

APPLICATION FOR PARKING PERMIT

AUTOMATIC APPLICATION



APPLY ONLINE: www.leicester.gov.uk/bluebadge

POSTAL ADDRESS ONLY: **The Blue Badge Team,
Leicester City Council, Leicester LE1 6RN**

Telephone: **0116 454 1000**

Email: bluebadge@leicester.gov.uk



**Leicester
City Council**

LEICESTER CITY RESIDENTS ONLY

Guidance notes on who can apply for a blue badge are given on the back page of this form.

Please as appropriate Re-application New application

RE-APPLICATIONS ONLY - Old badge number: _____ Expiry date: _____

SECTION 1 • YOUR DETAILS

Title: _____ First Name: _____ Surname: _____

Surname at Birth: _____

Town and Country of Birth: _____

Address: _____

Post Code: _____

Tel: _____ Mobile: _____

Email: _____

National Insurance Number: _____

Previous Address (if previously applied): _____

Date of Birth: _____ Age: _____ Gender: _____

Person Completing form: _____ Relationship to Applicant: _____

FOR OFFICIAL USE ONLY

Eligibility: ID Checked Address Checked Eligibility Checked

Liquid Logic (LL) No: _____ Badge No: _____

Expiry Date: _____ Payment Ref No: _____

Photo Uploaded: _____ (Month) Scanned:



PHOTO

A recent colour photo must be provided in accordance with passport standards. You can either:

- Attach a passport sized photo to this application.
- Send a .JPG or .GIF file under 200KB to: bluebadge@leicester.gov.uk with applicant's full name as the subject.
- Have your digital photo taken at one of our Customer Service Centres.

Please tick the option chosen.

CONFIRMATION OF ADDRESS: (Photocopies only - we will not take responsibility for original documents)

Please supply a copy of one of the following as proof you live in the city.

Utility bill

Council tax bill

Prescription

Statement

Whichever one you provide, it must be dated within the last three months.

CONFIRMATION OF IDENTITY: (Photocopies only - we will not take responsibility for original documents)

Please supply a copy of one of the following as proof of your identity.

Valid British passport

Birth certificate

Medical card

Valid driving licence

HELP

You can visit the Customer Service Centre stated below:

Granby Street, Customer Service Centre
91 Granby Street, Leicester, LE1 6FB

Monday to Thursday
Friday

8:30am - 5:00pm
8:30am to 4:30pm

Your Application Form can be submitted for processing along with any documentary evidence.

- We have the facility to take photos, payments and submit applications.

Self Service Locations are also available at:

Pork Pie Library

Southfields Drive (Pork Pie Island) LE2 6QS

Monday to Friday
Saturday

9:00am - 5:00pm (Wednesday 7pm)
10:00am - 1:00pm

St Matthews Library

10 Malabar Road, LE1 2PD

Monday to Thursday
Friday
Saturday
Sunday

9:00am - 8:00pm
9:00am to 11:00am then 4:00pm to 8:00pm
10:00am - 4:00pm
11:00am - 3:00pm

New Parks Library

321 Aikman Avenue, LE3 9PW

Monday to Friday
Saturday

10:00am - 5:00pm (Wednesday 7pm)
10:00am - 1:00pm

Beaumont Leys Library

Beaumont Way, LE4 1DS

Monday to Thursday
Friday
Saturday

9:00am - 6:30pm
9:00am - 5:00pm
9:30am - 1:00pm

- There is a self-service scanning facility available so they can send any proofs you have including photos if you have one with you.

SECTION 2 • ELIGIBLE WITHOUT FURTHER ASSESSMENT

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. (Attendance Allowance does not qualify)
- 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 8.

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

No

Enclose a copy of your Certificate of Vision Impairment (CVI)

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

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 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

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).

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

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 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

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

What supporting documents are you attaching to this application?

It is very important to attach documents provide proof or verification of health conditions.

Yes

List the documents you are attaching below.

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 4 • DECLARATION

- I declare that to the best of my knowledge, all the information I have provided is correct.
- I understand it can take up to 6 weeks to process a fully completed application.
- I understand that I must promptly inform Leicester City Council of any changes that may affect my entitlement to a badge.
- I agree to Leicester City Council contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.
- I understand that Leicester City Council may require me to attend an assessment carried out by an Expert Assessor, a further professional may be in attendance.
- I am required to attend a further medical assessment if it is thought my mobility has improved.
- I agree to inform Leicester City Council and return my blue badge if my mobility improves.
- I agree to return my badge once it expires.
- I give consent to Leicester City Council to transfer my online account details to another Local Authority should I move outside of the Leicester City Council's catchment area and still require a Blue Badge. I understand this will include all the personal information surrounding my Blue Badge Application.
- I understand that records already held by Leicester City Council will be checked to assist in decision making on this application.

Data Protection

Any personal information that you provide will be processed in accordance with current Data Protection Laws. It will be used by us and our partners to deliver and improve services and fulfil our statutory duties. We will not disclose any personal information to any other third parties unless required or allowed to do so by law. Read more about how we use personal data in our Fair Processing Notice at www.leicester.gov.uk/your-council/how-we-work/our-website/privacy

Signed: _____ Date: _____

Print name: _____

PERMISSION TO DISCUSS APPLICATION: Would you like anyone else to contact us to discuss this application on your behalf? If yes, please state their name and sign to authorise.

Name: _____ Contact No: _____

Signature: _____