

## Office Use Only

Date received:       Date processed:

Serial number: .....

Badge number: .....

Payment: Cash  Cheque  Postal Order

Cheque number/receipt number: .....

Documents returned via recorded delivery:  Date:

Badge despatched: Post  In person  Unsuccessful

Date:

Reference number: .....



St.Helens Council offers a translation and interpretation service covering foreign languages, British Sign Language, Braille and audio tape.

For a translation of any St.Helens Council publication, please provide your name and address and the name of the language you require to the Contact Centre, quoting the title and/or reference number of the document.

Contact Centre, Wesley House, Corporation Street, St.Helens, Merseyside WA10 1HF

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St.Helens  
Council



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# Blue Badge Scheme Application Form

PLEASE COMPLETE ALL PARTS IN BLOCK CAPITALS.

## Section A

**Personal details** (if completing the form on behalf of a child under 16 years of age, please provide their details in appropriate sections and sign on their behalf)

(Applicants for an **organisational badge** will require a separate form, please contact 01744 676202 for further details).

### Existing Badge Holders

Expiry date of current badge

Serial number of badge

Has your badge been lost or stolen?

If stolen, what is the crime reference number?

### All Applicants

Surname

Title (Mr, Mrs, Miss, Ms)

Forename(s)

Date of Birth (DD/MM/YY)

Gender

Male

Female

National Insurance number

Letters

Numbers

Letter

Address

Postcode

Tel.

Email

Previous address, if different in the last three years

Postcode

Tel.

Email

**Confirmation of address**

Please supply a copy of one of the following as proof that you live within the St.Helens Borough (please tick)

Utility bill                       Rent Book                       Council Tax bill

Whichever one you provide, it must contain a date within the last three months to show that you are living in the Borough.

**Confirmation of identity**

You must attach a photocopy of **one** of the following as proof of your identity (please tick which you are providing)

Birth certificate/adoption certificate                       ID Card   
Valid driving licence                       Passport

**Photographs**

Please enclose **two** recent passport-style photographs of yourself or the applicant  
Please ensure that you print, and sign, your name, along with the date on the back of each photograph.  
N.B. If you tick Point 4 of Section B, you will not need to provide a photograph.

**Fee**

Please enclose a cheque/postal order for £2.00, made payable to St.Helens Council.  
If you wish to pay by cash, please call into Wesley House Contact Centre or your nearest library. Cash should not be sent through the post.

Please tick your payment method:    Cash                       Cheque                       Postal Order

**Return your completed form to:**

Support Services  
Wesley House  
Corporation Street  
St.Helens  
Merseyside  
WA10 1HF

Tel: 01744 676202  
Fax: 01744 456895

N.B. You should allow up to 28 days for your application to be processed.

# Ethnicity and Equality Monitoring

This Section is not mandatory to complete

The Council has a duty to provide a quality service to all service users. Monitoring, using the equality profile of service users, gives us the information we need to establish who is accessing our services, and whether service users are happy or unhappy. Without equality profiles, it would be difficult to improve services in a way that meets the needs of different people. The information you are about to give us is subject to the Data Protection Act and held confidentially.

Please complete the questions below and help us to find out if our services really are accessible to all.

Please tick, as appropriate

What is your ethnicity/racial origin?

- |                         |                          |                   |                          |
|-------------------------|--------------------------|-------------------|--------------------------|
| White British           | <input type="checkbox"/> | Asian Indian      | <input type="checkbox"/> |
| White Irish             | <input type="checkbox"/> | Asian Pakistani   | <input type="checkbox"/> |
| Mixed White & Caribbean | <input type="checkbox"/> | Asian Bangladeshi | <input type="checkbox"/> |
| Mixed White & Black     | <input type="checkbox"/> | Chinese           | <input type="checkbox"/> |
| Mixed White & Asian     | <input type="checkbox"/> | Gypsy/Roma        | <input type="checkbox"/> |
| Black African           | <input type="checkbox"/> | Irish Traveller   | <input type="checkbox"/> |
| Black Caribbean         | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Any other (please specify): .....

What is your culture, belief or religion?

- |                            |                          |                                |                          |
|----------------------------|--------------------------|--------------------------------|--------------------------|
| Atheist                    | <input type="checkbox"/> | Jewish                         | <input type="checkbox"/> |
| Buddhist                   | <input type="checkbox"/> | Muslim                         | <input type="checkbox"/> |
| Christian                  | <input type="checkbox"/> | Sikh                           | <input type="checkbox"/> |
| Hindu                      | <input type="checkbox"/> | No culture, belief or religion | <input type="checkbox"/> |
| Other (please write below) | <input type="checkbox"/> | Prefer not to say              | <input type="checkbox"/> |

What is your sexual orientation?

- |                            |                          |                       |                          |
|----------------------------|--------------------------|-----------------------|--------------------------|
| Bisexual                   | <input type="checkbox"/> | Gay man/homosexual    | <input type="checkbox"/> |
| Gay woman/lesbian          | <input type="checkbox"/> | Heterosexual/straight | <input type="checkbox"/> |
| Other (please write below) | <input type="checkbox"/> | Prefer not to say     | <input type="checkbox"/> |

## Section B

### Automatic eligibility without further assessment

Please tick, as appropriate.

#### 1. Registered Severely Sight Impaired (Blind)

Are you registered as severely sight impaired (blind) under the National Assistance Act 1948?

Yes  No

If Yes, please give the name of the local authority with which you are registered.

#### 2. Higher Rate mobility component of Disability Living Allowance (DLA)

Do you receive Disability Living Allowance at the **Higher Rate** for mobility?

Yes  No

If Yes, please supply evidence (e.g. an official letter confirming an award of the allowance, dated within the last 12 months. You may need to apply for a DBD 384 Certificate for your proof to be in date).

#### 3. War Pensioners' Mobility Supplement

Do you receive War Pensioners' Mobility Supplement?

Yes  No

If Yes, please supply evidence (e.g. an official letter confirming award of War Pensioners' Mobility Supplement).

#### 4. Terminally Ill Applicants

Applicants who have been diagnosed with a terminal illness or a progressive cancer, which is confirmed by a health professional, e.g. a Macmillan nurse or consultant.

Yes  No

**Please note that automatic eligibility in this category is at the discretion of the PCT and may require further supporting medical evidence.**

If Yes, please give details of your medical condition, and the effects it has on your mobility.

You will need a supporting letter from your GP/specialist outlining the above medical condition.

GP or health professional details:

Name

Address

Tel: (if known)

**If you answered YES to any question in Section B, please go to Section D. If you answered NO to all the questions in Section B, please go to Section C.**

# Section C

## Important notes for Section C - please read before completing.

If you have answered **NO** to all questions in **Section B**, you will only qualify for a badge if you or the person on whose behalf you are applying is:

- over two years of age and has severe disability affecting both arms, drives regularly and cannot use, or finds it hard to use, parking meters;
- over two years of age and is unable to walk, or has considerable difficulty walking, due to a permanent and substantial disability;
- a child under the age of two, who has a medical condition requiring bulky medical equipment or immediate access to a vehicle for treatment.

## Eligible subject to further assessment

### 1. Severe disability in both arms

1(a) Do **all** of the following apply to you?

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| • Drive regularly;  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Have severe disability in both arms; and  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Unable to operate, or have considerable difficulty operating, all or some types of parking meter. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please describe your medical condition


1(b) If you drive an adapted car, please give details of the adaptation


1(c) Please explain the difficulties you have operating parking meters and pay and display machines


# Section D

## Driver/passenger status and vehicle registration (to be answered by all applicants)

Will you be the driver or passenger in a car when using a Blue Badge?

Driver  Passenger  Both

Vehicle registration number for principal car in which badge will be used

(Only one number should be nominated, but other vehicles may be used and the badge transferred when necessary)

If your application is successful, would you like to collect your badge at Wesley House, or have it despatched by post?

Collect at Wesley House  Despatch by post

## Declaration

### To be completed by all applicants

I declare that, to the best of my knowledge, all the information I have provided is correct.

I agree to an independent medical examination by the Primary Care Trust, if more information is required to support my application.

I agree to the Local Authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

I understand that I must promptly inform the Local Authority of any changes that may affect my entitlement to a Blue Badge.

I agree to the Local Authority sharing information in this form with other local authorities responsible for the Blue Badge Scheme and with parking enforcement agencies for the purpose of preventing and detecting crime.

### Data Protection Act 1998

I understand that the information supplied by me on this form will be retained by the Local Authority and will not be disclosed to any other party except those who are responsible for the enforcement of parking restrictions, or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is deemed to be 'sensitive personal data' and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies, to validate proof of entitlement.

Signed: .....

Date: .....

**Please ensure you sign in the box below. It will form an essential part of your badge as proof of identity. The badge cannot be issued if this box is not signed.**



