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

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Forenames</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Surname at Birth (If different)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Birth (dd/mm/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Town &amp; Country of Birth</td>
<td></td>
</tr>
<tr>
<td>National Insurance Number or Child Registration Number</td>
<td></td>
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</tbody>
</table>

Office Use Only

| Date |  |
| Check by |  |
| Originals | Y | N |
| No. Pages |  |
| Scan | DS | SS |
| WFA |  |
| IMA |  |
| Library |  |
| Renewal | Y | N |
| Pay |  |

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 paper clip it to the form in the box indicated. Please do not use glue.
### Section 1 - Details of the person who requires the badge

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td></td>
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<tr>
<td>Address Line 2</td>
<td></td>
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<tr>
<td>Town</td>
<td></td>
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<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>E-mail address (optional)</td>
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</tr>
</tbody>
</table>

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>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badge Number</td>
<td></td>
</tr>
<tr>
<td>Badge Expiry Date</td>
<td></td>
</tr>
<tr>
<td>Issuing Council</td>
<td></td>
</tr>
</tbody>
</table>

**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).

<table>
<thead>
<tr>
<th>Registration Number(s)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

**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>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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</tbody>
</table>

Q5 Please give details of the healthcare professionals (including your GP) who are currently supporting you.

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

<p>| |</p>
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Q7 Have you had any falls due to your disability in the last 12 months?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

<p>| |</p>
<table>
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<tbody>
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</table>

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

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

Q10 How does your condition affect your ability to walk?

<table>
<thead>
<tr>
<th>Poor Balance</th>
<th>Breathlessness</th>
<th>Pain</th>
<th>Fatigue</th>
<th>Other</th>
</tr>
</thead>
</table>

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  

|  
|  

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

How long ago did you last walk this?
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?  

Q23 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.

________________________________________________________________________

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.

________________________________________________________________________

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>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
<td>Date:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

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 declarations to help determine your eligibility

[ ] I consent to West Sussex County Council contacting the healthcare professionals I have listed on this form for the purpose of obtaining further information in support of my application.

[ ] 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.

Please note that not ticking one of the above declarations may delay your application if we need to obtain further information. The Council does not contact your GP etc as a matter of course. In all cases it is the applicant’s responsibility to provide the necessary information to demonstrate their eligibility. If it is not possible to determine a person’s eligibility without seeing them in person, it may be necessary for the applicant to attend an independent mobility assessment.

Data Protection Notice - All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within West Sussex County Council, with other local authorities, the Police and Civil Parking Enforcement Officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed under the Act to be ‘sensitive personal data’ and will only be disclosed to third parties as necessary for the operation and administration of the Blue Badge Scheme, and to other Government Departments or agencies to validate proof of entitlement or as otherwise required by law.
Payment for Badge and Badge Collection

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.

**For new West Sussex applicants:** Successful applicants collect and pay the £10.00 fee for their badge in person at a West Sussex library. Please indicate the library you will collect your badge from should your application be successful (from the following list of West Sussex libraries):

<table>
<thead>
<tr>
<th>Angmering</th>
<th>Arundel</th>
<th>Billingshurst</th>
<th>Bognor Regis</th>
<th>Broadfield</th>
<th>Broadwater</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burgess Hill</td>
<td>Chichester</td>
<td>Crawley</td>
<td>Durrington</td>
<td>East Grinstead</td>
<td>Henfield</td>
</tr>
<tr>
<td>Ferring</td>
<td>Findon Valley</td>
<td>Goring by Sea</td>
<td>Hassocks</td>
<td>Haywards Heath</td>
<td>Petworth</td>
</tr>
<tr>
<td>Horsham</td>
<td>Hurstpierpoint</td>
<td>Lancing</td>
<td>Littlehampton</td>
<td>Midhurst</td>
<td>Southbourne</td>
</tr>
<tr>
<td>Pulborough</td>
<td>Rose Green</td>
<td>Rustington</td>
<td>Selsey</td>
<td>Shoreham</td>
<td>Southwater</td>
</tr>
<tr>
<td>Southwater</td>
<td>Southwick</td>
<td>Steyning</td>
<td>Storrington</td>
<td>Witterings</td>
<td>Worthing</td>
</tr>
</tbody>
</table>

**For Renewal applicants:** Please choose your preferred payment & collection method:

- [ ] Post to home address. Please choose this option if you wish 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. Please choose this option if you prefer to pay for and collect your badge at your nearest library, including by cash or by cheque. Please indicate your chosen library in the box above.

Please send your completed application to:

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BLUE BADGE
PO BOX 859
BOGNOR REGIS
PO21 9HT
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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