

Apply for a Blue Badge

Wherever possible apply for a badge online at:

www.westsussex.gov.uk/bluebadge

You'll need to provide proof of identity, address and benefit (if applicable) or copies of recent clinical documentation. You will also need a recent photograph of the applicant's face including shoulders. There is no guarantee that an existing Blue Badge will be renewed based on previous information provided and you may be required to attend an eligibility assessment. Please allow approximately 12 weeks for a complete application to be considered. Incomplete applications will take longer to process. You will be notified of the outcome of the application in writing.

Please complete using BLACK pen only



Who are you applying for?

- ☐ Myself (The badge is for you)
- ☐ Someone else (A relative or somebody you care for)

Fill in the answers and sign the form on their behalf. Where the form says "you", it is referring to the applicant.

If you're applying for somebody else, we'll ask for your name and your relationship to the applicant.

If applying for a child under 3, please go to Section 6 once you have completed Section 1.

A different application form is available for Organisations

Do you already have a Blue Badge?

- ☐ Yes
- Enter the badge number (6 digits)

- ☐ No

If you don't know the badge number, leave it blank and your local authority should be able to find the badge using your details.

Terminal Illness

We have a process in place with local Hospices and Macmillan Nursing Teams to provide a compassionate and efficient service for people who are terminally ill. Please ask a member of the team for further details.

Alternatively, if you have been issued with form SR1 by your doctor please attach a copy and complete Section's 1 and 8. If you are not in the care of a hospice or Macmillan nursing team and you don't have form SR1, please indicate below that you are applying with a terminal illness and go to Section 1.

- ☐ I have attached a copy of form SR1 (please go to section 8)
- ☐ I am applying with a terminal illness (please continue to section 2)

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Section 1 – Applicant details

Full name (First name, middle name/s and Last name)

Should be the full name of the person the badge is for

Has your name changed since birth?

☐

Yes

Enter full name at birth

☐

No

Gender

☐

Man (or Boy)

☐

Woman (or Girl)

☐

Identify in a different way

Enter gender identified with

Date of birth (Day / Month / Year)

National insurance number

(Leave blank if you don't have one)

This helps us to find your details if you call up about your application.

Home address of Applicant

(This is where the badge will be posted to)

Postcode:

We can only issue a Blue Badge to residents of West Sussex

Email address**Main phone number (required)**

Including the applicant's telephone number helps enforcement officers check the badge is being used correctly.

Alternative phone number (optional)**If you are applying on behalf of somebody else****Who should be contacted about this application?**

(If you're the contact, put your full name here)

Your relationship to the applicant

For you or the person you're applying for

Which of these are you providing as proof of identity?

(Choose one, and attach a photocopy)

- ☐ Birth or adoption certificate
- ☐ Marriage / Civil partnership / Dissolution or Divorce certificate
- ☐ Passport / ID Card / Citizenship Card
- ☐ Driving licence

Attach a **photocopy** of the proof of identity to this application. Do not send original documents.

Which of the following proofs of address are you supplying?

(Choose one, and attach a photocopy)

- ☐ Council Tax
- ☐ Driving Licence
- ☐ Utility Bill, Benefit or Bank Statement
- ☐ NHS issued letter
- ☐ Government Issued letter

This must be **dated within the last 12 months**. Send a **photocopy**. Do not send an original document.

Recent colour photograph of the applicant

You'll need a photo to be printed on the back of the Blue Badge. The requirements are similar to a passport photo.



Make sure it:

- Was taken as recently as possible
- Has a plain, light, background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness
- Is in colour

It's best to get somebody else to take the photo.

The photo should have the applicant's name written on the back.

Renewal applicants of badges issued by West Sussex County Council can have their image reused **once**. If you wish to have your previous image reused, please confirm below that it is remains a true likeness:

Vehicle Usage

The vehicle could be owned by the applicant, or one that is owned and driven by their main carer

e.g. their partner/spouse or their parent/carer.

Blue Badges can be used in any motor vehicle the holder is travelling in.

Badge issue fee

If your application is successful we will contact you with details of how to pay for your badge. **Please do not send payment with your application.** Payments are taken online or by telephone and badge delivered directly to your home address.

A Blue Badge costs £10

Section 2 – Benefits or severely sight impaired

Introduction

You may automatically qualify for a Blue Badge if you either:

- Are severely sight impaired (blind)
- Received 8 or more points in the “moving around” part or 10 points (Descriptor E only) in the “planning and following journeys” part of a mobility assessment for Personal Independence Payment
- Receive the higher rate of the mobility component for Disability Living Allowance
- Receive the War Pensioners’ Mobility Supplement
- Receive a qualifying award under the Armed Forces Compensation Scheme

Please note that if you apply in this section with an award issued to a date less than 3 years in the future, your Blue Badge will be set to expire on the same date as the award. In these instances, you can instead apply for a Blue Badge that expires in 3 years by going to **Section 3***.

If none of these specific criteria apply to you, go to **Section 3**. Otherwise, you should complete the relevant section below and then go to **Section 8**. If you are in any doubt about the section you need to complete, please telephone our helpline on 01243 777653 as incomplete applications will need to be returned.

Unless you are registered as severely sight impaired (blind), you will need to attach a copy of the proof of your benefit to this application.

* Please note that applications processed from Sections 3-6 involve Assessments of greater complexity and therefore usually take longer to be processed. Also consider that there is no guarantee of approval.

Severely sight impaired (blind)

Are you registered as severely sight impaired (blind) and do you give us permission to check the register at the local authority?

☐

Yes

Enter the name of the local authority you are registered to

☐

No

Enclose a copy of your Certificate of Vision Impairment (CVI)

If you are not registered as severely sight impaired (blind) and you would like to be, let the local authority know. The local authority will be able to add you to the register if you have your Certificate of Vision Impairment.

Disability Living Allowance (DLA)

Were you awarded the higher rate of the mobility component?

☐

Yes

If your award has an end date, enter the end date

☐

No

Make sure you send a **photocopy** of the award letter with this application.

If the award end date is less than three years, your badge will expire on this date. Please read the introduction of Section 2 on Page 5 for more information and options.

If you were awarded the higher rate of the mobility component, you need to attach a photocopy of the letter from DWP, dated within the last 12 months. This certificate of entitlement should confirm your mobility rating.

Personal Independence Payment (PIP)

Did you score 8 points or more in the “moving around” part of the mobility assessment?

☐

Yes

How many points were scored?

If your award has an end date, enter the end date

☐

No

Answer the next question under “PIP”

If you did score 8 points or more in the “moving around” part of the mobility assessment, you need to attach a copy of every page from the award letter from DWP. It should show your entitlement to PIP, assessment scores (including the mobility scores). If the Award letter is more than 12 months old, please also submit a copy of your latest annual uprating letter.

Make sure you send a **photocopy** of all the pages from the award letter with this application.

If the award end date is less than three years, your badge will expire on this date. Please read the introduction of Section 2 on Page 5 for more information and options.

Personal Independence Payment (PIP)

Did you score this specific points descriptor in the “planning and following a journey” part of the mobility assessment?

Descriptor E (10 points) - You cannot undertake any journey because it would cause overwhelming psychological distress

☐

Yes

If your award has an end date, enter the end date

☐

No

If you did score the 10 points with the correct descriptor outlined above in the “planning and following journeys” part of the assessment, you need to attach a copy of every page from the award letter from DWP. It should show your entitlement to PIP, assessment scores (including the mobility scores). If the Award letter is more than 12 months old, please also submit a copy of your latest annual uprating letter.

Make sure you send a **photocopy** of all of the pages from the award letter with this application.

Please note that you have to meet this exact requirement to be automatically eligible. **Those in receipt of 10 points under “planning and following a journey” and descriptor D or receive 12 points will need to go to Section 3.**

If the award end date is less than three years, your badge will expire on this date. Please read the introduction of Section 2 on Page 5 for more information and options.

Armed Forces Compensation Scheme

Have you received a lump sum payment within tariff levels 1 to 8 of the scheme? and have you been certified as having a permanent and substantial disability?

☐ Yes

Enclose the original letter from Veterans UK* as proof.

☐ No

You must enclose a **photocopy** of your letter as proof of entitlement.

*Letters were previously issued by the Service Personnel and Veterans Agency (SPVA)

War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

☐ Yes

If your award has an end date, enter the end date

☐ No

You must enclose a **photocopy** of your letter as proof of entitlement.

If the award end date is less than three years, your badge will expire on this date. Please read the introduction of Section 2 on Page 5 for more information and options.

Section 3 – Walking difficulties

Applicants applying for a badge under section 2 can go straight to **Section 8**.

Please remember you must send copies of recent medical documentation to support your application if applying in this category.

Some examples of suitable evidence include the following:

- an up-to-date GP patient summary printout which gives an overview timeline for
- medical issues (available on request from GP surgery)
- current repeat prescription
- copies of any specialist healthcare reports, plans, or reviews to illustrate treatment undergone or planned (e.g. pain clinic report, physio report, consultant
- letter) particularly if any of these are showing on your patient summary
- copy of a hospital discharge summary (if applicable)
- copies of reports or letters from recent hospital or clinic consultations from e.g.
- physiotherapists, consultants, specialist nurses, oncology
- x-ray or MRI/CT scan reports to explain findings
- treatment outcome reports

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Do you have a condition or disability which means you cannot walk or find walking very difficult?

☐ Yes

Continue answering the questions in this section (you may wish to also answer questions in section 4)

☐ No

Go to **Section 4**

Name any health conditions or disabilities that affect your walking
(Try to use the correct medical terms, if you know them)

Be as descriptive as possible, but we'll ask you some more questions after this about how your walking is affected and things like medication.

How does your health condition make walking difficult for you?

☐ Excessive pain whilst walking

How would you describe the pain you experience, when walking? (You can choose more than one)

☐ When I take my pain relief medication I am able to cope with the pain

☐ Even after taking pain relief medication I have to stop and take regular breaks

☐ Even after taking pain relief medication the pain makes me physically sick

☐ Even after taking pain relief medication I am frequently in so much pain that walking for more than 2 minutes is unbearable

☐ Other
Describe the pain

Only fill in the extra text-boxes if you've ticked the checkbox.

Breathlessness whilst walking

When do you get breathless?

(You can choose more than one)

- ☐ Walking up a slight hill
 - ☐ Trying to keep up with others on level ground
 - ☐ Walking on level ground at my own pace
 - ☐ Getting dressed or trying to leave my home
 - ☐ Other
- Describe when you get breathless

Also known as shortness of breath, this could be described as an intense tightening in the chest, or a feeling of suffocation.

Balance, coordination or posture

Describe how the way you walk is affected by your condition

(For example, if your posture is affected or you struggle to take full steps)

How would you describe your balance or coordination, when walking?

(You can choose more than one)

- ☐ I can walk around a supermarket, with the support of a trolley
 - ☐ I can walk up/down a single flight of stairs in a house
 - ☐ I can only walk around indoors
 - ☐ I can walk around a small shopping centre
 - ☐ Other
- Describe your balance or coordination, when walking

Have you seen a healthcare professional for any falls in the last 12 months?

☐ Yes ☐ No

☐ It's dangerous to my health and safety
Describe how your condition makes walking dangerous

Only fill in the extra text-boxes if you've ticked the checkbox.

Do you have a chest, lung or heart condition / epilepsy?

☐ Yes ☐ No

☐ Something else
What is it about your condition that causes you difficulty walking?

Help to get around		
What is this aid or support? (For example, a wheelchair, crutches or a member of your family)	When do you need this help? (For example, to get to the shops)	If it's an aid, how was it provided? (For example, Hospital or bought privately)

How long can you walk for without stopping?

(If you listed an aid, then your answer should be when using that aid)

- ☐ I can't walk at all
- ☐ Less than a minute
- ☐ Between 1 and 5 minutes
- ☐ Between 5 and 10 minutes
- ☐ More than 10 minutes

“Stopping” could be to take a rest or to catch your breath.

Only tick one.

If you cannot walk, go to section 7

Describe somewhere you can walk from and to

(Be specific and use place names or house numbers)

For example, “from my home to Tesco” or “from my home to No. 36 on my street”

How long does it take you and how many times do you need to stop?

(For example, 8 minutes, 2 stops)

If you use an aid to get around, then your answer should be whilst using that aid

Unless you have a non-visible (hidden) condition, go to: **Section 7 – Treatments, medication, healthcare professionals & supporting documents**

Section 4 – non-visible (hidden) conditions

If you answer "no" to the first question in this section, but “yes” to any of the questions in section 3, you can skip this section and go straight to **Section 7**. Please remember you must send copies of recent medical documentation to support your application if applying in this category.

- a **complete** EHCP report from school for children or young adults
- Support plans (recent, dated, relevant)
- Psychology or psychiatrist reports in **full**
-

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

Do you have a non-visible (hidden) condition, causing you to severely struggle with journeys between a vehicle and your destination?

☐ Yes

Continue answering the questions in this section

☐ No

Go to **Section 7**

☐ I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

How often does this happen?

- ☐ Almost never
☐ Sometimes
☐ Almost every journey
☐ Every journey

Please describe the kinds of incidents that have happened or are likely to happen on journeys

☐ I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control

How often does this happen?

- ☐ Almost never
☐ Sometimes
☐ Almost every journey
☐ Every journey

Please give examples of the situations that cause temporary loss of behavioural control

If some, or most, of these do not apply to you, please use the free text boxes to explain what affects you.

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

☐ I can become extremely anxious or fearful of public/open spaces

When do you become extremely anxious/fearful?

☐ Almost never

☐ Sometimes

☐ Almost every journey

☐ Every journey

Please describe the levels of anxiety

☐ Something else

Please describe what affects you taking a journey

How would a Blue Badge improve taking a journey between a vehicle and your destination for you?

(Describe your needs, in detail)

All applicants applying under this section (4) should answer this question.

What measures are currently taken to try to improve journeys for you between a vehicle and your destination?

(List the measures taken to try to improve journeys)

Please add all measures that you can think of.

Remember, when we are referring to “you” this is the applicant. If you’re applying for somebody else, answer the questions on their behalf.

How effective are they?

You can now go to: **Section 7 – Treatments, medication, healthcare professionals & supporting documents**

Section 5 – Disability that affects both arms

If you answer "no" to the first question in this section, but "yes" to any of the questions in sections 3 or 4, you can go straight to Section 7.

Do you have a disability in both arms?

☐ Yes

Continue answering the questions in this section

☐ No

Go to **Section 6**

Do you drive regularly?

☐ Yes

Continue answering the questions in this section

☐ No

Go to **Section 6**

Name any health conditions or disabilities that affect your arms

(Try to use the correct medical terms, if you know them)

Remember, when we are referring to "you" this is the applicant. If you're applying for somebody else, answer the questions on their behalf.

Do you struggle to operate parking machines?

☐ Yes

Describe how you struggle to operate parking machines

☐ No

Do you drive an adapted vehicle?

☐ Yes

Describe how it has been adapted for you. You should also attach copies of insurance details or Vehicle Registration document which verify this.

☐ No

Attach **photocopies** of your insurance details or Vehicle Registration document as supporting documents.

Section 6 – Children under 3 years old

This section is for people applying on behalf of a child that is under 3 years old.

Are you applying for a child under 3 years old?

☐

Yes

Continue answering the questions in this section

☐

No

Go to **Section 7**

Which of these applies to the child under 3?

☐

They need to be accompanied by bulky medical equipment

☐

They need to be near a vehicle to receive or be taken for treatment

☐

Neither of these

Name any health conditions or disabilities that affect the child

(Try to use the correct medical terms, if you know them)

You should enclose a letter from any healthcare professionals that are involved in the child's treatments, which confirms the details of the condition.

Section 7 – Treatments, medication, associated professionals & documents

This section is for if you have answered any of the questions in sections 3, 4, 5 or 6. Otherwise, go to **Section 8**.

Treatments

Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next 3 years. List any surgeries, treatments or clinics that are to do with your condition.

☐ Yes

Add the treatment details below

☐ No

Go to “**Medication**”

We do not have access to your NHS records and can only consider information submitted with your application. Please supply as many relevant details as possible with your application

Treatments

Describe the treatment

Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.

Date of the treatment

If it's in the future – Do you expect the condition to improve afterwards?

Medication

Do you take any medication for your condition?

(Any medication or pain relief you currently take for your condition)

☐

Yes

Add the medication details below

☐

No

Go to **“Associated professionals”**

Medication

Name of this medication or pain relief And is it prescribed?	How much do you take at a time? (Dosage)	How often do you take this?

Associated or healthcare professionals

Do you currently see any professionals for your condition?

(Or if you have seen any in the last 3 years)

☐ Yes

Add their details below

☐ No

Go to **“Supporting documents”**

Examples of professionals could be consultants, teachers, therapists, neurologists, psychologists, or psychiatrists.

Associated or healthcare professionals

Name and role of the professional

(This cannot only be your GP)

Where do they work?

(Include organisation name, address, email and telephone number if possible)

Supporting documents

Are you attaching supporting documents to this application?

☐ Yes

List the documents you are attaching below.

☐ No

Go to **Section 8**

What documents are you attaching?

List the copies of documents you are attaching to this application where possible.

Please ensure you only send photocopies of documents as the Council cannot guarantee the safe return of original documents. Libraries may not be open or be able to assist with photocopying, so please check before making a journey.

Please note that the Council **does not contact** your GP etc. as a matter of course and does not have access to your NHS records. Therefore in order to determine eligibility, you will need to supply copies of documents that support your application. Some examples are listed below:

- Clinical letter/s and/or diagnosis letter, as up-to-date as possible
- Evidence from a Professional of the progression of the condition over time
- Confirmation of ongoing treatments/clinic attendances, or referral for such
- Evidence of prescribed medication relevant to your condition
- You Patient Summary or Summary Care Records
- Education Health and Care Plans (EHCP) – the most up to date version and **complete** copy
- Care Plans from Social Care
- Social housing letters/assessment reports from a local authority
- **Complete** letters from other professionals involved in your care
- Personal Independence Payment (PIP) decision letters (including those not specified in section 2)
- Evidence of other benefits received (including those not specified in section 2)

It's especially important to attach a new photograph and documents where we've asked for you to provide proof or verification.

The most common reason for the refusal of applications is a lack of supporting evidence.

If you are renewing a Badge that West Sussex County Council previously issued, we may be able to re-use previous documents and your photograph. Please contact us for further clarification.

West Sussex County Council will not pay for or reimburse any costs associated with applying for a badge, including supply of supporting documents. We **do not** encourage you to supply documents that will involve a charge, including obtaining a letter from your GP.

Section 8 – Declaration

Sign one of the two sections.

Read the declaration carefully and only sign it once you are clear.

Applying for yourself

By submitting this application you agree that:

- you have read and understand the rules for using a Blue Badge
- the details provided are complete and accurate
- you won't hold more than one Blue Badge at any time
- you will tell your local authority about any changes that may affect your eligibility

You also agree that your local authority may:

- contact you if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for you
- suggest other benefits or services that you may be eligible for

☐ I agree to this declaration

Voluntary additional declaration to help determine eligibility

☐ I consent to West Sussex County Council checking any information held by the Social Care Department on the basis that it can help determine my eligibility.

Signed

Date of signature

Privacy Notice: West Sussex County Council (WSSC) complies with the Data Protection Act and the GDPR and is registered as a 'Data Controller' with the Information Commissioner's Office (Reg. No. Z6413427). Your rights and the Data Protection Officer (DPO) for WSSC can be found on our website at <https://www.westsussex.gov.uk/privacy-policy/> We ensure that your personal data is processed fairly and lawfully, is accurate, is kept secure and is retained for a period of no longer than one year after your last badge was valid or would have been valid. Processing your data is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. Processing is necessary for reasons of substantial public interest on the basis of law which is proportionate to the aim pursued and which contains appropriate safeguards. Your data may be shared within WSSC only for the purposes of assessing your eligibility for the scheme or for other Council services, and externally with other local authorities or Government agencies only for the purpose of administering the scheme or for the detection and prevention of fraud. We will never share your information with third parties for marketing purposes.

Applying on behalf of somebody else

Read the declaration carefully and only sign it once you are clear.

By submitting this application you agree on behalf of the applicant that:

- the rules for using a Blue Badge have been read and understood
- you have the authority to submit this application
- the details provided are complete and accurate
- they won't hold more than one Blue Badge at any time
- your local authority will be told about any changes that may affect their eligibility

You also agree that your local authority may:

- contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse
- if required, arrange a phone-based or in-person assessment for the applicant
- suggest other benefits or services that they may be eligible for

☐

I agree to this declaration

Voluntary additional declaration to help determine eligibility

☐

I consent to West Sussex County Council checking any information held by the Social Care Department on the basis that it can help determine my eligibility.

Signed

Date of signature

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Please send your completed application to:

Wherever possible, please apply for a badge online at www.westsussex.gov.uk/bluebadge. Alternatively, you can scan this form and supporting documents then email to blue.badges@westsussex.gov.uk. Applications sent by post will take longer than the published processing times.

We will do our best to process paper forms and if you have no means of applying online, please send to the postal address below.

BLUE BADGE
PO BOX 859
BOGNOR REGIS
PO21 9HT

Remember! The cost of postage varies according to the size, thickness, and weight of the letter. Underpaid postage will severely delay your application.

Do not send payment with your application. We will contact you if your application is approved with details of how to pay online or by phone and have your badge delivered to your home address. Collection of badges is not possible.

Please ensure you only send photocopies of documents as the Council cannot guarantee the safe return of original documents. If you are renewing a Badge that West Sussex County Council previously issued, we may be able to re-use previous documents and photograph. Please contact us for further clarification.

For advice or assistance, please telephone the Blue Badge Helpline: 01243 777653

Alternatively, please email us at: blue.badges@westsussex.gov.uk

Or please visit our website: www.westsussex.gov.uk/bluebadge