Apply for a Blue Badge

Apply for yourself, someone else or an organisation. A Blue Badge costs up to £10 in England and £20 in Scotland. It's free in Wales.

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

The local authority 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**

BARNET
LONDON BOROUGH

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2 Bristol Avenue
London NW9 4EW

Tel no. 020 8359 4131
Email:
assisted.travel@barnet.gov.uk

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)

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.

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.

Section 1 – Applicant details

For organisations, please complete section 8

Full name (First name 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.

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

Postcode:

Email address (optional)

This will be used for updates about the application.

Main phone number (required)

Including the applicants 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

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

Which of these are you providing as proof of identity?
(Choose one, to attach as a certified copy)

- [ ] Birth or adoption certificate
- [ ] Marriage / Civil partnership / Dissolution or Divorce certificate
- [ ] Passport
- [ ] Driving licence

Do you give the local authority permission to check their records to prove your address?

☐ Yes
Which records should we check? (Choose one)

Council tax / Electoral roll / School records

☐ No

You must provide a copy of your proof of address

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

- Council tax
- Driving licence (if not provided as proof of identity)
- School records
- Benefit letter

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

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

The local authority will explain how payment should be made, if the application is successful.

A Blue Badge costs up to £10 in England and £20 in Scotland. It's free in Wales.

Section 2 – Benefits or severely sight impaired

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) 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

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**.

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.

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

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 DWP, dated within the last

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

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).

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

☐ No

You should answer the questions in **Section 3**

If you did score the 10 points 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

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

show your entitlement to PIP, assessment scores (including the mobility scores).

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 the **original** version 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 the **original** version 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 7**.

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)

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?

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

☐ 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

☐ Breathlessness

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

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

☐ 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)

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

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

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?
(For example, 8 minutes)

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

You can now 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**.

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**

What affects you taking a journey?

(Tick all that apply)

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

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

When are you a risk?

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

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

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 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 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)

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

(List the steps 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.

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

☐ No

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 9**.

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

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**"

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	**Where do they work?**

(This cannot only be your GP)	(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 9**

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

What documents are you attaching?

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.

Section 8 – Organisation badges

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

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

- ☐ Yes
- ☐ No

Does your organisation transport the people you care for?

- ☐ Yes
- ☐ No

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)

This will be used for updates about the application.

Main phone number (required)

Alternative phone number (optional)

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 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

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

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

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