



**THE EUROPEAN BLUE BADGE SCHEME  
FOR DISABLED AND BLIND PEOPLE**

**APPLICATION FORM**

**Section A**

**Please complete all of the information requested in this section**

Tick the appropriate box

Title:

 Mr Mrs Ms Miss Other

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NHS Number: \_\_\_\_\_

National Insurance Number/Child Reference Number: \_\_\_\_\_

Surname at Birth: \_\_\_\_\_ Town of Birth: \_\_\_\_\_

Have you moved address in the last 3 years?

 YES NO

If yes, what is your previous address?

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Do you already have a Blue Badge?

 YES NO

If yes, is it from Solihull Council?

 YES NO

If yes, what is Expiry Date of your Current Badge

**Section B****Confirmation of your address and proof of your identification****Proof of your address:**

We need you to send us proof that your home address is within the Solihull borough. This can be one of the following. (Please tick which proof you are sending).

**A bank statement dated within the last 12 months**

**A Council Tax bill dated within the last 12 months**

**A prescription or formal letter** from an organisation such as a hospital, school or the Department of Work and Pensions (DWP)

**Proof of your identity:**

We need you to send us proof that you are the person whose details are in Section A of this form. This proof could be one of the following. (Please indicate which proof you are sending)

**A certified copy of your birth or adoption certificate**

(If the name on your birth certificate is different, please provide proof that your name has changed, such as a marriage certificate)

**A valid passport**

**A valid driving licence**

(Please only send this as proof if you have the pink or new style driving licence)

Can you please only send photocopies of all documents you are using as proof of your address and identity, not the originals. If you do not supply the requested proofs of address & identity your application will be returned to you by post for completion.

**Once completed go to section C**

## Section C

Please read each of the questions in this section carefully and tick the suitable box.

1. Do you receive the higher rate of the mobility part of the Disability Living Allowance?

 YES NO

If 'Yes', you must supply a confirmation letter stating the allowance has been awarded indefinitely or up to a certain period of time. If you do not have this you can telephone the Department for Work & Pensions on 08457 123456 and ask for a DBD 384 form, this will confirm your award. Your proof of entitlement must be dated within the last 12 months.

**If you answered YES to this question please go to Section G**

2. Do you receive a War Pension Mobility Supplement or entitlement to the Armed Forces Compensation Scheme?

 YES NO

If 'Yes', please supply evidence (e.g. an official letter confirming an award of War Pensioners' Mobility Supplement)

**If you answered YES to this question please go to Section G**

3. Are you registered blind under the National Assistance Act 1948?

 YES NO

If you are already registered with Solihull MBC proof of evidence will not be required. If you are registered with another local authority you will need to provide evidence of vision impairment.

**If you answered YES to this question please go to Section G**

**Please read the notes below if you are completing Section D of the application form**

**Section D** (overleaf) is to be completed if you have a permanent and substantial disability (i.e. a condition that is likely to last at least three years), which means you cannot walk or which makes walking very difficult. People with a behavioural or psychological disorder will not normally qualify unless their impairment causes very considerable difficulty in walking all the time.

Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk without assistance or severe discomfort. We understand how difficult it can be to accurately work out the distance you can walk, so have listed various facts that can help you.

- Ask someone to walk with you and pace the distance you walk. The average adult step is just less than one metre. For example, if the person walking with you took 100 steps, you would have walked about 90 metres
- The average double-decker bus is about 11 metres long
- A full-size football pitch is about 100 metres long.

## Section D

Eligibility criteria subject to further assessment for mobility  
Please complete where appropriate

1. Are you a permanent wheelchair user?

YES

NO

2. Are you able to walk? (Please tick no if you cannot walk at all)

YES

NO

3. Do you have physical problems that restrict your walking?

YES

NO

If 'Yes', please give details of your condition e.g. Arthritis, Emphysema or Heart Conditions

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4. How long have you had the condition(s)?

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5. How far can you normally walk (including short stops) before you feel severe discomfort?

By severe discomfort, we mean things like shortness of breath, pain, extreme tiredness, or muscle spasms.

Metres / Yards (please delete one)

6. How long, on average, would it take you to walk this far?

Minutes

7. What is the total length of time you can spend when you are out walking?

Example: How long could you walk around a shopping centre, taking into account any stops for rest minutes

Minutes

**8. Please tick the box that best describes your walking speed**

**Normal**  (about 51 metres or more a minute)

**Slow**  (about 40 to 50 metres a minute)

**Very slow**  (less than 40 metres a minute)

If there is not a box that describes your walking speed, tell us in your own words about your walking speed:

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**9. 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, use a walking aid or need physical support

If there is not a box that describes the way you walk, tell us in your own words about the way you walk:

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**10. Do you use any medication or pain relief?**

**YES**

**NO**

If yes give details i.e. Paracetamol and how often it is taken i.e. daily 4 times a day / weekly:

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**11. Do you use public transport?**

 YES NO

If yes please select below:

Local Buses	<input type="checkbox"/>	How often?	<input type="text"/>
Ring & Ride	<input type="checkbox"/>	How often?	<input type="text"/>
Other	<input type="checkbox"/>	How often?	<input type="text"/>

**12. Please identify the walking aid(s) that you use**

Wheelchair	<input type="checkbox"/>	How often?	<input type="text"/>
Walking Stick	<input type="checkbox"/>	How often?	<input type="text"/>
Walking Frame	<input type="checkbox"/>	How often?	<input type="text"/>
Crutches	<input type="checkbox"/>	How often?	<input type="text"/>
Swing through two crutches	<input type="checkbox"/>	How often?	<input type="text"/>

**Once completed go to section E**

## Section E

Are you applying on behalf of a child aged under three years who either;

1. Suffers from a condition requiring transportation of bulky medical equipment at all times?

YES

NO

2. Suffers from a condition that means they must always be near a motor vehicle so they can be treated for their condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

YES

NO

Please give details of the child's condition

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3. Does this require regular transportation of heavy equipment?

YES

NO

If yes what type of equipment?

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If you have completed this section please go to Section F

## Section F

### Professional Contact

**1. In the last 12 months, have you seen anyone in connection with your illness or disability?**

This is usually your GP but can be also be a hospital doctor or consultant, district or specialist nurse, occupational therapist or physiotherapist. Please tell us their professional address where you see them, such as doctor's surgery, health centre or hospital.

**YES**

**NO**

What is their profession?

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Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Which illness or disability do you see them for?

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How often do you see them due to your disability?

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**I agree that information can be obtained from the person named above.** Please note that failure to allow Solihull MBC to obtain additional information will result in the automatic refusal of your application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please go to Section G**

**Section G****Declaration- You must complete this section.****Please read the following and then sign to say you agree.**

I understand that the information, I have provided in this application form will be used to assess whether I am eligible for a Blue Badge and that this information and any supporting evidence may be held in paper files or on computer by Solihull Council. I understand that this information is kept so the council has up to date records and can provide statistical information about the use of Blue Badges. I also understand that this information may be passed to other agencies or professionals in order to confirm my claim for a Blue Badge.

**I declare that to the best of my belief that all information I have given on this Blue Badge application form is true.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you have filled in this application on behalf of someone else because they are not able to do so themselves because of their disability or age you must tell us your;

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your relationship to the applicant: \_\_\_\_\_

**Fee**

How will you pay your £2 fee?

- By cheque or postal order (When applying by post only)
- By cash (When applying at one of our Connect Walk-In Centres)

Our Walk-In Centres are located at Solihull (Library Square), Chelmsley Wood (West Mall), Shirley (Shirley Police Station) & Balsall Common (Balsall Common Library).

# Checklist

So we can process your application we need:

- 2 signed passport style colour photographs (Recently taken)
- Copy of proof of address
- Copy of proof of identity
- Copy of evidence from section C
- Macmillan Sticker (Only applicable to individuals under the care of Macmillan)

## Returning Your Application

You can take this form to any of the following designated offices.

### Opening Hours

<b>Solihull Connect</b> West Mall Blue Bell Centre Chelmsley Wood B37 5TN	Monday, Tuesday, Thursday & Friday Wednesday Saturday	09:00 – 17:30  10:00 – 17:30 09:00 – 13:00
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<b>Solihull Connect</b> Library Square Solihull B91 9RG	Monday Tuesday, Thursday & Friday Wednesday Saturday	08:30 – 17:30 09:00 – 17:30 10:00 – 17:30 09:00 – 13:00
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<b>Solihull Connect</b> Shirley Police Station Stratford Road Shirley Solihull B90 3AR	Monday to Friday Saturday	09:00 – 18:00 09:00 – 13:00
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<b>Solihull Connect</b> Balsall Common Library 283 Kenilworth Road Balsall Common CV7 7EL	Thursday	10:00 – 14:00
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Or you can post this form to:

**Solihull Connect**  
Connect Contact Centre  
West Mall  
Bluebell Centre  
Chelmsley Wood  
Solihull  
B37 5TN

Telephone: 0121 704 6000

Email: [bluebadges@solihull.gov.uk](mailto:bluebadges@solihull.gov.uk)

