Blue Badge Application Form

Risk in Traffic

Please complete all relevant sections of the application form and supply the appropriate documents to confirm the applicant's address, identity and evidence of eligibility. When completing this form you may find useful information on Blue Badge eligibility at: www.mygov.scot/apply-blue-badge/eligibility.

Please note there is a 'Counter Signatory Questionnaire' at the end of this application form which must be completed by a healthcare, social work or teaching professional who have seen the applicant during the last 12 months and who is not the applicant's GP. Please ensure this questionnaire is completed and enclosed along with this application.

The local authority may refuse to issue a badge if you do not provide adequate evidence that the eligibility criterion is met.

If you are completing the form on behalf of an applicant who is under 16 years old or someone not able to complete it on their own, you should provide your details in the section directly below and **their details thereafter** and sign the form on their behalf.

Information about the person completing this form		
Title (Mr, Mrs, Ms, other)		
First name(s) (in full)		
Surname		
Surname at birth (if different)		
Telephone (home)		
Telephone (mobile)		
Email address		
Relationship to applicant		
Local Authority of residence		

Information about the a	pplicant
Title (Mr, Mrs, Ms, other)	
First name(s) (in full)	
Surname	
Surname at birth (if different)	
Date of birth (DD/MM/YYYY)	
Place of birth (town and country)	
National Insurance Number (16 and over)/ NHS Number (under 16 The NHS number is made up of 10 digits, usually shown in a 3-3-4 format)	
Current address & postcode	
Previous address, if different in the last three years	
Telephone (home)	
Telephone (mobile)	
Email address	

Information about the a	applicant	
Does the applicant currently hold a Blue Badge, or have they held a Blue Badge before?	Yes If they have	No e:
	-	authority issued you with the last badge?
		serial number on the last badge? (The serial number can the front of your badge.)
	What is the	expiry date of the last badge?
Proof of address	area before	check that the applicant is a resident in this local authority we can process their application. Please select one of the tions and provide copies of the original documentation ant:
	Either	I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months
	Or	I have enclosed a Utility bill bearing my name and address dated within the last 3 months
	Or	I do not pay Council Tax, am over the age of 16 and submit a copy of my lease as proof of my address
	Or	I give consent to the local authority to check my personal details on the local authority's Council Tax/Assessor and Electoral Register or National Entitlement Card systems to confirm my address
	Or	I am applying on behalf of an applicant who is under 16 and submit a copy of an NHS letter to prove their address
	Or	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 The name of the applicant's school is:

Proof of applicant's identity We need to check the applicant's identity to reduce the potential for fraudulent applications for a Blue Badge. Please attach a photocopy of one of the following as proof of the applicant's identity. Do not send original documents as these will not be returned. Birth/Adoption certificate Marriage/Divorce certificate Passport Civil Partnership/Dissolution certificate Valid driving licence

Photograph

Please enclose a recent passport-quality 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.

Applicants who are unable to access photo booths can provide a suitable clear photograph taken by other means (*e.g, mobile phone, tablet or digital camera) which can be cut down to an appropriate size.

Please ensure that the applicant's name is on the back of the photograph and complete the declaration at the back of the form to confirm that the photograph is a true likeness.

Badge Fee

If this application is successful the applicant will receive a letter/email/telephone call requesting payment of £20 for the badge. Your Local Authority will only issue successful applicants with a Blue Badge once payment has been received.

Payment information specific to North Lanarkshire Council

There are two ways to pay:

- By calling 01698 403210
- In person by card only within your local North Lanarkshire Council payment office

Where possible, please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:	
(Up to three registration numbers should be nominated, but please remember that other vehicles can be used)	
Confirming your eligibility	
Please note that you will only qualify for a Blue Badge under this criterion if you have a mental health, cognitive or behavioural condition, which means you lack awareness of danger from traffic which is likely to compromise your safety or the safety of others. This includes any mental health problem, personality disorder or learning disability, however caused or manifested. Examples are Dementia, Autism or Down's Syndrome.	
If the applicant is still driving they will not qualify for a Blue Badge under this criteria.	
1. What condition do you have?	
You must provide adequate evidence to support your application. This can include information from medical professionals, teachers, social workers, carers, psychologists, or others who know you or your child well and can describe the difficulties experienced. If you are re-applying on the basis of the same condition and your circumstances have not changed, you do not need to provide new evidence.	
Have you enclosed the required documentation?	
Yes	
2. Receiving Disability Benefits	
Providing information about the disability benefits you receive will help the local authority make a full assessment of your application.	

Confirming your eligib	pility
Tick the box next to the benefits you currently receive.	You get the higher rate of the care and/or mobility component of the Disability Living Allowance or Scottish Adult Disability Living Allowance
	You get the higher rate of the mobility component of Child Disability Payment or enhanced mobility component of Adult Disability Payment
	You get the middle rate of the care component of the Disability Living Allowance or Scottish Adult 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:
	 communicating verbally reading and understanding signs, symbols and words engaging with other people face-to-face planning & following a journey
	You get Personal Independence Payment and have awarded a total of at least 8 points in respect of the following:
	 communicating verbally reading and understanding signs, symbols and words engaging with other people face-to-face planning & following a journey
the original letter of entitle a Personal Independence breakdown of points you the Department for Work	
Have you enclosed bene Yes	fit documentation?
Background to your co	ndition and why you require a badge
Providing information about of your application.	out your condition will help the local authority to make a full assessment

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Con	tırm	ına v	vour	ella	ibility

3. Please describe:

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

urgeries/courses of tr	reatment/specialist clinics	Dates you rece	eived this treatment
What medication do scribed above?	you currently taking in	relation to the	condition you
			Eroguenov
edication	Dosage		Frequency
edication	Dosage		rrequency
ledication	Dosage		Frequency
ledication	Dosage		Frequency
riedication	Dosage		Frequency
ledication	Dosage		Frequency
viedication	Dosage		Frequency
	a Blue Badge? How is		oing to help you?
Why do you require			oing to help you?

6. How would the use of strategies?	a Blue Badge reduce the risk in comparison to current
7. 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.

Declarations and Signatures

The following questions are mandatory and are intended to be answered by all Blue Badge applicants.

Please read the following declarations thoroughly and tick all of the 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 and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 2018, UK General Data Protection Regulation (GDPR) and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. We also have our own Privacy Policy, details of which can be found on our website.

Any medical information that you have supplied to support this application is deemed, under the Data Protection Act 2018, to be "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.

Declarations to be completed by applicant
I can confirm that, as far as I know, the details I have provided are complete and accurate. I understand that action may be taken 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 Blue Badge.
I confirm that the photograph I have submitted is a true likeness.
I understand that, if my application is successful, I must not allow any other person to use the Blue Badge and I must only use the Blue Badge in accordance with the rules of the scheme as set out in the Rights and Responsibilities leaflet that will be sent to me with my Blue Badge.
I understand I must not hold more than one valid Blue Badge at any time.
I consent to the local authority contacting 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 a mobility assessment with a regulated healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
I consent to the local authority having access to my medical notes where their systems allow.
Misuse of a Blue Badge is a criminal offence.

Your consent to use yo	ur information to improve the service you receive
Please read and tick the fo	llowing declarations that you consent to. Ticking these boxes will help we can offer.
I consent to my local Services department	authority checking any information already held by their Social on the basis that:
 It can help determ 	ine my eligibility for a Blue Badge.
 It may speed up th 	ne processing of my application.
 It may enable a de 	ecision to be made without the need for a mobility assessment.
	ure of information included in this form to other local authority roviders so that I can be informed about other services that may
Checklist of documents	s you may need to disclose
of this application form. Co	ve enclosed copies of all of the relevant documents for the sections pies should be true likeness of the originals. Please tick the relevant ll documents/photocopies provided are genuine:
If applicable, copy of d	ocumentation proving the relevant benefits you receive
Supporting information	confirming the condition
Counter Signatory Que	estionnaire completed by a healthcare, social work or teaching
professional Documen	t to prove your address, as listed in the 'Information about the applicant'
section Document to p	rove your identity, as listed in the 'Information about the applicant'
section	
Your signature against	the declarations
Signature	
Date of application (DD/MM/YYYY)	D D M M Y Y Y
Please print your name	
If the applicant is unable to provide the information be	sign themselves and you are their proxy, please sign above and low.
Please indicate your rela	tionship to the applicant:

Submitting your application

Completed applications can be sent to

Blue Badge Team

PO Box 19073

Motherwell

ML1 9DP

or emailed bluebadges@northlan.gov.uk

Counter signatory questionnaire

These questions are for qualified and registered/regulated healthcare, social work or teaching professionals who have seen the applicant during the last 12 months and who is not the applicant's GP.

The healthcare, social work or teaching professional should complete the questions, **providing** examples to support their answers which reference how the applicant acts when in the community where possible, and then they should sign this section.

Information about the	counter signatory professional
Name	
Job title	
Date of last contact with applicant	
Registration number	
Organisation	
Work telephone	
Email address	
Blue Badge criteria of bein the Mental Health (Care ar	onnaire is to gather information about whether the applicant meets the g someone who, because of a mental disorder within the meaning of and Treatment) (Scotland) Act 2003, lacks awareness of danger from bromise their safety, or that of others.
1. Can the applicant follow the route of a familiar journey on their own? If this is appropriate to their age.	Yes No Sometimes Please provide examples and give reference to how often this occurs: In the case of children, does the applicant show any evidence of being able to learn this? Yes No
	If yes , give an example of where they can currently walk to:

2. Can the applicant follow the basic instructions such as "slow down", "stay here" or "stop" in situations involving traffic?	Please indicate how frequently: Provide examples on how the applicant responds when given such instructions:
3. Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic?	Yes No Sometimes Provide examples of this. How often does this occur? When was the last time this happened? How is the applicant being kept safe at present?
4. Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that is normally required for children of that age)?	Please explain type of supervision and how applicant responds to it. E.g. hand holding, arm linking, physical or verbal guidance, and give examples of how applicant responds e.g. breaks free from hand holding.

5. Can the applicant deal with unexpected changes in their journey?		Yes		No	Sometimes	
	What behaviour does the applicant display around traffic as a result of unexpected changes to their journey? How often does this occur? When did this last occur?					
6. Does the applicant walk or run away or		Yes		No	Sometimes	
become disorientated when exiting a vehicle, causing danger to	How is this risk managed at present? For example, use of rear door safety lock, parking with applicant towards pavement side.					
themselves or others?						
7 If the applicant is a chi	ild ha	s an	NHS	S buc	any been provided for safety reasons?	
7. If the applicant is a child, has an NHS buggy been provided for safety reasons? Yes No Not Applicable						
8. What coping strategies are currently in place to ensure the applicant's safety?						
9. How would provision of a Blue Badge improve applicant's safety and/or reduce level of support currently required?						

10. In your professional opinion, having considered the actual and current 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 provide details:						
Do you think this risk will reduce over time?						
Yes No Unsure						
Professional counter s	signing signature against the declarations					
Signature						
Date of signature (DD/MM/YYYY)						
Please print your name						

Blue Badge Scheme – Risk in Traffic Application

Information for professionals completing the 'Counter Signatory Questionnaire' in the Risk in Traffic application form.

Points to consider

- 1. It is important for you to determine if you know the applicant well enough to complete the application form. You will need to know about their behaviours, responses and needs when they are out and about especially when negotiating roads and traffic. You may wish to consult with other professionals before completing the form. You may also need to advise the applicant/ their families/ or representatives if you consider that you are not the most appropriate person to complete the form.
- 2. The Blue Badge award means that people with the most significant difficulties are enabled to maintain their travel needs in order to access the parts of the community they need to. If you consider that the proposed applicant does not meet the criteria for a Blue Badge under the Risk in Traffic eligibility criteria i.e. if you do not consider that they are someone who, because of a mental health disorder, lacks awareness of danger from traffic AND is likely to compromise their safety, or the safety of others; you may need to explain this to applicants and their families/ or representatives.
- 3. Having a Mental Disorder/Cognitive Impairment on its own is not enough to qualify for a badge. Blue Badges are awarded based upon current adequately evidenced risk to the individual (or others) not upon potential or future risk associated with the condition. Also, if successful strategies are in place to minimise risk (e.g. if supervision is required but this keeps the applicant safe, or handholding and/or verbal prompting manages risk) it is unlikely that a Blue Badge will be awarded.
- 4. Blue Badge Team relies heavily on the information provided by the professional completing the questionnaire. You are therefore asked to complete the form with as much detail as possible, giving clear examples of current strategies, when strategies have failed and resulted in actual risk to the safety of the applicant or others. The Blue Badge assessor may need to contact you if there is insufficient information to assess the application. This may delay the application process.
- 5. Blue Badge awards are not permanent. Under the current scheme, badges may be awarded for a maximum of three years. Please indicate on the form if there is the potential for the applicant's responses and behaviours to change in the future, and if it is possible that their safety or risk levels may increase or decrease e.g. if they are adjusting to a new routine or if you are working with them to increase their safety awareness and promote independent living.

Thank you for your attention and help to ensure that Blue Badges are awarded to those that need them the most.