



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

APPLICATION FORM

IMPORTANT - Please read the Guidance Notes, they will help you fill this form.

Please complete all of the information requested in this section

Section A

Tick the appropriate box

Title:

Mr

Mrs

Ms

Miss

Other

Full Name _____

Address: _____

Address: _____

Post Code: _____ Telephone Number _____

Date of Birth: _____

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

Once completed go to section B

Section B

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

We will need to see evidence that you receive this benefit
e.g. An up to date letter confirming you get this benefit.

If you answered YES to this question please go to Section E

2. **Do you receive a War Pension Mobility Supplement?**

 YES NO

We will need to see evidence that you receive this benefit
E.g. Pension Book showing this benefit.

If you answered YES to this question please go to Section E

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

 YES NO

If you are already registered with us we do not need to see any evidence. If you are registered somewhere else we need to see certificate of vision impairment

If you answered YES to this question please go to Section E

If you have answered NO to all of the questions in this section you could still qualify for a badge

Do you or the person on whose behalf you are applying:

- Have a congenital disability affecting both arms.
- Have a child under the age of two suffering a medical condition and need bulky medical equipment or immediate access to a vehicle for treatment?
- Have considerable difficulty walking or are unable to walk due to permanent and substantial disability
- Have Multiple Sclerosis (MS), Parkinson's disease, terminal cancer or any other obvious physical or degenerative physical disability.

Section C

If you need more space please continue on an extra sheet of paper.

1. What is the nature of your disability? _____

2. How does this disability affect your ability to walk or drive? _____

3. What is the farthest distance you can walk without stopping, experiencing severe discomfort or needing help from some one else? _____
4. Do you regularly use a walking aid or wheelchair? YES NO
If you answered YES please state the type of aid used _____

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

Suffers from a condition needing bulky medical equipment at all times?

 YES NO

and/or

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 _____

Does this require regular transportation of heavy equipment?

 YES NO

If yes what type of equipment? _____

If you have completed this section please go to Section D

Section D

Only fill in this section if you have filled in section C

Sometimes when we consider Blue Badge applications we need to contact your Doctor. To do this we need your authorisation and agreement that we can contact them.

Please give us the name and address of your Doctor and sign your name to say that you give us permission to contact your Doctor about your Blue Badge application.

Name of family doctor: Dr _____ Tel: _____

Address: _____

Post Code: _____

I authorise my family doctor to give medical evidence of my disability to Solihull Metropolitan Borough Council in connection with my Blue Badge application.

Signed: _____ Date: _____

Please go to Section E

Section E

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: _____

Evidence

You must attach a photocopy of two of the following as proof of your identity.

Birth certificate/adoption certificate Medical card

New style driving licence Passport

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: _____

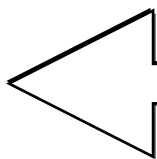
Checklist

Have you signed and put the date on this form?

So we can process your application as quickly as possible we need:.

- 2 signed passport style colour Photographs (recent)
- Cheque or postal order for £2.00
- Copy of proof of address
- Copies of proof of identity
- Badge holder signature completed.
- Copy of evidence from section B
- Macmillan Sticker (Only applicable to individuals under the care of Macmillan)

Badge Holder's Signature



You (or your authorised representative) must also sign in the box.
This signature will be placed on the back of the Blue Badge along with your photograph.

