



Blue Badge Application Form

Apply for yourself, someone else or an organisation.

A Blue Badge costs £10.

You'll need to provide proof of identity, address and benefit (if applicable). Along with a recent passport photograph of the applicant's face including shoulders.

We may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

Visit: gov.uk/apply-blue-badge

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.

An organisation (Which transports disabled people)

Do you already have a Blue Badge?

Yes

Enter the badge number (first 6 digits)

No

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**.

For organisations, you only need to fill in the organisation section.

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

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, to attach as a copy)

Birth or adoption certificate

Marriage / Civil partnership / Dissolution or Divorce certificate

Passport

Driving Licence

Do you give the Council of the Isles of Scilly permission to check their Council Tax records to prove your address?

Yes

No - You must provide a copy of your proof of address

Recent 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:

- Has a plain, light, background
- Includes face and shoulders
- Shows the face clearly
- Is a true likeness

Attach a **copy** of the proof of identity to this application.

If you don't give us permission. You must attach a copy of either:

- Council Tax
- Driving licence
- School records
- Benefit letter

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

The photo should have the applicant's name and a signature on the back.

Vehicle Registration

Do you drive yourself, or do you normally travel in a specific motor vehicle?

Yes - Enter the vehicle registration number

No - If there is no main vehicle you travel in, please select this option

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 tell you how to make a payment. You may send cash or a cheque with your application, if unsuccessful they will be returned to you.

A Blue Badge costs £10.

Section 2 – Benefits or severely sight impaired

For organisations, please complete **Section 8**.

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

- Are severely sight impaired (blind) NOT partially sighted
- Received **8 or more points in the “moving around” part of a mobility assessment** for Personal Independence Payment (PIP).
- Receive **10 points in the “planning and following journeys” part of a mobility assessment** for Personal Independence Payment (PIP) **but only if this is because “You cannot undertake any journey because it would cause overwhelming psychological distress”**.
- Receive the higher rate of the mobility component for Disability Living Allowance (DLA).
- Receive the War Pensioners’ Mobility Supplement.
- Receive a qualifying award under the Armed Forces Compensation Scheme.

If none of these apply to you, go to **Section 3**. Otherwise, you should complete the relevant section below and then go to **Section 9**.

You will need to attach a copy of the proof of your benefit to this application. Please see what you need to provide for each of the the following sections.

Severely sight impaired (blind)

If you are registered as severely sight impaired (blind) with the Council of the Isles of Scilly, do you give use permission to check this register?

Yes

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

Day Month Year
 / /

No - You should answer the questions in **Section 3**

If you were awarded the higher rate of the mobility component, you need to attach a copy of the letter from the DWP. This should be dated within the last 12 months and clearly show that you receive the high rate of the mobility component. You should have an uprating letter every year telling you of the amount you will receive.

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

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

Day Month Year
 / /

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 of your award letter from the DWP. This will show your entitlement to PIP and the points that you were awarded under the “moving around” part and will normally be on your original award letter. We also need to see that you continue to be paid this benefit and this should be your annual uprating letter (dated within the last 12 months).

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

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

Day Month Year
 / /

No - You should answer the questions in **Section 3**

If you did score 10 points in the “You cannot undertake any journey because it would cause overwhelming psychological distress” part of the “Planning and following a journey” of the mobility assessment you need to attach a copy of every page of your award letter from the DWP. This will show your entitlement to PIP and the points that you were awarded under this very specific part and will normally be on your original award letter. We also need to see that you continue to be paid this benefit and this should be your annual uprating letter (dated within the last 12 months).

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

Armed Forces Compensation Scheme

Have you received a lump sum payment with in tariff levels 1 to 8 of the scheme?

and

have you been certified as having a permanent and substantial disability?

Yes - Enclose a copy of your letter from Veterans UK* as proof

You must enclose a copy 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

Day Month Year
 / /

No

You must enclose a copy of your letter as proof of entitlement.

Section 3 – Walking difficulties

If you answered “yes” to any of the questions in section 2, go straight to **Section 9**.

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 No - Go to **Section 4**

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

Name any health conditions or disabilities that affect your walking

(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.

How does your health condition make walking difficult for you?

Excessive pain

If you didn't tick "Excessive Pain", don't answer this section.

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 below

Breathlessness

If you didn't tick "Breathlessness", don't answer this section.

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 below

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

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

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

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

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?

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

Help to get around - tell us about any aid or support that you use

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)

Only tick one

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

If you cannot walk, go to Section 7.

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

Only tick one.

Describe somewhere you can walk from and to

(Be specific and use place names or house numbers)

How long does it take you? (For example, 8 minutes)

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

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

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

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**.

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**

What affects you taking a journey?

(Tick all that apply)

I am a risk near vehicles, in traffic or car parks

When are you a risk?

Almost never

Sometimes

Almost every journey

Every journey

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

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

Please give an example of when you have been a risk near vehicles, in traffic or car parks

I struggle to plan or follow a journey

What journeys does this apply to?

Unfamiliar journeys Every journey

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

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

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

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)

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

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)

How effective are they?

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

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 copies 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 yearsold.

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 and documents

This section is for if you have answered any of the questions in Sections 3, 4, 5 or 6. Otherwise, go to **Section 9**.

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 in the table below

No - Go to **“Medication”**

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”**

Name of the 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

Name of the professional (This cannot only be your GP)	Role / where they work?

Supporting documents

Are you attaching supporting documents to this application?

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 - List the documents you are attaching below.

No - Go to **Section 9**

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

List the documents you are attaching to this application where possible

For example, diagnosis letters, PIP decision and award letters, evidence of the progression of the condition over time, confirmation of ongoing treatments.

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Section 8 – Organisation badges

Does your organisation care for people who need a Blue Badge?

Yes No

Does your organisation transport the people you care for?

Yes No

How many people does your organisation care for that would need a Blue Badge?

Is the vehicle only used for the transportation of the people in your care?

Yes No

Is the vehicle registered to the organisation?

Yes No

Is the vehicle registered with the DVLA as being adapted?

Yes No

If you answer "No" to either of these questions, it is unlikely your organisation is eligible for a Blue Badge.

A copy of the V5 certificate should be supplied

What's the name of your organisation?

Charity number (if applicable)

Postal address (This is where the badge will be posted to)

Postcode:

Who should be contacted about this application?

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

Email address (optional)

Main phone number (required)

Alternative phone number (optional)

This will be used for updates about the application.

List the vehicles the badge will be used in

Vehicle registration number	How often is the vehicle used?

Section 9 – Declaration

Sign one of the three sections.

Read the appropriate 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
- check your eligibility with the information they hold
- suggest other benefits or services that you may be eligible for

I agree to this declaration

Signed

Date of signature

Applying on behalf of somebody else

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
- check their eligibility with the information they hold
- suggest other benefits or services that they may be eligible for

I agree to this declaration

Signed

Date of signature

Organisations

By submitting this application you agree that:

- you're authorised to complete this application on behalf of your organisation
- the details you have provided are complete and accurate
- you will tell your local authority about any changes that will affect your organisation's Blue Badge entitlement
- your local authority can check any information they already have about you so that they can process your application

I agree to this declaration

Signed

Date of signature

Data Protection

Council of the Isles of Scilly, as the Data Controller, is committed to protecting your privacy and any personal data you provide or we collect about you will be stored securely and only used for blue badge assessments. We will not use your information for any other purpose or give it to anyone else unless we are required to do so by law. For example, we have a duty to protect public funds so we may need to use the information held about you for the prevention and detection of fraud which would require us to share it with other Council statutory services or organisations responsible for auditing or administering public funds. For more information please read our [Data Protection Policy](#).

If you would like this information in another format or language please contact:

Council of the Isles of Scilly, Town Hall,
St. Mary's, Isles of Scilly, TR21 0LW

☎ 01720 424000

✉ enquiries@scilly.gov.uk