

Blue Badge Administration Team

Council Offices
16 Church Street
DUMBARTON
G82 1QL

Date:

Tel: (01389) 776499

Email: bluebadge@west-dunbarton.gov.uk

Dear Applicant

Blue Badge Application Form – Risk in Traffic Criteria

Thank you for requesting a Blue Badge Application Form you will find it attached to this letter.

Please complete all relevant sections of the application form, I have also attached the accompanying guidance notes which you may find helpful when completing this form.

Your completed application form can be handed into any one the following HSCP offices:

**HSCP
Council Offices
16 Church Street
Dumbarton
G82 1QL**

**Aurora House
3 Aurora Avenue
Queens Quay
Clydebank
G81 1TG**

Please note that you can return forms, collect badges, etc. at the Dumbarton Office from Monday to Friday but **ONLY** at the following times: **9.30am to 3.45pm**. If these times are unsuitable please phone 01389 776499 to arrange an alternative time.

There is a fee of **£20.00** for a successful application form which is payable by cash on collection of your Blue Badge.

Yours sincerely

Blue Badge Admin Team
West Dunbartonshire Council

Blue Badge application form

Risk in traffic criteria

Use this form to make an application for a Blue Badge where, because of a mental condition, the applicant lacks awareness of danger from traffic and is likely to compromise their safety or the safety of others. You should only use this form if you live in *[insert LA area]*.

If you are completing the form on behalf of an applicant who is under 16, or who cannot complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf at the end.

If you would like support to complete this application, please contact *[The local authority will need to insert details of local arrangements for advice and support.]*

Section 1 – Information about the applicant

Please complete the following boxes.

Title (Mr, Mrs, Miss, Ms, Dr, Prof, other):	
First names (in full):	
Surname:	
Surname at birth:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (DD/MM/YYYY): □□/□□/□□□□
Place of Birth:	Town:
	Country:
National Insurance Number or NHS number (if under 16): (see Section 1 of the guidance notes)	<input type="text"/>
Current address and contact details:	Address:
	Town:
	Postcode:
	Home telephone:
	Mobile telephone:
	Email address:
Previous address, if different in the last three years:	
Postcode:	

School details (if applicant under 16):	Name:
	Address:
	Contact telephone:
If you now hold, or have ever held, a Blue Badge:	Local authority that issued the last badge:
	Serial number of the last badge:
	Expiry date of the last badge:
<p>Proof of your address, dated within the last 12 months: We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide original documentation where relevant:</p> <p>Either: <input type="checkbox"/> I give consent to the local authority 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.</p> <p>Or: <input type="checkbox"/> I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.</p> <p>Or: <input type="checkbox"/> I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.</p> <p>Or: <input type="checkbox"/> 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 local authority to check school records to confirm their address.</p>	
<p>Proof of your identity: We need to check your identity to reduce the risk of fraud. You must attach a certified photocopy of one of the following as proof of your identity:</p> <ul style="list-style-type: none"> • Passport • Birth or adoption certificate • Marriage or divorce certificate • Civil Partnership or dissolution of Civil Partnership certificate <p>To get a photocopy certified, you should get someone other than a family member who's known you and who is over 18 years old to write on the photocopy that it's a true likeness of the original. They should print their name, occupation and contact details alongside this statement.</p>	
<p>Photographs: You will need to enclose a recent passport standard photograph of the applicant. The photograph needs to show the applicant's full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle. Please ensure that the applicant's name is on the back of the photograph.</p>	
<p>Badge issue fee: £20.00</p> <p>Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received. Please don't make payment now.</p>	

Section 2 – Information about why you need a Blue Badge

Please complete all the following sections.

Your diagnosis

To be eligible, you must have a diagnosed mental health, cognitive or behavioural condition. This includes any mental health problem, personality disorder or learning disability, however caused or manifested. Examples are dementia, autism or Down's Syndrome.

What is the condition you have been diagnosed with?

Proof must be provided from a healthcare professional that you have been diagnosed with this condition. You should attach a letter confirming the diagnosis to this form unless you are re-applying for a Badge on the basis of the same diagnosis, and the condition is not going to improve, in which case you don't need to send in another letter.

Receiving social security benefits

Providing information about the social security benefits you receive will help the local authority make a full assessment of your application.

Tick the box next to the benefits you currently receive.

- You get the higher rate of the care component of the Disability Living Allowance
- You get the middle rate of the care component of the Disability Living Allowance
- You get the higher rate of Attendance Allowance
- You get the lower rate of Attendance Allowance

You get Personal Independence Payment and have been awarded a total of at least 12 points in respect of the following:

- section 7 (communicating verbally)
 - section 8 (reading and understanding signs, symbols and words)
 - section 9 (engaging with other people face-to-face)

You get Personal Independence Payment and have been awarded a total of at least 8 points in respect of the following:

- section 7 (communicating verbally)
 - section 8 (reading and understanding signs, symbols and words)
 - section 9 (engaging with other people face-to-face)

You must enclose an original letter of entitlement to the benefits dated within the last 12 months. If you're enclosing a Personal Independence Payment letter of entitlement, you have to enclose a letter showing the breakdown of points you receive. We may also check that you are in receipt of this award with the Department for Work and Pensions.

Background to your condition and why you require a badge

Providing information about your condition will help the local authority to make a full assessment of your application.

Please describe:

- Any courses of treatment you have undergone or specialist clinics you have attended in relation to the condition you have mentioned above.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries / courses of treatment / specialist clinics:

Dates you received this treatment:

--	--

What medication do you currently take in relation to the condition you described above?

Medication	Dosage	Frequency

Why do you require a Blue Badge? How is a Blue Badge going to help you? Please describe what benefit you seek to get from having a Badge. You may want to give examples.

--

Do you anticipate that your condition will improve in the next three years?

Yes: No: Don't know:

If you ticked yes, please describe how much you expect your condition to improve.

--

Section 3 – Countersignatory questionnaire

These questions are intended for a healthcare or social work or teaching professional who has seen the applicant at some time over the last 12 months and who is not the applicant's GP.

You should therefore pass this part onto a healthcare or social work professional, who should complete the questions, **providing examples to support their answers**, and then sign this section.

Professional contact details:	Name
	Job title:
	Registration number:
	Organisation:
	Work telephone:
	Email address:

The purpose of this questionnaire is to gather information about whether the applicant meets the Blue Badge criteria **of being someone who, because of a diagnosed mental disorder within the meaning of the Mental Health (Care and Treatment) (Scotland) Act 2003, lacks awareness of danger from traffic and is likely to compromise their safety, or that of others.**

Can the applicant follow the route of a familiar journey on their own?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, does the applicant show any evidence of being able to learn this?

Can the applicant follow the basic instructions such as “slow down”, “stay here” or “stop”?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, please indicate how the applicant responds when given such instructions.

Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened.

Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that normally required for children of that age)?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened when the applicant did not receive this supervision?

Can the applicant deal with unexpected changes in their journey?

Yes: No: Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, please describe any behaviours that are putting the applicant or others at risk as a result of unexpected change.

Does the applicant wander off when exiting a vehicle, causing danger to themselves or others?

Yes: No: Sometimes:

Please explain your answer. In particular, if the answer is yes, please give an example of what has happened.

If the applicant is a child, has an NHS buggy been provided?

Yes: No: Not applicable:

If the answer is yes, please give the reasons for receiving it. In particular, was it provided for difficulties in keeping the child safe?

What coping strategies are currently in place to ensure the applicant's safety?

In your professional opinion, having considered the actual risk to this individual applicant, not the potential risk associated with the condition, does the applicant regularly place themselves or others in danger?

Yes: No:

Please explain your answer, and provide any other information that might be useful.

Your signature:	
Date of signature:	(DD/MM/YYYY): <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please print your name here:	

Section 4 – Declarations and signatures

- Please read the following declarations carefully.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution.

If you don't provide us with the information on this form we won't be able to verify your eligibility. All information relating to this application will be handled in line with data protection laws. The data controller is [insert details] and you can contact our data protection officer at [insert details].

We use the information you provide in this form to check your eligibility and process your application. The information may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud.

Any medical information that you have supplied to support this application is sensitive personal data and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge scheme, and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

We keep information relating to this application for up to [time period]. For more information about how we process information, please contact us or visit [website].

Declarations to be completed by all applicants

- I confirm that, as far as I know, 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 my local authority of any changes that may affect my entitlement to a badge.
- I confirm that the photographs I have submitted with my application are a true likeness.
- I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: Rights and Responsibilities in Scotland" leaflet which will be sent to me with the badge.
- I understand that I must not hold more than one valid Blue Badge at any time.
- I understand that the local authority may contact the NHS, school or social care services 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.

Optional declarations about using your information

Please read and tick the following optional declarations that you consent to. **Ticking these boxes will help to improve the service we can offer you.**

- I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

Your signature against the declarations that you have ticked above

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please print your name here:	
If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.	
Please indicate your relationship to the applicant:	

Checklist of documents you need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

- Proof of the applicant's address, dated within the last 12 months, if they haven't given consent for us to check Council Tax or electoral register or school records.
- A certified copy of proof of the applicant's identity.
- A passport standard photograph of the applicant with their name on the back.
- An original letter from a healthcare professional confirming the applicant's diagnosis, unless they are re-applying and the condition they have will not improve.
- An original benefit decision letter, confirming the applicant's entitlement, dated within the last 12 months, if applicable.

Returning this form

You should return this form to your council's Blue Badge service. Here are their contact details:

**HSCP
Council Offices
16 Church Street
Dumbarton
G82 1QL**

**Aurora House
3 Aurora Avenue
Queens Quay
Clydebank
G81 1TG**

Telephone: 01389 776499

Email: bluebadge@west-dunbarton.gov.uk

Blue Badge application form

Guidance notes

These notes have been produced to help you complete the application form.

Section 1 - Information about the applicant

- ✓ This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.
- ✓ The form asks for a National Insurance Number or in the case of children under 16, the NHS number. This can be found on an NHS Medical Card or you can ask the child's GP for it. If an adult applicant does not have a National Insurance Number, please explanation should be provided.
- ✓ While you're asked to provide information about up to three vehicles in which the Blue Badge will be used, you can use a Blue Badge in other vehicles too. This information helps local authorities with enforcing the rules of the Blue Badge Scheme.
- ✓ A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued. For this reason, the local authority needs to check the applicant's identity, and the form explains how to provide the necessary information. The local authority may ask to see the applicant's identity documents to be sure they're valid.

Section 2 – Checking the applicant meets the qualifying criteria

- ✓ This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in.
- ✓ To check the benefits the applicant currently receives, or if need a specific letter is to be issued again, call the Department for Work and Pensions disability benefits helpline on 0345 712 3456 - if the applicant was born before 8 April 1948, or 0345 605 6055 if they were born on or after 8 April 1948.

Section 3 – Countersignatory questionnaire

- ✓ This section should be completed by a healthcare, teaching or social work professional who has seen the applicant at some time over the last 12 months and is not the applicant's GP.
- ✓ You should get one of the following kinds of professional to complete the form:

A doctor with a current licence to practice
An arts therapist
An occupational therapist
A practitioner psychologist
A speech and language therapist
A nurse who is a specialist practitioner in mental health nursing (SPMH)
A nurse who is a specialist practitioner in learning disability nursing (SPLD)
A nurse who is a specialist practitioner in community mental health nursing (SCMH)
A nurse who is a specialist practitioner in community learning disabilities nursing (SCLD)
A social worker registered with the Scottish Social Services Council
A class teacher registered with the General Teaching Council for Scotland

- ✓ If you can't get someone on this list to complete the questionnaire, talk to your council's Blue Badge service – contact details are on page 12. It may still be possible to make an application.