Please note, there are 3 separate application forms for a Blue Badge.

This form (B) is for applicants who:

- Are not in receipt of the benefits listed below or;
- Who have a disability in both arms or;
- Who are under the age of 3

Applicants who are registered blind or in receipt of any of the below should use form A (blue).

- Higher rate of the mobility component of Disability Living Allowance (DLA) or;
- Mobility component of Personal Independence Payment (PiP) or;
- War Pensioner’s Mobility Supplement or;
- Benefit under the Armed Forces and Reserve Forces (Compensation) Scheme.

Applicants for an organisational Blue Badge should use form C (biege)

All applicants should refer to the guidance notes (form D) before completing an application and the following should be noted:

- The application form must be fully completed – all questions must be answered;
- A passport standard photograph, **taken within the last month** must be provided;
- Copies of required supporting evidence must be provided or the application cannot be processed;
- Do not send original documents as they cannot be returned;
- The copy of proof of ID must be certified or the application cannot be processed;
- Applicants applying using Form B are likely to be referred to an independent medical assessment;
- It may take up to 28 days to issue a Blue Badge following receipt of a fully completed application form and supporting evidence;
- There is no renewal process under the legislation and existing Blue Badge holders are required to reapply when their Blue Badge expires. Blue Badge holders reapplying are subject to the same assessment procedures each time that they apply which may include an independent medical assessment;
- Existing Blue Badge holders who are reapplying are advised to apply at least 6 weeks before their current Blue Badge expires.

**Charge for Issuing a Blue Badge**

- There is a charge of £20 to issue a Blue Badge. **Do not** send any money with your application. If your application is successful, Falkirk Council will contact you for payment before the badge is ordered.
- If your Blue Badge is lost or stolen you must report it to the Police and obtain a crime number/lost property number and pay a £10 charge for a replacement.
- Applicants who qualify under either the Armed Forces and Reserve Forces (Compensation) Scheme or receive War Pensioner’s Mobility Supplement **do not have to pay for a Blue Badge.**

**Issuing a Blue Badge**

- All Blue Badges will be posted directly to the applicant. It is not possible to collect Blue Badges in person.

**Need Help?**

If you require further guidance on this form please contact Falkirk Council Blue Badge Administration on: 01324 504975

Falkirk Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
Section 1 – Information about the applicant

If you are completing the form on behalf of an applicant who is under 16 or who is unable to complete the form themselves, please provide their details in the appropriate sections and sign the form on their behalf.

<table>
<thead>
<tr>
<th>Title (Mr, Mrs, Miss, Ms, other):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First names</strong> (in full – maximum of 20 characters):</td>
<td></td>
</tr>
<tr>
<td><strong>Surname</strong> (maximum of 20 characters):</td>
<td></td>
</tr>
<tr>
<td><strong>Surname at birth</strong> (maximum of 20 characters):</td>
<td></td>
</tr>
<tr>
<td><strong>Gender:</strong> Male ☐  Female ☐  <strong>Date of Birth</strong> (DD/MM/YYY):</td>
<td></td>
</tr>
<tr>
<td><strong>Place of Birth:</strong>  <strong>Country:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>National Insurance Number / Child Registration Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Driving Licence Number:</strong>  (If you hold a driving licence)</td>
<td></td>
</tr>
<tr>
<td><strong>Current address and contact details:</strong>  <strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Postcode:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home Tel (including code):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Tel:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Previous address</strong>, if different in the last three years:</td>
<td></td>
</tr>
<tr>
<td><strong>Postcode:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Do you currently hold a Blue Badge, or have you held a Blue Badge before?</strong>  Yes: ☐  No: ☐</td>
<td></td>
</tr>
<tr>
<td><strong>If you have:</strong>  <strong>Which local authority issued you with the last badge?</strong>  <strong>What is the serial number on the last badge?</strong>  <strong>What is the expiry date of the last badge?</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Proof of your address, dated within the last 12 months:**
We need to check that you are a resident in this local authority area before we can process your application. Please select one of the following options and provide original documentation where relevant:

- [x] I have enclosed a copy of a Council Tax bill, or a utility bill (for example electricity, gas or telephone) bearing my name and address, **dated within the last 12 months**.

**Proof of your identity:**
We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a **certified photocopy (see guidance notes)** of **one** of the following as proof of your identity:

- [ ] Birth certificate / adoption certificate
- [ ] Marriage / Divorce certificate
- [ ] Passport
- [ ] Civil Partnership / Dissolution certificate
- [ ] Valid driving licence

*Do not send original documents as these will not be returned.*

**Photograph:**
Please enclose a passport-standard photograph **which must have been taken within the last month**. The photograph must show the applicant’s full face so that the holder can be easily identified. No one else should be in the photograph. The photograph will be placed on the back of the badge and will not be visible when the badge is being displayed in the vehicle.

Please ensure that the applicant’s name is on the back of the photograph and that you complete Section 7(a) and 7(d) of this form to confirm that the photograph is a true likeness.

**Please nominate the vehicle registration number(s) for the main cars in which you intend to use the Blue Badge:**

(Up to three registration numbers should be nominated, but please remember that other vehicles can be used)

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Please note: Section 2 has been removed from this form

**Applicants who have a disability which means that they are unable to walk or virtually unable to walk should now complete Sections 3 and 7**

**Applicants with a disability in both arms should now complete Sections 4 and 7**

**Applications on behalf of children under the age of 3 should now complete Section 5 and 7**
Section 3 – Questions for ‘subject to further assessment’ applicants with walking difficulties.

These questions are intended for people who have answered NO to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and

- have a permanent and substantial disability which means you/they are unable to walk or virtually unable to walk; or
- have a temporary, but substantial disability, which means you/they are unable to walk or virtually unable to walk which is likely to last for a period of at least 12 months, but less than 3 years.

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

☐ I am unable to walk, or virtually unable to walk due to a permanent and substantial disability
[Regulation 4(2)(f)]

☐ I am unable to walk, or virtually unable to walk by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months, but less than 3 years
[Regulation 4(2)(g)]

Please describe:
- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with

Please describe:
- Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

| Surgeries / courses of treatment / specialist clinics: | Dates you received this treatment: |
What medication do you currently take in relation to the conditions / disabilities you described above?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
</table>

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes: [ ] No: [ ]

If Yes, please explain what you are taking and how frequently you need it:

---

Are you currently...

(Please tick whichever statements apply to you and provide further details in the space below)

- [ ] Awaiting surgery in relation to the conditions / disabilities described above?
- [ ] Recuperating from surgery in relation to the conditions / disabilities described above?
- [ ] Awaiting treatment for any of the conditions / disabilities described above?
- [ ] Managing your condition / disability since you have been advised it is not expected to improve any further?
- [ ] None of the above

Please give details of the healthcare professionals, or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>Hospital / Health Centre</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate)

Yes: [ ] No: [ ]

If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

How do the conditions/ disabilities you described above affect your ability to walk?

Please tick whichever of the following statements describe your general walking ability (1A)

(Please tick whichever options apply to you - you can tick more than one box)

- [ ] I am able to walk well, including recreational walks.
- [ ] I am able to walk around the supermarket to do my own shopping.
- [ ] I am able to walk and can use public transport for some of my local trips
- [ ] I am able to walk, but struggle with longer distances or hills.
- [ ] I am able to walk, but get breathless if I walk for more than a few minutes.
- [ ] I am able to walk, but find it too painful to walk for more than a few minutes.
- [ ] I am able to walk but use a wheelchair for longer trips outside the home.
- [ ] I am able to walk around my home, but am unable to climb the stairs.
- [ ] I am unable to walk at all.
- [ ] Other (please describe below).

Are you able to walk outside without help? (1B)

Yes: [ ] No: [ ] (please describe the help you need in the space below...)
Where, in your local area, can you comfortably walk to from your home?
(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park)

Please tick the box that best describes the way you walk (1C)

☐ Normal - no specific problems with walking.
☐ Adequate - for example, you walk with a slight limp.
☐ Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
☐ Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
☐ Other.

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Do you use any of the following walking aids? (1D)
(Please tick whichever options apply to you - you can tick more than one box)

☐ 1 elbow crutch
☐ 1 walking stick
☐ Walking frame (Zimmer frame)
☐ Wheelchair
☐ Other (please describe in the space below)

☐ 2 elbow crutches
☐ 2 walking sticks
☐ Rollator
☐ Powered wheelchair
Were your walking aids... (1E)
(Please tick whichever options apply to you)

☐ Purchased privately by me.
☐ Prescribed by a healthcare professional.
☐ Provided by Social Services.
☐ Other (please describe below).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort? (1Fa/b, 1G)
(Please state the distance in metres or yards using whichever measure is best for you.)

: metres  : yards

When answering this question please note that:

• The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
• If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
• The average double-decker bus is about 11 metres, or 12 yards, long.
• A tennis court is about 24 metres, or 26 yards, long.
• A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance? (1Fc, 1G)

: minutes

Are you able to continue walking after a short rest? (1F, 1H)

Yes: ☐  No: ☐

If you can continue, roughly how long (in minutes) are you able to walk for in total?

: minutes

Please answer ‘Yes’ or ‘No’ to each of the following questions by ticking the relevant box: (2A)

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 with other people of your own age on level ground?

Yes: ☐  No: ☐

Do you have to stop for breath when walking at your own pace on level ground?

Yes: ☐  No: ☐

Do you get too breathless to leave your home, or after dressing?

Yes: ☐  No: ☐
Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

If you have completed Section 3, please go straight to Section 7.
Section 4 – Questions for ‘subject to further assessment’ applicants with a disability in both arms.

[Regulation 4(2)(e)]

These questions are intended for people who drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.

If you are unsure whether these questions apply to you, then please read the guidance notes enclosed with this application form.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you drive regularly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a severe disability in both arms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe your medical condition / disability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please describe the difficulties you have with operating parking meters and pay and display machines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you drive a specially adapted vehicle?</td>
<td></td>
<td></td>
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<tr>
<td>If yes, please describe how the vehicle has been adapted for you, and enclose a photocopy of your insurance details verifying this adaptation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have completed Section 4, please go straight to Section 7.
Section 5 – Questions for ‘subject to further assessment’ applicants under the age of three [Regulation 4(3)]

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

If you are unsure whether these questions apply to your child, then please read the guidance notes enclosed with this application form.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes: [ ] No: [ ]

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three who has a condition that requires that they must be always 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 letter from a healthcare professional that has been involved in your child’s treatment (for example your GP or paediatrician) giving details of the child’s medical condition and the type of medical equipment they need, or provide the healthcare professional’s contact details below:

If you have completed Section 5, please go straight to Section 7.

Please note: Section 6 has been removed from this form.
Section 7 – Declarations and signatures

These questions must be answered by **all** applicants for a Blue Badge

**7a) Mandatory declarations about the information you have provided and the application process**

- Please read the following declarations thoroughly.
- Please tick all relevant boxes to indicate that you have read and understood each declaration.
- Not ticking one of these declarations may mean we are unable to issue you with a Blue Badge.
- Providing fraudulent information may result in prosecution and a fine.

All documents relating to this application will be dealt with in line with the Data Protection Act 1998 and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. Any medical information that you have supplied to support this application is deemed, under the Data Protection 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.

### Declarations to be completed by all applicants

- [ ] 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 my local authority of any changes that may affect my entitlement to a badge.

### Declarations to be completed by all individual applicants

- [ ] I confirm that the photograph I have submitted with my application is a true likeness.

  I understand that, if my application is successful, I must not allow any other person to use the badge for their benefit and that I must only use the badge in accordance with the rules of the scheme as set out in the “Blue Badge scheme in Scotland: Rights and responsibilities of a Blue Badge holder” leaflet which will be sent to me with the badge.
- [ ] I understand that I must not hold more than one valid Blue Badge at any time.

### Declarations to be completed by all ‘subject to further assessment’ individual applicants (i.e. people who have completed Sections 3, 4 or 5)

- [ ] I understand that Falkirk Council may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application.
- [ ] I understand that I may be required to undertake an assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
7b) Your consent to use your information to improve the service you receive

Please read and tick the following optional declarations that you consent to. Ticking these boxes will help to improve the service we can offer you

☐ I consent to Falkirk Council checking any information already held by the local authority’s Social Services department on the basis that:
  - It can help determine my eligibility for a Blue Badge;
  - It may speed up the processing of my application;
  - It may enable a decision to be made without the need for a mobility assessment.

☐ I agree to the disclosure of the information included in this form to other local authority departments/service providers so that I can be informed about other local authority services that may be of benefit to me.

7c) Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

**Section 1 – Information about you**

☐ Proof of your address, dated within the last 12 months.

A certified photocopy of proof of your identity

A certified photocopy is a photocopy of a document that has been verified as being true by a person, other than your partner or family member, who has known you for a minimum of two years and is 18 years or over. The individual certifying the documents should include the text: “This copy is a true likeness of the original” alongside their signature. They should also print their name and occupation alongside this information.

☐ A passport-standard photograph of yourself with your name on the back

Photographs must have been taken in the last month

**Section 4 – Drivers with a disability in both arms**

☐ A copy of your insurance details if you drive a specially adapted vehicle. This must show your current address.

**Section 5 – Children under the age of three**

☐ A letter from a healthcare professional that has been involved in the child’s treatment, giving details of condition and type of medical equipment needed.
7d) Your signature against the declarations in Section 7a and 7b

<table>
<thead>
<tr>
<th>Your signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date of application:</th>
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</thead>
<tbody>
<tr>
<td>(DD/MM/YYYY): □ □ / □ □ / □ □</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Please print your name here:</th>
</tr>
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</tbody>
</table>

Please return this form and relevant documents to:

Falkirk Council, Development Services, Abbotsford House, David’s Loan, FALKIRK FK2 7YZ
Please note:

- Copies of letters confirming receipt of DLA **must** be dated within the last 12 months.
- Copies of letters confirming receipt of PiP **must** include your points score.
- Photographs **must** be passport-standard and taken within the last month.
- **Do not** enclose any original documents.
- **Do not** send this form to your doctor.
- **Do not** send payment with this application.
- Blue Badges **cannot** be collected in person.
- Blue Badges are for the use of the Badge Holder only.
- Misuse of a Blue Badge is a criminal offence and can lead to a fine.
- All reports of Blue Badge misuse are passed to Police Scotland to investigate.
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Forename:</td>
<td></td>
</tr>
<tr>
<td>Gender: Male/Female</td>
<td>Gender: Male ☐ Female ☐</td>
</tr>
<tr>
<td>Date of Birth (DD/MM/YYYY):</td>
<td></td>
</tr>
<tr>
<td>Assessed Score:</td>
<td>90</td>
</tr>
<tr>
<td>Assessed By:</td>
<td></td>
</tr>
<tr>
<td>Date of Assessment (DD/MM/YYYY):</td>
<td></td>
</tr>
<tr>
<td>Assessment Outcome:</td>
<td></td>
</tr>
<tr>
<td>0-30 Refuse</td>
<td>☐ 0-30 ☑ Refuse</td>
</tr>
<tr>
<td>31-61 Refer to independent medical assessment</td>
<td>☐ 31-61 ☑ Refer to independent medical assessment</td>
</tr>
<tr>
<td>Date booked (DD/MM/YYYY):</td>
<td></td>
</tr>
<tr>
<td>62-90 Issue – duration</td>
<td>☐ 62-90 ☑ Issue – duration □ years or until (DD/MM/YYYY):</td>
</tr>
<tr>
<td>PASSED TO TPU:</td>
<td>...</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>TRANSPORT PLANNING COMMENTS</td>
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<tr>
<td>Initials and Date</td>
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<tr>
<td>BADGE NUMBER</td>
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<td>Initials and Date</td>
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<tr>
<td>BADGE ORDERED</td>
<td></td>
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<tr>
<td>Initials and Date</td>
<td></td>
</tr>
</tbody>
</table>