

## **Blue Badge Application Pack – Risk in Traffic criteria**

Please find attached:

- Blue Badge Risk in Traffic criteria Application Form – Guidance Notes
- Blue Badge Risk in Traffic criteria Form.

**To complete the Blue Badge Risk in Traffic Form you will need:**

NI number / Child registration number  
Driving Licence Number  
Details on your current Blue Badge (if applicable)

**On returning the completed application to us, you must enclose the following items:**

**1. Proof of your address, either:**

- Council Tax / Utility bill bearing your name and address and dated within the last 12 months. The original must be submitted with your application and will be returned at the end of the application process.
- Valid photographic driving licence

If you are completing the application form on behalf of someone under the age of 16, you should give your consent for the local authority to check school records to confirm their address.

You will not need to submit proof of address if you have ticked the appropriate box in Section 1, which gives consent for Comhairle nan Eilean Siar to check your address on the Council Tax records database.

**2. A photocopy of your identification:**

- Birth / Adoption / Marriage / Divorce / Civil Partnership / Dissolution Certificate
- Valid photographic driving licence
- Passport

**3. A passport-style photograph of yourself with your name on the reverse.**

**You may also be required to return the following documentation depending on your circumstances:**

- An original letter from a healthcare professional confirming applicants diagnosis, unless they are re-applying and the condition they have will not improve.
- An original benefit decision letter

## **Blue Badge Risk in Traffic criteria Application Form – Guidance Notes**

### **Section 1 - Information about you**

This section should be completed by all individual applicants for a Blue Badge, all fields should be completed. The form asks for a National Insurance Number or in the case of children under 16, the NHS number. This can be found on an NHS Medical Card or you can ask the child's GP for it.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued. For this reason, the local authority needs to check your identity, and information is given on the form about how to provide the necessary information. The local authority may ask to see your identity documents to be sure they're valid.

### **Section 2 – Checking the applicant meets the qualifying criteria**

This section should be completed by all individual applicants for a Blue Badge. All fields should be filled in. To be eligible under these criteria, you must be in receipt of the social security benefits at the rates listed in this section. If you don't claim these benefits, talk to your council's Blue Badge service as you might be eligible under other criteria. Contact details are on page 14.

If you want to check the benefits you currently get, or get a specific letter issued again, call the Department for Work and Pensions disability benefits helpline on 0345 712 3456 if you were born before April 1948, or 0345 605 6055 if you were born on or after 8 April 1948.

### **Section 3 – Countersignatory questionnaire**

This section should be completed by a healthcare or teaching or social work professional, who has seen the applicant at some time over the last 12 months and is not the applicant's GP.

You should get one of the following kinds of professional to complete the form:

- A doctor with a current licence to practice
- An arts therapist
- An occupational therapist
- A practitioner psychologist
- A speech and language therapist
- A nurse who is a specialist practitioner in mental health nursing (SPMH)
- A nurse who is a specialist practitioner in learning disability nursing (SPLD)
- A nurse who is a specialist practitioner in community mental health nursing (SCMH)
- A nurse who is a specialist practitioner in community learning disabilities nursing (SCLD)
- A social worker registered with the Scottish Social Services Council
- A class teacher registered with the General Teaching Council for Scotland

If you can't get someone on this list to complete the questionnaire, talk to your council's Blue Badge service; contact details are on page 13, as it may still be possible to apply.

### **Section 4 – Declarations**

The relevant mandatory declarations must be completed by all applicants, since they underpin the terms of applying for a Blue Badge. Please take the time to read and understand these declarations, since not ticking those that are relevant to your applicant may result in your local authority being unable to accept your Blue Badge application. You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from your local authority. In doing so, you will be providing specific consent to your authority to allow them to share information about you with relevant departments and service providers within the authority.

Select all enclosures from the Checklist of documents you may need to enclose table and return with your completed application form.

All applicants must sign and date the form prior to submitting it.

A local authority may refuse to issue a badge if they have reason to believe that the applicant is not who they claim to be or that the badge would be used by someone other than the person to whom it has been issued.

If your badge application is successful, the leaflet “The Blue Badge Scheme - Rights and responsibilities in Scotland” will be sent to you with the badge. This leaflet explains the rules of the Scheme and how you should use the badge properly.



Comhairle nan Eilean Siar, Health & Social Care Dept, Sandwick Road,  
Stornoway, Isle of Lewis, HS1 2BW

Comhairle nan Eilean Siar, Health & Social Care Dept, Council Offices,  
Balivanich, Isle of Benbecula, HS7 5LA

## Blue Badge application form

### Risk in traffic criteria

This form is only for people wanting to make an application for a Blue Badge where, because of a mental condition, the applicant lacks awareness of danger from traffic and is likely to compromise their safety or the safety of others. You should only use this form if you live in Comhairle nan Eilean Siar. You should only apply if a Badge is necessary and other strategies aren't working to manage the risk to the person.

If you are completing the form on behalf of an applicant who is under 16, or who cannot complete the form themselves, please provide their details in appropriate sections and sign the form on their behalf at the end.

### Section 1 – Information about the applicant

<b>Title</b> (Mr, Mrs, Miss, Ms, Dr, Prof, other):	
<b>First names</b> (in full):	
<b>Surname:</b>	
<b>Surname at birth:</b>	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of Birth</b> (DD/MM/YYYY): □□/□□/□□□□
<b>Place of Birth:</b>	Town:
	Country:
<b>National Insurance Number or NHS number (if under 16):</b> (see Section 1 of the guidance notes)	<input type="text"/>
<b>Current address and contact details:</b>	Address:
	Town:
	Postcode:
	Home telephone:
	Mobile telephone:
	Email address:

**Previous address, if different in the last three years:**

Postcode:

**School details (if applicant under 16):**

Name:

Address:

Contact telephone:

**If you now hold, or have ever held, a Blue Badge:**

Local authority that issued the last badge:

Serial number of the last badge:

Expiry date of the last badge:

**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:

- Either:**  I give consent to the local authority to check my personal details on the local authority's Council Tax database so that I do not need to submit proof of my address.
- Or:**  I have enclosed a Council Tax bill bearing my name and address, dated within the last 12 months.
- Or:**  I do not pay Council Tax, am over the age of 16 and give consent to the local authority to check my address on the electoral register.
- Or:**  I am applying on behalf of an applicant who does not pay Council Tax and is under the age of 16. I give my consent to the local authority to check school records to confirm their address.

**Proof of your identity:**

We need to check your identity to reduce the risk of fraud. You must attach a photocopy of **one** of the following as proof of your identity:

- Passport
- Birth or adoption certificate
- Marriage or divorce certificate
- Civil Partnership or dissolution of Civil Partnership certificate

**Photographs:**

You will need to enclose a recent passport standard photograph of the applicant. The photograph needs to 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.

**Badge issue fee:**

There will be a £20 fee for successful Blue Badge applications, payable on collection of the badge.

**Please do not send any payment with your application.**

## Section 2 – Information about why you need a Blue Badge

Please complete all the following sections.

### Your diagnosis

To be eligible, you must have a diagnosed mental health, cognitive or behavioural condition. This includes any mental health problem, personality disorder or learning disability, however caused or manifested. Examples are dementia, autism or Down's Syndrome.

**What is the condition you have been diagnosed with?**

You need to get proof from a healthcare professional that you have been diagnosed with this condition. You should attach a letter confirming the diagnosis to this form.

If you are re-applying for a Badge on the basis of the same diagnosis, and the condition is not going to improve, you don't need to send in another letter.

### Receiving social security benefits

Providing information about the social security benefits you receive will help the local authority make a full assessment of your application.

**Tick the box next to the benefits you currently receive.**

- You get the higher rate of the care component of the Disability Living Allowance
- You get the middle rate of the care component of the Disability Living Allowance
- You get the higher rate of Attendance Allowance
- You get the lower rate of Attendance Allowance

You get Personal Independence Payment and have been awarded a total of at least 12 points in respect of the following:

- section 7 (communicating verbally)
  - section 8 (reading and understanding signs, symbols and words)
  - section 9 (engaging with other people face-to-face)

You get Personal Independence Payment and have been awarded a total of at least 8 points in respect of the following:

- section 7 (communicating verbally)
  - section 8 (reading and understanding signs, symbols and words)
  - section 9 (engaging with other people face-to-face)

If you receive any of the benefits above, you should enclose an original letter of entitlement to the benefits dated within the last 12 months. If you're enclosing a Personal Independence Payment letter of entitlement, you have to enclose a letter showing the breakdown of points you receive. We may also check that you are in receipt of this award with the Department for Work and Pensions.

## Background to your condition and why you require a badge

Providing information about your condition will help the local authority to make a full assessment of your application.

### Please describe:

- Any courses of treatment you have undergone or specialist clinics you have attended in relation to the condition you have mentioned above.
- 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:**

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### What medication do you currently take in relation to the condition you described above?

Medication	Dosage	Frequency

**Why do you require a Blue Badge? How is a Blue Badge going to help you?** Please describe what benefit you seek to get from having a Badge. You may want to give examples.

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**Do you anticipate that your condition will improve in the next three years?**

Yes:  No:  Don't know:

**If you ticked yes, please describe how much you expect your condition to improve.**

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## Section 3 – Countersignatory questionnaire

These questions are intended for a healthcare or social work or teaching professional who has seen the applicant at some time over the last 12 months and who is not the applicant's GP.

You should therefore pass this part onto a healthcare or social work professional, who should complete the questions, **providing examples to support their answers**, and then sign this section.

<b>Professional contact details:</b>	Name
	Job title:
	Registration number:
	Organisation:
	Work telephone:
	Email address:

The purpose of this questionnaire is to gather information about whether the applicant meets the Blue Badge criteria of being someone who, because of a diagnosed mental disorder within the meaning of the Mental Health (Care and Treatment) (Scotland) Act 2003, lacks awareness of danger from traffic and is likely to compromise their safety, or that of others.

### Can the applicant follow the route of a familiar journey on their own?

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, does the applicant show any evidence of being able to learn this?

### Can the applicant follow the basic instructions such as “slow down”, “stay here” or “stop”?

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, please indicate how the applicant responds when given such instructions.

**Has the applicant put themselves at risk as a result of being unaware of the dangers from traffic?**

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened.

**Does the applicant require continual supervision while travelling in the community (and in the case of children, over and above that normally required for children of that age)?**

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is yes, please give an example of what has happened when the applicant did not receive this supervision?

**Can the applicant deal with unexpected changes in their journey?**

Yes:  No:  Sometimes:

Please explain your answer with reference to examples. In particular, if the answer is no, please describe any behaviours that are putting the applicant or others at risk as a result of unexpected change.

**Does the applicant wander off when exiting a vehicle, causing danger to themselves or others?**

Yes:  No:  Sometimes:

Please explain your answer. In particular, if the answer is yes, please give an example of what has happened.

**If the applicant is a child, has an NHS buggy been provided?**

Yes:  No:  Not applicable:

If the answer is yes, please give the reasons for receiving it. In particular, was it provided for difficulties in keeping the child safe?

**What coping strategies are currently in place to ensure the applicant's safety?**

**In your professional opinion, having considered the actual risk to this individual applicant, not the potential risk associated with the condition, does the applicant regularly place themselves or others in danger?**

Yes:  No:

Please explain your answer, and provide any other information that might be useful.

**Your signature:**

**Date of signature:**

(DD/MM/YYYY):  /  /

**Please print your name here:**

## Section 4 – Declarations and signatures

- Please read the following declarations carefully.
- 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.

If you don't provide us with the information on this form we won't be able to verify your eligibility.

All documents relating to this application will be handled in line with the Data Protection Act 1998.

We use the information you provide in this form to check your eligibility and process your application. The information 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 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.
- I confirm that the photographs I have submitted with my application are 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: Rights and Responsibilities in Scotland" 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.
- I understand that the local authority may contact the NHS, school or social care services 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.

### Optional declarations about using your information

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 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.

## Your signature against the declarations that you have ticked above

<b>Your signature:</b>	
<b>Date of application:</b>	(DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Please print your name here:</b>	
If the applicant is unable to sign themselves and you are their proxy, please sign above and provide the information below.	
<b>Please indicate your relationship to the applicant:</b>	

## Checklist of documents you 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.

- Proof of the applicant's address, dated within the last 12 months, if they haven't given consent for us to check Council Tax or electoral register or school records.
- A copy of proof of the applicant's identity.
- A passport standard photograph of the applicant with their name on the back.
- An original letter from a healthcare professional confirming the applicant's diagnosis, unless they are re-applying and the condition they have will not improve.
- An original benefit decision letter, confirming the applicant's entitlement, dated within the last 12 months, if applicable.

## Returning this form

You should return this form to your council's Blue Badge service. Here are their contact details:

Comhairle nan Eilean Siar, Health & Social Care Dept, Sandwick Road, Stornoway, Isle of Lewis, HS1 2BW

Comhairle nan Eilean Siar, Health & Social Care Dept, Council Offices, Balivanich, Benbecula, HS7 5LA

**Misuse of a badge is a criminal offence and can lead to a fine.**