Blue Badge

Apply for or renew a Disabled Person’s Parking Badge

Please use this form to apply for or renew a Blue Badge. It is also possible to apply for a badge online at www.westsussex.gov.uk/bluebadge. There is no guarantee that an existing Blue Badge will be renewed based on previous information provided and you may be required to attend an independent mobility assessment. Applications are processed as quickly as possible but please allow approximately 8 weeks for your application to be considered. You will be notified of the outcome of your application in writing.

Section 1 - Details of the person who requires the badge

Title

Forenames

Surname

Surname at Birth
(If different)

Sex

Male  Female

Date of Birth (dd/mm/yyyy)

Town & Country of Birth

National Insurance Number
or Child Registration Number

Please supply one recent colour passport style photo. Hats or tinted glasses must not be worn and the photo must be set against a plain background.

Please write your name on the back of your photo and paperclip it to the form in the box indicated. Please do not use glue.

Office Use Only

Date

Check by

Originals  Y  N

No. Pages

Scan  DS  SS

WFA

IMA

Library

Renewal  Y  N

Pay
### Section 1 - Details of the person who requires the badge

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<th>Address Line 1</th>
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<tr>
<td>Address Line 2</td>
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<tr>
<td>Town</td>
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<td>Post Code</td>
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**Telephone Number**

**E-mail address (optional)**

Please tick this box if you would like to receive future reminders to renew your badge by e-mail (or leave blank if no reminder is required)

If you already have a Blue Badge please provide the following information

<table>
<thead>
<tr>
<th>Badge Number</th>
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<tr>
<td>Badge Expiry Date</td>
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<tr>
<td>Issuing Council</td>
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**Vehicle Registration Number(s):**

Please list the registration number(s) for the main motor vehicle(s) in which you intend to use the badge (but please remember that you can use your badge in other vehicles).

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**Terminal Illness**

We have a process in place with local hospices and Macmillan Nursing teams to provide a compassionate and efficient service for people who are terminally ill. Please ask a member of the team for further details.

Alternatively, if you have been issued with form DS1500 by your doctor please attach a copy and continue to section 6. If you are not in the care of a hospice or Macmillan nursing team and you don’t have form DS1500, please indicate below that you are applying with a terminal illness and continue to section 2.

- [ ] I have attached a copy of form DS1500 (please go to section 6)
- [ ] I am applying with a terminal illness (please continue to section 2)
Section 2 – Eligibility for a Blue Badge without the need for further assessment

If one of the following 5 statements applies to you, please tick the appropriate box and go to the declarations & checklist in section 6. If none of the statements apply to you, please complete either section 3, 4 or 5 depending on the nature of your disability. If you are in any doubt about the section you need to complete, please telephone our helpline on 01243 777653 as incomplete applications will need to be returned. Please note that if any of awards 2(a)-(c) below have been issued to a date less than 3 years in the future, your Blue Badge will be set to expire on the same date as the award. Please contact the helpline if you require any advice.

2(a) Are you in receipt of the **Higher Rate Mobility Component** of the Disability Living Allowance? Please send us a copy of your award notice letter from the Department for Work & Pensions (DWP) **dated within the last 12 months**. If your award letter is more than 12 months old, please submit a copy of your annual uprating letter. Please note that Attendance Allowance is not an automatic qualification.  

2(b) Are you in receipt of the Personal Independence Payment (PIP) at **8 points or above** in the **Moving Around Activity**? Please send us a copy of your award letter from the DWP (please ensure you include the page that shows the points) **dated within the last 12 months**. If your award letter is more than 12 months old, please submit a copy of your annual uprating letter.  

2(c) Are you in receipt of the War Pensioner’s **Mobility Supplement** (WPMS)? Please send us a copy of your award letter from the Service Personnel and Veterans Agency as proof of eligibility.  

2(d) Are you in receipt of a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 and been assessed as having a permanent & substantial disability that causes an inability to walk or very considerable difficulty in walking? Please send us a copy of your award letter as proof of eligibility.  

2(e) Are you registered as **severely sight impaired (registered blind)**? Please note that partially sighted people do not automatically qualify for a badge.  

- If yes, which local authority are you registered with?  

- Do you give us consent to check the register? Yes [ ] No [ ]

If you are not registered blind with a local authority, or do not give your consent for us to check the register, please submit a copy of your Certificate of Vision Impairment (CVI) or BD8 form.
Section 3 – Questions for applicants with walking difficulties

This section is about understanding your permanent & substantial disability which means you are unable to walk or have very considerable difficulty in walking. Please provide as much information as you can as this will speed up the assessment process.

Q1 Please list all of your medical conditions.

Q2 What surgery or treatment have you undergone in relation to the above? Please also give details of dates you received this treatment.

Q3 What surgery or treatment are you waiting for in relation to the above? Please also give details of dates you expect to receive this treatment.

Q4 What medication and/or pain relief do you currently take in relation to the above? (Supply details below or provide a copy of your latest prescription).

<table>
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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
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Q5 Please give details of the healthcare professionals (including your GP) who are currently supporting you.

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<tr>
<th>Name</th>
<th>Job Title</th>
<th>Contact Details</th>
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Q6 Do you anticipate your condition will improve in the next 3 years? If yes, please say why.

Q7 Have you had any falls due to your disability in the last 12 months?
Yes ☐ No ☐ Don’t Know ☐

Q8 Has an occupational therapist or other healthcare professional recommended or provided any mobility aids or home adaptations? If yes, please describe these here.

Q9 Please tick the one box that best describes the way you walk.

☐ Normal. You have no specific problems with walking
☐ Adequate, for example you walk with a slight limp
☐ Poor, for example you walk with a heavy limp; stiff leg or shuffle; or have problems with balance or shortness of breath
☐ Extremely Poor, for example you drag your leg, stagger, swing through two crutches or need physical support
☐ I am unable to walk, for example you are wheelchair dependent

Q10 How does your condition affect your ability to walk?
Poor Balance ☐ Breathlessness ☐ Pain ☐ Fatigue ☐ Other__________

Q11 Are you able to go for recreational walks? Yes ☐ No ☐
If yes, how often? Daily ☐ A few times a week ☐ Less than once a week ☐

Q12 Can you walk around the supermarket unaided to do your own shopping? Yes ☐ No ☐
Q13  Are you able to use accessible public transport?  Yes  No  
If yes, alone  with physical assistance  with walking aids  without walking aids 

Q14  Do you struggle to walk longer distances or on hills (using mobility aids as required)?  Yes  No 

Q15  Do you use a wheelchair for longer trips outside the home?  Yes  No 

Q16  Are you able to climb stairs or steps at all?  Yes  No  
If Yes, more than 2  more than 5  more than 10 

Q17  Do you require assistance from another person when walking outside?  Yes  No 

Q18  Do you get breathless if you walk for more than a few minutes?  Yes  No 

Q19  Do you find it too painful to walk for more than a few minutes?  Yes  No 

Q20  Do you use a mobility aid to assist your walking?  Yes  No  
If yes, what mobility aid do you use? 

Q21  How far do you estimate you can walk, using any walking aids as required, before you feel severe discomfort? (in yards or metres) 

yards  metres 

Q22  Please tell us about any walks you regularly complete. This could be from your home or a car park to a local shop etc. 

from  to 

How long does it take you to walk this distance?  minutes  

How long ago did you last walk this?  

Blue Badge Helpline: 01243 777653
Can you walk to this location without stopping?  
Yes ☐  No ☐

If no, please give details of any stops eg, number of stops, how long you stop for, standing or sitting etc

If you continue, how long do you think you walk for in total? ___________ minutes

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 on level ground with other people of your own age?  
Yes ☐  No ☐

Do you have to stop for breath when walking on level ground at your own pace?  
Yes ☐  No ☐

Do you get too breathless to leave your home, or after dressing?  
Yes ☐  No ☐

Do you have an external oxygen supply or nebuliser?  
Yes ☐  No ☐

Is there anything else you would like to tell us that you think is relevant to your application for a Blue Badge? (Please continue on a separate sheet if necessary)
Section 4 – Questions for applicants with a disability in both arms

These questions are only intended for people who drive regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters. If this does not apply to you, please leave blank.

Do you drive regularly?  
Yes ☐  No ☐

Do you have a severe disability in both arms?  
Yes ☐  No ☐

Are you unable to operate, or do you have considerable difficulty operating, parking meters?  
Yes ☐  No ☐

Please describe your disability and how it affects your ability to operate parking meters.

Do you drive a specially adapted vehicle?  
Yes ☐  No ☐

If yes, please describe how the vehicle has been adapted.
**Section 5 – Applications for children under the age of three**

These questions are only intended for people applying on behalf of children under the age of three. If this does not apply to you, please leave blank.

Does the child have a condition that requires the transportation of bulky medical equipment at all times?  

Yes ☐  No ☐

If yes, please state what equipment is required.

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Does the child suffer from a medical condition that requires that they must always be 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.

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If you have answered yes to either of the questions above, please enclose a copy of a letter from a healthcare professional involved in your child’s treatment giving details of the child’s medical condition.
Section 6 – For ALL Applicants – IMPORTANT!
Proof of Identity & Residency, Declarations, and Checklist

6A Proof of Identity & Residency

Local authorities have an obligation to carry out checks at the application stage to ensure that people are who they claim to be and that they are resident in that authority’s area. Please supply one proof of address and one proof of identity with your application.

☐ Please ensure you have enclosed an A4 photocopy of a proof of address. A copy of your most recent Council Tax statement is preferred but otherwise a utility bill, benefit or bank statement, Government issued letter or document issued within the last 12 months.

☐ Please ensure you have enclosed an A4 photocopy of a proof of identity such as a Valid passport, valid driving licence, birth certificate, or marriage certificate.

☐ Please ensure you have attached your photograph. This will appear on your badge.

If you cannot provide a copy of one of the documents listed above, please telephone the helpline on 01243 777653 for advice. Please ensure you only send photocopies of documents as the Council cannot guarantee the safe return of original documents. Photocopiers are available in all West Sussex libraries.

Certification of Documents – for new West Sussex applicants only

If you are a new applicant in West Sussex, your documentation must also be certified by a person who has known you for a minimum of two years. They should not be related to you by birth or marriage nor live at the same address or be in a personal relationship with you.

☐ Declaration to be completed by the person certifying your documents:

I certify that the photograph of the applicant is a true likeness and that I have seen the original documents provided as proof of identity and address and have certified the photocopies of these as being true copies.

<table>
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<tr>
<th>Name:</th>
<th>Signature:</th>
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<tbody>
<tr>
<td>Telephone:</td>
<td>Date:</td>
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<tr>
<td>Address:</td>
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If you are unable to find a person to certify the documents for you, staff at one of the following 12 West Sussex libraries will be able to help you:

- Bognor Regis
- East Grinstead
- Littlehampton
- Burgess Hill
- Haywards Heath
- Shoreham by Sea
- Chichester
- Horsham
- Storrington
- Crawley
- Lancing
- Worthing
Declarations for all applicants

Please read the following declarations carefully and sign below. Please note not signing below means we will not issue you with a Blue Badge and your application will be returned.

● 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 West Sussex County Council of any changes that may affect my eligibility for a badge.

● I confirm that the photograph I have submitted with my application is a true likeness.

● I agree that, if my application is successful, I will use the badge in accordance with the rules of the scheme and that I must not hold more than one valid Blue Badge at any time.

Your signature against the Above declarations:

Print Your Name

Date of Application

___ __ / ___ ___ / ___ ___ ___

Power of Attorney (If you are signing this form as Power of Attorney please tick This box and provide proof of Power of Attorney with your application)

Voluntary additional declaration to help determine your eligibility

The Council does not contact your GP etc. as a matter of course and does not have access to your NHS records. Your application may be rejected or delayed if you have provided insufficient information. In all cases it is the applicant’s responsibility to provide the necessary information to demonstrate their eligibility. Your application will be assessed by an Independent Mobility Assessor and your attendance may be required at a local assessment centre.

I consent to West Sussex County Council checking any information held by the Social Care Department on the basis that it can help determine my eligibility.

Privacy Notice: West Sussex County Council (WSCC) complies with the Data Protection Act and the GDPR and is registered as a ‘Data Controller’ with the Information Commissioner’s Office (Reg. No. Z6413427). Your rights and the Data Protection Officer (DPO) for WSCC can be found on our website at https://www.westsussex.gov.uk/privacy-policy/ We ensure that your personal data is processed fairly and lawfully, is accurate, is kept secure and is retained for a period of no longer than one year after your last badge was valid or would have been valid. Processing your data is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. Processing is necessary for reasons of substantial public interest on the basis of law which is proportionate to the aim pursued and which contains appropriate safeguards. Your data may be shared within WSCC only for the purposes of assessing your eligibility for the scheme or for other Council services, and externally with other local authorities or Government agencies only for the purpose of administering the scheme or for the detection and prevention of fraud. We will never share your information with third parties for marketing purposes.
The fee for a badge is £10. **Please do not send any payment with your application.** You will be notified of the outcome of your application in writing. Please choose your preferred payment & delivery method if your application is successful:

- **Post to home address.** This is the quickest option available. Please choose this option to pay for your badge online or by telephone and have the badge sent to your home address. Instructions on how to pay will be sent to you once your application has been approved.

- **In-person payment & collection from a West Sussex Library.** This method can take 5-7 working days longer than posting to your home. Choose this option if you prefer to pay for and collect your badge at your nearest library, including by cash. Please indicate your chosen library in the box below (from the following list of West Sussex libraries):

  | Angmering | Arundel | Billingshurst | Bognor Regis | Broadfield | Broadwater |
  | Ferring    | Chichester | Crawley | Durrington | East Grinstead | East Preston |
  | Horsham   | Hurstpierpoint | Goring by Sea | Hassocks | Haywards Heath | Henfield |
  | Pulborough | Rose Green | Lancing | Littlehampton | Midhurst | Petworth |
  | Southwater | Southwick | Rustington | Selsey | Shoreham | Southbourne |
  |           |            | Steyning | Storrington | Witterings | Worthing |

Please send your completed application to:

**BLUE BADGE**
**PO BOX 859**
**BOGNOR REGIS**
**PO21 9HT**

Remember! The cost of postage varies according to the size, thickness and weight of the letter. Underpaid postage will severely delay your application. As an alternative, your application can be handed in free of charge at any West Sussex library.

For advice or assistance, please telephone the Blue Badge Helpline: **01243 777653**

Alternatively, please email us at: **blue.badges@westsussex.gov.uk**

Or please visit our website: **www.westsussex.gov.uk/bluebadge**