



## Blue Badge Application Discretionary Criteria (subject to further assessment)

Please call 03451 550066 to make an appointment at your nearest Council Customer Service Centre to hand in your application and to have the proof of your identity and address verified. You should fill in as much of the form as you can before your appointment. Filling in the form at home in familiar surroundings, with help from family, friends or carers, will help you with the answers for questions about your walking distance and let you refer to information about medication or doctor's addresses for example. Please give full information for all questions relevant to you.

The Customer Service Centre staff will check you have filled in the correct sections, will help you to fill in any questions you have not answered and verify the proof of your address and identity. The Customer Service Centre staff do not assess your walking ability. You may be contacted to discuss your mobility or to arrange a meeting to have your mobility assessed.

*Note: Blue Badges will be subject to a £20 charge. This charge will be requested upon approval of your badge. Payment should not be sent with your application.*

### Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf.

**Title** (Mr, Mrs, Miss, Ms, other):

**First names** (in full):

**Surname:**

**Surname at birth:**

**Gender:** Male  Female

**Date of Birth** (DD/MM/YYYY):   /   /

Town:

**Place of Birth:** Country:

**National Insurance Number /  
Child Registration Number:**

(see Section 1 of the accompanying guidance notes)

**Driving Licence Number:**  
(If you hold a driving licence)

**Current address and contact details:**

House No/Name:

Street Name:

Town:

Postcode:

Home Tel:

Mobile Tel:

Email:

**Previous address**, if different in the last three years:

**Do you currently hold a Blue Badge, or have you held a Blue Badge before?** Yes:  No:

**If yes** - Which local authority issued you with the last badge?  
What is the serial number on the last badge?  
What is the expiry date of the last badge?

**You must provide proof of your address and this must be dated within the last 12 months:**

We need to check that you are a resident in Fife before we can process your application.

Please select one of the following options.

**Either:**  A Council Tax bill or letter from the Assessor/Electoral Registration Office, bearing my name and address, dated within the last 12 months.

**Or:**  A valid driving licence (if not used as proof of identity), a housing benefit notification letter, a pension or benefit letter from the DWP, a bank or building society statement or a utility bill bearing my name and address, dated within the last 12 months.

**Or:**  I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I have enclosed a Child Benefit letter/letter from a Health Care Professional for that child showing their address or a confirmation letter from their school.

**Proof of your identity:**

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. Do not send original documents through the post.

Birth certificate / adoption certificate       Marriage / Divorce certificate       Passport

Civil Partnership / Dissolution certificate       Valid driving licence       HM Forces ID card

**Photograph:**

Please enclose a recent colour passport standard 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. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant's name is on the back of the photograph and that you complete Section 5(a) of this form to confirm that the photograph is a true likeness.

I attach a photograph

Or I agree to Fife Council using my profile details for the purposes of identifying and improving services I may be entitled to. Please use these details and photograph from my Mylife (National Entitlement Card) file

**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 can be nominated, but please remember that other vehicles can be used)

This form is intended for people who **do not** qualify for a Blue Badge automatically. People qualify automatically for a Blue Badge if they :

- are registered blind;
- receive the **Higher Rate of the Mobility Component** of Disability Living Allowance;
- receive **Personal Independence Payment (PIP)** and have been awarded 8 or more points for “**moving around**” or 12 points for “**planning and following a journey**”
- receive the **War Pensioner’s Mobility Supplement**; or
- Receive a qualifying award under the **Armed Forces and Reserve Forces (Compensation) Scheme**.

If you think you should qualify automatically, please call 03451 55 00 66 to have the Automatic/Without Further Assessment form sent to you.

## Section 2 – Questions for ‘subject to further assessment’ applicants with walking difficulties.

These questions are intended for people who do not receive any of the benefits which mean that they do not qualify automatically. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over three years of age and have a permanent and substantial disability which means you/they are unable to walk or virtually unable to walk; or have a temporary, but substantial disability, which means you/they are unable to walk or virtually unable to walk which is likely to last for a period of at least 12 months, but less than 3 years. Please indicate below which one applies to you or the person on whose behalf you are applying

- I am unable to walk, or virtually unable to walk due to a permanent and substantial disability [Regulation 4(2)(f)]**
- I am unable to walk, or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years [Regulation 4(2)(g)]**

**Please describe** any medical conditions / disabilities you have which affect your walking. If you know them please state the medical terms for the condition you have been diagnosed with. Please also state how long you have had these conditions.

**Please describe:**

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

<b>Surgeries/courses of treatment/specialist clinics</b>	<b>Dates you received this treatment:</b>

**What medication do you currently take in relation to the conditions / disabilities you described above?**

Medication	Dosage	Frequency

**Are you currently taking any pain relief in relation to the medical conditions / disabilities you described above?**

Yes:  No:

If Yes, please explain what you are taking and how frequently you need it:

**Are you currently...** (Please tick whichever statements apply to you and provide further details, on a separate sheet if necessary)

- Awaiting surgery in relation to the conditions / disabilities described above?
- Recuperating from surgery in relation to the conditions / disabilities described above?
- Awaiting treatment for any of the conditions / disabilities described above?
- Managing your condition / disability since you have been advised it is not expected to improve any further?
- None of the above

**Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:**

Name	Job Title	Hospital/Health Centre	Telephone Number

**Do you anticipate that your conditions / disabilities will improve in the next 3 years?**

Yes:  No:

**If YES, please describe how much you expect your conditions / disabilities to improve.**

**Please describe, in detail, how any conditions/ disabilities you have, affect your ability to walk? (Please continue on a separate sheet if necessary)**

- I am able to walk well, including recreational walks
- I am able to walk around the supermarket to do my own shopping
- I am able to walk and can use public transport for some of my local trips
- I am able to walk, but struggle with longer distances or hills.
- I am able to walk, but get breathless if I walk for more than a few minutes.
- I am able to walk, but find it too painful to walk for more than a few minutes
- I am able to walk but use a wheelchair for longer trips outside the home.
- I am able to walk around my home, but am unable to climb the stairs.
- I am unable to walk at all.
- Other (please describe below).

**Are you able to walk outside without help?**

Yes:  No:  (Please describe the help you need in the space below...)

**Where, in your local area, can you comfortably walk to from your home?**

(Please state a specific location or landmark which can be found on a map; eg shop, street address or park)

**Please tick the box that best describes the way you walk.**

- Normal - no specific problems with walking.
- 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, swing through two crutches or need physical support.
- Other – please detail in your own words;

**Do you use any of the following walking aids?**

(Please tick whichever options apply to you - you can tick more than one box)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 elbow crutch               | <input type="checkbox"/> 2 elbow crutches   |
| <input type="checkbox"/> 1 walking stick              | <input type="checkbox"/> 2 walking sticks   |
| <input type="checkbox"/> Walking frame (Zimmer frame) | <input type="checkbox"/> Rollator           |
| <input type="checkbox"/> Wheelchair                   | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Other - please detail;       |   |

**Were your walking aids?** (Please tick whichever options apply to you)

- |  |  |
|--|--|
| <input type="checkbox"/> Purchased privately by me | <input type="checkbox"/> Prescribed by a healthcare professional |
| <input type="checkbox"/> Provided by Social Work   | <input type="checkbox"/> Other, please detail                    |

**How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?** (Please state the distance in metres or yards using whichever measure is best for you.)

: metres      or       : yards

When answering this question please note that;

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk with someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

**Roughly how much time would you estimate it takes you to walk this distance?**

: minutes

**Are you able to continue walking after a short rest?**

Yes:       No:

If yes – how long, in seconds or minutes, do you need to rest before you can continue?

**If you can continue, roughly how long (in minutes) are you able to walk for in total?**

: minutes

**Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:**

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes:       No:

Do you get short of breath walking with other people of your own age on level ground?

Yes:       No:

Do you have to stop for breath when walking at your own pace on level ground?

Yes:       No:

Do you get too breathless to leave your home, or after dressing?

Yes:       No:

Is there anything else that you would like to add that you think is relevant in support of your application for a Blue Badge? Please continue on a separate sheet if necessary

If you have completed Section 2, please go straight to Section 5.

### **Section 3 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.**

#### **[Regulation 4(2)(e)]**

These questions are intended for people who **drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.**

If you are unsure if these questions apply to you, please read the guidance notes for this application form.

**Do you drive regularly?**

Yes:  No:

**Do you have a severe disability in both arms?**

Yes:  No:

**Please describe your medical condition / disability:**

**Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?**

Yes:  No:

**If yes, please describe the difficulties you have with operating parking meters and pay and display machines.**

**Do you drive a specially adapted vehicle?**

Yes:  No:

**If yes, please describe how the vehicle has been adapted for you, and enclose a photocopy of your insurance details verifying this adaptation.**

If you have completed Section 3, please go straight to Section 5.

## Section 4 – Questions for ‘subject to further assessment’ applicants under the age of three [Regulation 4(3)]

These questions are intended for children under the age of three who may be eligible for a Blue Badge because they have a condition requiring the transportation of bulky medical equipment at all times; or they must always be kept near a motor vehicle on account of a condition so they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes:  No:

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three who has a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition on the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes:  No:

If YES, please describe the child's medical condition

If you have answered yes above please enclose a letter from a healthcare professional involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact details below:

## Section 5 – Declarations and signatures

Should be completed by all applicants for a Blue Badge

### 5a) Privacy Statement about the information you have provided and the application process

- The information provided by you on this form will be used by Fife Council in order to process your Blue Badge application.
- For further details on how your information is used and why, please go to [www.fifedirect.org.uk/privacy/bluebadge](http://www.fifedirect.org.uk/privacy/bluebadge) . Alternatively you can request a paper copy of the Privacy Statement by calling 03451 550066 or request this from your local Council Customer Service Centre.

## 5b) Declarations to be completed by all applicants

- Please read the following declarations thoroughly.
  - Please tick all 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.
- 
- I confirm that, as far as I know, 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 my local authority of any changes that may affect my entitlement to a badge.
  - I confirm that the photograph I have submitted with my application is a true likeness, or I confirm that I have given permission for my photo provided for my Myfife (National Entitlement Card) to be used.
  - I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme in Scotland: Rights and responsibilities of a Blue Badge holder" leaflet which will be sent to me with the badge.
  - I understand that I must not hold more than one valid Blue Badge at any time.

## 5c) Checklist of documents you may need to enclose

Please ensure you provide all of the relevant documents. We have provided a checklist below to help remind you of what you need to provide with your application.

### Section 1

- Proof of your address, dated within the last 12 months.
- Proof of your identity.
- A colour passport standard photograph of yourself with your name on the back or that you have given consent for your Myfife (National Entitlement Card) to be used
- Section 3 – Copy of insurance if you have a disability in both arms and you drive a specially adapted car
- Section 4 – A letter from a Doctor or paediatrician providing details of the child's condition and equipment required.

## 5d) Your signature

Your signature:	
Date of application:	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print your name here:	

<b>If you are completing and signing this form on behalf of the applicant</b>	
Your signature:	
Power of Attorney Guardianship Benefit Appointee Other	<input type="checkbox"/> <input type="checkbox"/> (Please select one and enclose supporting documentation) <input type="checkbox"/> <input type="checkbox"/>
Your relationship to the applicant	
Preferred contact details for signatory	

**A charge of £20 will be made if your application is successful – do not send payment with this application, you will be contacted with instructions on how to pay. Please ensure you have selected the preferred method of contact.**

email (ensure you have recorded your email address)       letter

### **Misuse of the badge is a criminal offence and can lead to a fine.**

You need to make an appointment to hand in this form at your nearest Council Customer Service Centre (please phone 03451 55 00 66 for the location and opening hours of your nearest Customer Service Centre and to make your appointment). Please fill in your form as much as possible at home before your appointment.

You should take your proof of identity and address with you. The staff will verify these documents and return them to you.

Please note you will need to pay “Large Letter” postage if posting this form. Do not send original documents through the post.

Your application may take up to 28 days to be processed as you may be contacted to arrange an assessment of your walking by a healthcare professional to determine your eligibility for a blue badge.

Telephone: 03451 550066

E-mail: [European.ParkingBadges@fife.gov.uk](mailto:European.ParkingBadges@fife.gov.uk) (for advice/enquiries only)

Correspondence Address Only: Blue Badge Team, Fife Council, Bankhead Central, Bankhead Park, Glenrothes KY7 6GH