

# Blue Badge / London Taxicard Application Form

Blue Badge applicants, if you prefer to apply online you can do so at [www.gov.uk](http://www.gov.uk)

## SECTION 1 – Personal Details

If you are completing this form on behalf of a child under 16 please provide their details and sign the form on their behalf. \*Fields marked with an asterisk must be completed

I am applying for:  NEW Blue Badge  RENEW Blue Badge  London Taxicard

If RENEWING a Blue Badge please enter: Badge Number \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Expiry date of badge \_\_\_\_\_

### All Applicants:

Title\* \_\_\_\_\_ Female [ ] Male [ ]

Surname\* \_\_\_\_\_

First Name(s)\* \_\_\_\_\_

Surname at Birth (if different)\* \_\_\_\_\_

Home address\* \_\_\_\_\_

Postcode\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Town of Birth\* \_\_\_\_\_ Country of Birth\* \_\_\_\_\_

National Insurance Number/Child Registration Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Method Email [ ] Telephone [ ] Letter [ ]

If applying for a Blue Badge, give registration numbers of the 2 main vehicles it will be used in

Vehicle1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_

**GP / CONSULTANT** Please give details of a GP or Consultant who knows about your health condition/ disability who we can contact if it is relevant to your application.

Name of GP / Medical Professional: \_\_\_\_\_

Name and Address of Surgery: \_\_\_\_\_

Postcode \_\_\_\_\_

## SECTION 2 – Automatic Eligibility

Applications made under this section can take up to 4 weeks to process.

### 2a) Blind (severely sight impaired)

Are you registered as blind (severely sight impaired)? Yes [ ] No [ ]

If Yes, we can verify this with the Boroughs register of blind people.

If you are not registered with the Borough, please provide a copy of your Certificate of Vision Impairment (CVI) or BD8 form signed by a Consultant Ophthalmologist.

### 2b) Disability Living Allowance - Higher Rate Mobility

Do you receive the Higher Rate Mobility of Disability Living Allowance? Yes [ ] No [ ]

**(Please note Attendance Allowance does not apply)**

If Yes, is the award indefinite? Yes [ ] No [ ] (

If it is not indefinite, when does it end? \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide a letter of entitlement **dated within the last 12 months**.

If your award is for a limited period, your eligibility for the scheme will only last as long as that period.

You can order a letter from the Department for Work and Pensions on 08457 123456.

### 2c) Personal Independence Payments (PIP) 'Moving Around' score of 8 or more

Does your PIP state any of the following under 'Moving Around'?

- You can stand and then move unaided more than 20 meters but no more than 50 meters (8 points)
- You can stand and then move using an aid or appliance more than 20 meters but no more than 50 meters (10 points)
- You can stand and then move more than 1 meter but no more than 20 meters (12 points)
- You cannot stand or move more than 1 meter (12 points)

If any of the above descriptors are listed on your PIP award letter, please tick the relevant box and provide a copy of your award letter **dated within the last 12 months**.

### 2d) War Pensioners Mobility Supplement

Do you receive the War Pensioners Mobility Supplement? Yes [ ] No [ ]

If Yes, please provide a letter of entitlement to this benefit. You can call the SPVA on 0800 169 2277

### 2e) Armed Forces and Reserve Forces (Compensation) Scheme

Have you received a lump sum benefit at tariffs 1-8 of the Armed Forces and Reserve Forces Compensation Scheme and been certified by the Service Personnel and Veterans Agency (SPVA) as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking? Yes [ ] No [ ]

If Yes, please provide a letter from the SPVA detailing the level of your award and confirming you have a permanent and substantial walking disability. You can call the SPVA on 0800 169 2277.

## SECTION 3 – Assessed Eligibility

Applications made under this section can take up to 6 weeks to process.

Section 3 is for people who do not automatically qualify. Complete Section 3 if you answered No, to all questions in Section 2. This section is also for children under 3 with certain medical conditions and applicants with severe disability in both arms.

**IMPORTANT:** Applicants who do not automatically qualify can provide recent medical evidence of their health condition/disability. It is not essential, but if you can provide this it may speed up your application. You do not need to ask your GP for any new information as applicants are offered a mobility assessment if eligibility is unclear

**What are the medical names for your health condition/disability?**

If you do not know the medical names please describe in your own words.

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**How often is your mobility limited due to your health condition/disability?**

All the time [ ] Every day [ ] Occasionally [ ]

**How long have you had the above condition/disability?** \_\_\_\_\_

**How long is your condition/disability likely to affect you?** \_\_\_\_\_

**Are you on medication for your health condition/disability?** Yes [ ] No [ ]

If **Yes**, please list medication: \_\_\_\_\_

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**Have you had surgery for your health condition/disability?** Yes [ ] No [ ]

If **Yes**, please tell us what kind of surgery you had and when you had it?

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**Note:** If you have recently had joint replacement surgery you will need to wait 6-8 weeks after surgery before applying so that we can assess your long term mobility.

**Are you currently receiving or expecting to receive any treatment for your health condition/ disability?** e.g. surgery, physiotherapy, cancer therapy Yes [ ] No [ ]

If **Yes**, please tell us what kind of treatment, and whether it is current or planned?

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**Do you use a wheelchair?** Yes [ ] No [ ]

If you use a wheelchair it would be helpful to provide medical evidence verifying this. Such evidence may mean that you do not need to attend a mobility assessment.

If Yes, when do you use it? **Indoors** [ ] **Outdoors** [ ] **Both** [ ]

How often do you use it? **Always** [ ] **Every day** [ ] **Sometimes** [ ]

**Do you use a walking aid?** Yes [ ] No [ ]

If **Yes**, what walking aid(s) do you use? \_\_\_\_\_

**How often do you use the walking aid?** \_\_\_\_\_

**How far can you usually walk?** This is with or without a walking aid, whichever is more usual for you. As a guide a bus is about 33 feet/ 10 meters. A football pitch is about 115 yards/108 meters \_\_\_\_\_

**How long does this take you?** \_\_\_\_\_ minutes

**What stops you from walking further?** \_\_\_\_\_

**How long can you usually stand, either with a walking aid or alone (whichever is more usual for you) before you need to sit down and rest?**

0-1 minute [ ]      1-3 minutes [ ]      3-5 minutes [ ]

5-10 minutes [ ]      10-20 minutes [ ]      20 minutes + [ ]

**What prevents you from standing any longer?** Pain [ ] Balance [ ] Other [ ]

If Other please specify \_\_\_\_\_

## QUESTIONS FOR LONDON TAXICARD APPLICANTS ONLY

**Are you able to get in and out of regular mini cabs?** Yes [ ] No [ ]

If No, please state why: \_\_\_\_\_

**Are you able to get in and out of black taxis?** Yes [ ] No [ ]

If No, please state why: \_\_\_\_\_

## QUESTIONS FOR CHILDREN UNDER 3 YEARS ONLY

Complete the below questions if applying for a child under 3 years old.

**Does the child need quick access to a car due to their medical condition?** Yes [ ] No [ ]  
This may be because treatment for their condition can be given in the vehicle, or the child can be taken quickly in the vehicle to a place where treatment can be given.

**Does the child require the use of bulky medical equipment?** Yes [ ] No [ ]

If Yes, what type(s) of equipment? e.g. ventilators, suction machines \_\_\_\_\_

If you have answered yes to either of the above please provide recent medical evidence from a GP or paediatrician detailing the child's medical condition and the type of medical equipment needed. You may want to enclose several pieces of evidence to help us establish the child's eligibility more quickly.

## QUESTIONS FOR PEOPLE WITH SEVERE DISABILITY IN BOTH ARMS ONLY

Complete the below questions if you have severe disability in both arms.

**Do you have a severe disability in both arms?** Yes [ ] No [ ]

If Yes, please provide medical evidence, such as a medical report, or letter from a GP or consultant giving details of your disability. You may choose to provide more than one piece of medical evidence

**Do you drive regularly?** Yes [ ] No [ ]

**Do you drive a specially adapted vehicle?** Yes [ ] No [ ]

If Yes, please provide a copy of your driving licence containing the codes to verify this.

**Are you unable to operate, or do you have great difficulty operating some or all types of parking meter?** Yes [ ] No [ ]

If Yes, what difficulties do you have? \_\_\_\_\_

## QUESTIONS FOR LONDON TAXICARD APPLICANTS APPLYING DUE TO SEVERELY DISRUPTIVE BEHAVIOUR

**Do you receive Disability Living Allowance (DLA) or Personal Independence Payments (PIP)?** Yes [ ] No [ ]

If Yes, please provide a letter of entitlement dated with the last 12 months.

You can order a letter from the Department for Work and Pensions on 08457 123456.

**Does your disability mean that you exhibit severely disruptive behaviour?** Yes [ ] No [ ]

If Yes, please provide medical evidence of your disability and how it affects your behaviour.

**Does the nature of your behaviour mean that another person must be present with you and watching over you in order to prevent injury to yourself and/or others?** Yes [ ] No [ ]

**Are you registered with a London Borough of Richmond Social Care team?** Yes [ ] No [ ]

If Yes, please provide your Social Worker, or Care Managers contact details below

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Additional Information** Use this space to provide further information to support your application

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## SECTION 4 – Equality Monitoring

This information will be kept confidential and is only used to improve Council services. It enables us to measure whether all sections of the community are accessing services

### Ethnic Background – please tick one box in this section

#### WHITE

- British
- English
- Welsh
- Scottish
- Northern Irish
- Irish
- Albanian
- Gypsy or Irish Traveller
- Other white background  
specify \_\_\_\_\_

#### BLACK OR BLACK BRITISH

- African
- Caribbean
- Other Black background  
specify \_\_\_\_\_

#### MIXED

- White & Asian
- White & Black African
- White & Black Caribbean
- Other mixed background  
specify \_\_\_\_\_

#### ASIAN OR ASIAN BRITISH

- Indian
- Afghan
- Pakistani
- Bangladeshi
- Other Asian background  
specify \_\_\_\_\_

#### OTHER

- Arab
- Chinese
- Vietnamese
- Middle Eastern
- Other Ethnic background  
specify \_\_\_\_\_

### Religious Belief – please specify your religion/belief

- Christian
- Buddhist
- Hindu
- Muslim
- Sikh
- Jewish
- None
- Other  
specify \_\_\_\_\_

### Disability - Do you have any disability ?    Yes    No

- Physical impairment
- Learning disability or difficulty
- Long-standing illness/ condition e.g. cancer, HIV, diabetes.
- Other, please specify \_\_\_\_\_
- Sensory impairment
- Mental illness

## SECTION 5 - Declaration and Signatures

Please tick each box to indicate that you have read and understood each statement. Not ticking a statement may result in us not issuing you with the transport concession. Providing fraudulent information may result in prosecution and a fine.

**Data Protection Statement** - All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, government bodies, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection Act, to be “sensitive personal data” and will only be disclosed to third parties as necessary for the operation and administration of the transport concession(s), and to other Government Departments or agencies, to validate proof of entitlement or as otherwise required by law.

- I understand that I must not hold more than one Blue Badge and/or one London Taxicard\*.
- I confirm that the photograph I have submitted is a true likeness to myself\*.
- I confirm that 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 the local authority of any changes that may affect my entitlement to the concession(s) and I will return them should I no longer be eligible.
- I understand that I must not allow any other person to use a concession issued to me and that I must only use the concession(s) in accordance with the rules of the scheme. If I become aware that another person is using the concession(s) I will report this to the Council immediately\*.
- I understand that the local authority may need to contact my GP; Consultant; Social Worker; Care Manager; and/or other relevant professional for the purpose of obtaining further information regarding my application\*\*.
- I understand that I may be need to have an assessment with a healthcare professional who is independent of my existing care/treatment in order to determine my eligibility for the scheme\*\*.
- I agree to the local authority checking information already held by the Council on the basis that:
- It can help determine my eligibility for a Blue Badge
  - It may speed up the processing of my application;
  - It may enable a decision to be made without the need for a mobility assessment.

\* must be ticked by all applicants. \*\* must be ticked if applying under the assessed criteria.

**Applicant Signature:**

**Date:**

If you are unable to sign the declaration yourself it may be signed on your behalf. If you are under 16 years of age, your parent or legal guardian must sign this form. If signing on behalf of the applicant please enter your details below and provide the reason you are signing. If signing on behalf of a person over 16 years, it is expected that you would have power of attorney for them.

<b>Name</b>	<b>Relationship</b>
<b>Telephone Number</b>	
<b>Reason Applicant is not signing</b>	

## SECTION 6 – Proofs and Checklist

- I enclose one passport sized colour photograph with my name on the reverse
- I enclose the relevant proof of entitlement to support my application (a copy is suitable)
- Disability Living Allowance letter of entitlement (dated within last 12 months)
  - Personal Independence Payment Award letter (dated within last 12 months)
  - Service Personnel and Veterans Agency letter of entitlement
  - Certificate of Visual Impairment or BD8
  - Applicants who do not automatically qualify may choose to provide recent medical evidence of their health condition/disability to support their application. It is not essential, but if you have medical evidence such as from a recent hospital visit, it could help speed up your application. You do not need to see your GP to request new information.
- I enclose one proof of residence, dated within the last 3 months (a copy is suitable)
- A residential utility bill (gas, electric, telephone, water) - mobile phone bills are not suitable
  - TV Licence / exemption
  - Rent book or tenancy agreement
  - Benefits / Pension letter or book (i.e. DLA or SPVA letter if dated in last 3 months)
  - Council tax bill / statement.
  - Home contents insurance document confirming current policy
- I enclose one proof of identity (a copy is suitable)
- Valid driving licence (photocard)
  - Passport / Certificate of British Nationality
  - Older or Disabled Persons Freedom Pass
  - Birth/Adoption Certificate (with marriage or change of name certificate if relevant).
  - Marriage / Civil Partnership / Divorce / Dissolution Certificate
  - HM Forces ID card
- I enclose a complete application form, with the declaration signed and dated
- I enclose/will pay the Blue Badge issue fee of £10 (no fee for London Taxicard)
- Cheque/Postal Order - I enclose a cheque/postal order for £10 made payable to 'LBRUT'. Payment will only be taken if your application for a Blue Badge is successful.
- OR**
- Card payment - I want to pay by credit or debit card. If my application is successful, an officer from the Accessible Transport Unit will contact the person stated below by phone to collect payment. Enter the relevant contact number(s) for card payment below.

Telephone number(s) for card payment: Home \_\_\_\_\_

Mobile \_\_\_\_\_

Cardholders name \_\_\_\_\_



## Communication Information

If you have difficulty understanding this publication, please visit Reception at the address below where we can arrange a telephone interpreting service.

- Albanian Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.
- Arabic إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية
- Bengali এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।
- Farsi اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.
- Gujarati જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટિંગ સેવાની ગોઠવણ કરી આપીશું.
- Panjabi ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

If you would like a copy of this application pack in Braille, large print, audio tape or a community language then please contact:

The Accessible Transport Unit,  
4 Waldegrave Road,  
Teddington,  
TW11 8HT

Tel: 020 8831 6096 / 0208 831 6191

**PLEASE RETURN YOUR APPLICATION TO THE ADDRESS ABOVE**

