

APPLICATION FOR PARKING PERMIT

DISCRETIONARY 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

SECTION 3 • WALKING DIFFICULTIES

If you answered "yes" to any of the questions in section 2, go straight to **Section 8**.

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**

Name any health conditions or disabilities that affect your walking

(Try to use the correct medical terms, if you know them)

How does your health condition make walking difficult for you?

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

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

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?	When do you need this help?	If it's an aid, how was it provided?
(For example, a wheelchair, crutches or a member of your family)	(For example, to get to the shops)	(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)

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)

How long does it take you?

(For example, 8 minutes)

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**.

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)

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

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

(List the measures taken to try to improve journeys)

How effective are they?

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

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.

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

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 8**.

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	Date of 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.	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?

Examples of professionals could be consultants, teachers, therapists, neurologists, psychologists, or psychiatrists

(Or if you have seen any in the last 3 years)

Yes

Add their details below

No

Go to **“Supporting documents”**

Associated or healthcare professionals

Name and role of the professional (This cannot only be your GP)	Where do they work? (Include organisation name, address, email and telephone number if possible)

SECTION 8 • SUPPORTING DOCUMENTS

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 9 • 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: _____

ACCESSIBLE INFORMATION STANDARD

Do you have any specific communications or information needs? (e.g. Large print, BSL, etc)

If yes please specify _____

PAYMENT - DO NOT SEND PAYMENT

- There is a £10 administration fee for successful applications.
- We will contact you by telephone or email if your application is successful to request payment by Debit or Credit card.
- **We DO NOT accept cash, cheque or postal order**
- Payments can also be made at any of our Customer Service centres.

CHECKLIST

You **must** provide the following items:

- Recent passport sized photograph either attached to form or sent by email (see page 2).
- Proof of address (see page 2).
- Proof of identity (see page 2)
- Signed declaration section.
- Photocopy of evidence required (dated within the last 12 months). Failure to provide may result in delay in processing the application.
- Photocopies of any supporting medical evidence that you have in your possession.
- Photocopy of all pages of a recent prescription.