? Yes  No

If you have answered 'Yes' please select from the list below

Wheelchair; Manual	<input type="checkbox"/>	Wheelchair; Powered	<input type="checkbox"/>
Walking Stick	<input type="checkbox"/>	Walking frame	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	Artificial Limbs	<input type="checkbox"/>
Other	<input type="checkbox"/>	(please specify)	_____

Where and how often do you use the walking aid?

Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>
Always	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>

3 Do you have a physical problem or illness that restricts your walking? Yes  No

If 'Yes' please give details of your problem or illness and explain how on how your walking is restricted below:

---

4 How far can you normally walk (including any short stops) before you feel severe discomfort. Symptoms such as shortness of breath, pain, extreme tiredness, or muscle spasms:

---

5 How long on average would it take you to walk this far?

---

6 How many minutes can you walk before you feel severe discomfort?

---

7 Please tick the box that best describes your walking speed

- Normal or moderate  (about 51 yards / 46.6 metres or more a minute)  
Slow  (about 40 to 50 yards / 36.5 / 45.7 metres a minute)  
Very Slow  (less than 40 yards / 36.5metres a minute)

---

8 Please tick the box that best describes the way you walk

- Normal
- Adequate  For example you walk with a slight limp
- Poor  For example you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely Poor  For example you drag your leg, stagger, swing through crutches or need physical support.

9 What are the medical names for your health / disability walking difficulties?  
If you do not know the medical names please describe in your own words.

---

10 How long (in months and/or years) have you had your health condition or disability?

---

11 Do you currently take any prescribed medication for your health condition or disability? Yes  No

---

12 Are you currently receiving any treatment or medication for your health condition or disability? Yes  No

If you have answered 'Yes' please tell us what treatment, how often and where.

Type of treatment or medication	
How Often?	
Where?	

13 Are you waiting for an operation or referral for treatment? For example physiotherapy, radiotherapy, chemotherapy etc? Yes  No

If you have answered 'Yes' please describe the future treatment in this box.

---

14 Apart from your GP, in the last 12 months, have you seen any other health professional in connection with your illness or disability? Yes  No

If 'Yes', we will confirm these details with your GP

**We will return this form to you or refuse your application if you have not provided us with enough information to assess your eligibility for the scheme.**

---

**Part D Only fill in this section if you are applying for a Blue Badge because you drive regularly and have a permanent and substantial disability in both arms and are unable to use all or some types of parking meter**

**1** Do you satisfy all of the following:

Drive regularly Yes  No

Have a severe disability in both arms Yes  No

Are unable to operate or have considerable difficulty in operating all or some types of parking meter. Yes  No

---

**2** Please describe your disability:

---

**3** If you drive an adapted car, please give details of adaptation.

---

**4** Car Registration Number:

---

**5** Please explain the difficulties you have operating parking meters and pay and display machines.

---

## Part E Only fill in this section if you are applying on behalf of a child under the age of two years of age who either

- 1 Has a condition requiring the transportation of bulky medical equipment at all times? Yes  No
- 

And / or

- 2 or has an unstable medical condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or allow the child to be taken immediately to a place where they can be treated? Yes  No

Please describe the child's medical condition:

- 
- 3 Does this condition require the regular transportation of bulky medical equipment? Yes  No

If 'Yes' what type of equipment?

- 
- 4 **Please** provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need, or provide contact details of the paediatrician below:
-

## Part F All applicants must fill in this Section

Please provide the following information with your Blue Badge Assessment Form:

**Confirmation of address;:** Please provide **one copy** of a recently dated document as proof that you live in the Royal Borough of Kingston upon Thames, e.g.:

Utility Bill  (Gas, electric)      Rent Book/tenancy agreement       Council Tax Bill

**Confirmation of Identity:** You must attach **one copy** of a document as proof of your identity, e.g.: (if you are applying under section D, a copy of your driving licence is mandatory).

Birth/adoption certificate       Valid driving licence       Passport

**Please provide copies. Do not send originals of important documents through the post.**

**Photographs:** Provide two recent 'passport sized' photographs of the person applying for the badge. Print their name on the back of one photograph.

**Fee:** Provide a cheque (to Kingston Council) or postal order for £2.00 if posting your application, or £2.00 cash if you are bringing your assessment form to the Guildhall.

**Documentary proof of award of benefit** Evidence of the higher rate of mobility component of the Disability Living Allowance or War Pensioners' Mobility Supplement.   
If applying for a child under the age of two years; Letter from Child's paediatrician

**All incomplete assessment forms will be returned to the applicant for completion.**

Please send your completed assessment form along with all documentation required to support your application to:

**Information and Advice Centre, Guildhall 2, High Street, Kingston upon Thames, KT1 1EU**

**Due to loss, theft and fraud we no longer post Blue Badges. We will contact you when your Blue Badge is ready for collection.** All applicants must collect their badge from the Information and Advice Centre, Guildhall 2. **Those renewing Blue Badges must return their old badge when collecting their new badge. Contact us on 020 8547 5005 if you need to make alternative arrangements.**

## Part G All applicants must fill in this Section

This Council is under a duty to protect the public funds it administers and may use the information you have provided and match it against other information it holds. The Council may also disclose any such information to other public bodies, or similar external agencies for the purpose of the prevention and detection of fraud. The Council, or other public bodies, may wish to contact you in order to advise you of, or canvas your opinion on developments to the Blue Badge Scheme.

*Please tick to confirm*

### Declaration (to be completed by all applicants)

I declare that, to the best of my knowledge, all the information I have provided is correct. I understand that I must promptly inform my local issuing office of any changes that may affect my entitlement to a Blue Badge.

*Please tick to confirm*

I agree to the Local Authority (The Royal Borough of Kingston upon Thames) sharing information contained within this form and supplied by me to support my application, with other Local Authorities responsible for the Blue Badge Scheme and with parking enforcement agencies, for the purpose of preventing and detecting crime.

*Please tick to confirm*

### Data Protection Act

I understand that the information supplied by me on this form will be maintained by the Local Authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows.

*Please tick to confirm*

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments, agencies, or medical professionals to validate proof of entitlement.

Signed (your signature)	
Dated	
Your Name	

**This assessment form is NOT valid unless Part G is completed, dated and signed. The form will be returned to you if the declaration is not completed, signed and dated.**

Please ensure that you sign in the white box below. This signature will form an essential part of your badge as proof of identity. **The badge cannot be issued if this box is not signed.**

## Part H Equality Monitoring Form

Please help us to provide better services for everyone by completing this form. This information will be kept confidential. Please tick all of the boxes that apply to you.

### Ethnicity

What is your ethnic group?

A **White**

British  Irish

Any other White Background

Please tell us

B **Mixed**

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background

Please tell us

C **Asian or Asian British**

Indian  Pakistani  Bangladeshi

Tamil  Korean

Any other Asian background

Please tell us

D **Black or Black British**

Caribbean  African

Any other Black background

Please tell us

E **Chinese or other ethnic group**

Chinese  Any other background

Please tell us

---

F  I prefer not to tell you my ethnic group

**Disability and Health** Do you have a long-term physical or mental health condition or disability?

- Yes  No  
 I prefer not to tell you
- 

**What is the nature of your disability, mental health or other health issue?**

- Physical/Mobility  Sensory  Mental Health  
 Learning Disability  Health Diagnosis  
 Other – Please tell us  
 I prefer not to tell you
- 

**Gender**

- Are you?  Male  Female  
 I prefer not to tell you
- 

**What is your Age?**

- Under 16  16 – 25  26 – 35  36 -45  
 46 – 55  56 – 65  66 – 75  76+  
 I prefer not to tell you
- 

**What is your Religion or Belief?**

- Christian  Buddhist  Hindu  
 Sikh  Jewish  Muslim  
 Atheist  Agnostic  
 Other – Please tell us  
 I prefer not to tell you
- 

**What is your Sexual Orientation?**

- Heterosexual (Man & Woman)  Lesbian  Gay  
 Bisexual  
 Other – Please tell us  
 I prefer not to tell you
- 

**Thank you for taking your time to complete the equality monitoring form**

**Please send your completed form to:**

**Information and Advice Centre,  
Guildhall 2,  
High Street,  
Kingston upon Thames  
KT1 1EU.  
Telephone No: 020 8547 5005**

Please note that Blue Badge applications take at least 6 to 8 weeks to process, as we need to arrange for an Occupational Therapy walking assessment. If you are applying for a renewal of your Blue Badge, please submit your assessment form at least 6 to 8 weeks before your current badge is due to expire. You must return your old Blue Badge when collecting your new badge.

**Part I Only fill in this section if you are completing this form on behalf of another person**

**If you are signing or completing this form on behalf of another person please explain your relationship to the person and why you are completing or signing this form.**

Please tick as appropriate

I have Power of Attorney for them	<input type="checkbox"/>
I am a receiver for them under a Court of Protection Order	<input type="checkbox"/>
I am an Appointee	<input type="checkbox"/>
I am their parent or guardian	<input type="checkbox"/>
Other	<input type="checkbox"/>

If the person does not know you are completing or signing this form for them, tell us why they don't know.

Your Name:	
Your Address:	
Post Code:	
Your telephone Number:	

**I declare that the information I have given on this form is correct and complete as far as I believe.**

**I understand that if I knowingly give false information, I may be liable to prosecution or other action.**

Signature:	
Date:	

**We may seek verification of the details you have submitted.**

## This page is for office use only

Eligible for badge:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorised by:	
Serial number:	
Expiry date:	
Pre-printed badge issue number (e.g. 07es123000)	
Issued by:	
Date:	

Notes:

Please ask us if you would like help to understand this information or you would like it on audio-tape, computer disk, in another language, large print, in sign language, or in Braille.  
Visit our website at: [www.kingston.gov.uk](http://www.kingston.gov.uk)