

Blue Badge Administration Team
Council Offices
Garshake Road
DUMBARTON
G82 3PU

Date:
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Email: bluebadge@west-dunbarton.gov.uk

Dear Applicant

Blue Badge Application Form – Mental Disorder / Cognitive Impairment

Thank you for requesting a Blue Badge Application Form you will find it attached to this letter.

Please complete all relevant sections of the application form, I have also attached the accompanying guidance notes which you may find helpful when completing this form.

Your completed application form can be handed into any one the following HSCP offices:

**HSCP
Council Offices
Garshake Road
Dumbarton
G82 3PU**

**4 Church Street
Alexandria
G83 0NP**

**Aurora House
3 Aurora Avenue
Queens Quay
Clydebank
G81 1TG**

Please note that you can return forms, collect badges, etc. at the Dumbarton Office from Monday to Friday but **ONLY** at the following times: 9.00am to 12.00pm and 2.00pm to 4.00pm. If these times are unsuitable please phone 01389 776499 to arrange an alternative time.

There is a fee of £3.16 for a successful application form which is payable by cash or cheque on collection of your Blue Badge. Cheques should be made payable to West Dunbartonshire Council.

Yours sincerely

Blue Badge Admin Team
West Dunbartonshire Council

Blue Badge Application Form

Mental Disorder / Cognitive Impairment

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. When completing this form you may find the accompanying guidance notes are helpful.

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

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 appropriate sections and sign the form on their behalf. Further guidance on completing this section can be found in Section 1 of the accompanying guidance note.

Title (Mr, Mrs, Miss, Ms, other):

First names (in full – maximum of 20 characters):

Surname (maximum of 20 characters):

Gender: Male Female **Date of Birth** (DD/MM/YYYY): / /

Surname at birth (maximum of 20 characters):

Town:

Place of Birth: Country:

National Insurance Number (16 and over)
NHS Number (for under 16s)

(see Section 1 of the accompanying guidance notes)

Driving Licence Number:
(If you hold a driving licence)

Current address and contact details:

Address:

Town:

Postcode:

Home telephone:

Mobile telephone:

Email address:

School Name and Address (for under 16s):

Previous address, if different in the last three years:

Postcode:

Please indicate your preferred contact method:

Phone Mobile Email Post

Do you currently hold a Blue Badge, or have you held a Blue Badge before? Yes: No:

If you have:

Which local authority issued you with the last badge?

What is the serial number on the last badge?

What is the 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, I 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 potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy 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 recent passport-style photograph of the applicant taken within the previous six months. 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 and that you complete Section 5 of this form to confirm that the photograph is a true likeness.

Badge issue fee**£3.16 Payable to West Dunbartonshire Council**

Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received.

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)

Section 2 – Checking the applicant meets the qualifying criteria

Please complete all the following sections.

Your Diagnosis

To be eligible under this pilot, you must have a diagnosed mental disorder. We use this expression because it's a specific legal term. It encompasses all mental health problems, personality disorders and learning disabilities, however caused or manifested.

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.

Receiving Social Security Benefits

To be eligible under this pilot, you need to receive one of the following social security benefits, at the specified rates.

Tick the box next to the benefit 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)

You must enclose an original letter of entitlement to this benefit. We may also check that you are in receipt of this award with the Department for Work and Pensions.

Background to your condition

Providing information about your condition will help the local authority 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:

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

| Medication | Dosage | Frequency |
|------------|--------|-----------|
| | | |

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.

Section 3 – Countersignatory Questionnaire

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

They are designed to gather information about whether the applicant meets the Blue Badge criteria of **being someone who, because of a diagnosed mental disorder, lacks awareness of danger from traffic and is likely to compromise their safety, or the safety of others.**

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.

| | |
|--|----------------------|
| Healthcare or social work professional contact details: | Name: |
| | Job title: |
| | Registration number: |
| | Organisation: |
| | Work telephone: |
| | Email address: |

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 - 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.
(if you have not given consent for us to check Council Tax / electoral register / school records).
- A certified photocopy of proof of your identity.
- A passport-style photograph of yourself taken within the previous six months with your name on the back.

Section 2 – Qualifying Criteria

- An original letter detailing the decision/entitlement of your benefit, this must be issued within the last 12 months or your original annual uprating letter.
- A letter confirming your diagnosed mental disorder or cognitive impairment.

Section 5 – Declarations and Signatures (to be completed by all applicants)

Mandatory declarations about the information you have provided and the application process

Please read the following declarations thoroughly. Please tick to confirm that you have read and understood each declaration of this section. Not doing so may mean we are unable to issue you with a Blue Badge. Providing fraudulent information may result in prosecution and a fine.

- I understand 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.
- I understand any medical information that I 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.
- 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 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.

I understand that the local authority may need to contact an accredited healthcare professional for the purpose of obtaining further information in support of my application. In relation to children, the local authority may need to contact the child's school.

I understand that I may be required to undertake a face to face assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

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 the local authority 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 an 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.

Your signature against the declarations

Your signature:

Date of application:

(DD/MM/YYYY): / /

Please print your name here:

If you are unable to sign the form and a guardian or Power of Attorney is signing the form on your behalf, please ensure that the section below is completed;

Signature of guardian or Power of Attorney:

Date of application:

(DD/MM/YYYY): / /

Please print name here:

Options about participating in research

To help find out how this pilot to extend blue badge eligibility is working, Transport Scotland wants to get feedback from applicants or the person applying on their behalf. Anything you provide as part of this research would be confidential, and will not be used to make decisions regarding this or any future application. Participating in this research is completely optional. **Would you be happy for your contact details to be shared with Transport Scotland and for them to contact you about this?**

Yes, I am happy to be contacted by Transport Scotland for this research

No, please do not contact me about this

Blue Badge Application Form - Guidance Notes

This Blue Badge Application Form is for the Mental Disorder / Cognitive Impairment Extension – 12 Month Pilot Scheme.

To be eligible for a Blue Badge under this policy, the applicant must;

“as a result of a diagnosed mental disorder or cognitive impairment, have no awareness of danger from traffic and is likely to compromise their safety, or the safety of others.”

There are two ways to determine eligibility;

1. You will qualify for a Blue Badge without further assessment if you or the person on whose behalf you are applying are aged three years or over and:-

- a) have a diagnosed mental disorder or cognitive impairment and can provide a letter that confirms this diagnosis **and**
- b) is in receipt of either
 - (i) the **higher** rate of the care component of Disability Living Allowance (DLA)
 - (ii) the **higher** rate of Attendance Allowance (AA)
 - (iii) has been awarded at least **twelve** points in respect of activity 7 (communicating verbally), activity 8 (reading and understanding signs, symbols and words) and activity 9 (engaging with other people face to face) of the Personal Independence Payment (PIP)*****Please note that points can be accumulated from each of these activities*****

and

- c) a healthcare professional (excluding a GP) or a registered social worker can confirm that the applicant meets the definition by completing the questionnaire in Section 3 of this application form.

2. You may qualify for a Blue Badge following an assessment by the local authority if you or the person on whose behalf you are applying are aged three years or over and

- a) have a diagnosed mental disorder or cognitive impairment and can provide a letter that confirms this diagnosis **and**
- b) is in receipt of either
 - (i) the **middle** rate of the care component of Disability Living Allowance (DLA)
 - (ii) the **lower** rate of Attendance Allowance (AA)
 - (iii) has been awarded at least **eight** points in respect of activity 7 (communicating verbally), activity 8 (reading and understanding signs, symbols and words) and activity 9 (engaging with other people face to face) of the Personal Independence Payment (PIP)*****Please note that points can be accumulated from each of these activities*****

and

- c) a healthcare professional (excluding a GP) or a registered social worker can confirm that the applicant meets the definition by completing the questionnaire in Section 3 of this application form.

All Badges awarded under this extension of the scheme will be valid for a 12 Month period

Section 1 - Information about the applicant

This section should be completed by all applicants for a Blue Badge. All fields should be filled in.

If you are applying for a Blue Badge on behalf of someone under the age of 16, as they will not have a National Insurance Number you should provide their NHS Number. When you register your child with a GP practice you are given a medical card. The NHS number is printed on the card; each NHS Number is made up of 10 digits shown in a 3-3-4 format, usually as follows 943/476/5919:

Please note that the 'first names', 'surname' and 'surname at birth' fields can only hold up to 20 characters due to badge printing restrictions.

There are questions for those who have already held a Blue Badge or who have a Blue Badge which is due to expire shortly. Applicants should note that only one badge will be valid for one applicant at the same time. The issuing local authority, serial number and expiry date can be found on the front of the badge.

Please ensure you tick the preferred contact method.

Proof of your identity and address

Identity:

A certified photocopy of one of the following must be submitted with your application: your birth/adoption certificate, marriage/divorce certificate, civil partnership/dissolution certificate, valid driving licence or passport.

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.

Address:

Proof of address should be in the form of an original Council Tax bill bearing your name and address. The original must be submitted with your application and will be returned at the end of the application process.

You will not need to submit your Council Tax bill if you have ticked the appropriate box in Section 1, which gives your consent for the local authority to check your address on their Council Tax records or electoral register.

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.

Photograph

Photographs supplied for the badge must be in accordance with passport standards, Please note that you do not need the photograph to be certified.

The dimensions of the photograph on the badge are 45mm high by 35mm wide (the standard size used in photo booths in the UK). Larger photographs with the same aspect ratio are acceptable.

Your photos must be:

- printed to a professional standard
- taken within the previous six months
- in colour on plain white photographic paper with no border
- taken against a plain cream or light grey background
- clear and in focus
- without any creases or tears
- unaltered by computer software

Your photos must:

- be a close-up of your full head and upper shoulders
- contain no other objects or people
- be in clear contrast to the background

In your photo, you must:

- be facing forward and looking straight at the camera
- have a neutral expression and your mouth closed
- have your eyes open, visible and free from reflection or glare from glasses
- not have hair in front of your eyes
- not have a head covering (unless it's for religious or medical reasons)
- not have anything covering your face
- not have any 'red eye'
- not have any shadows on your face or behind you

Blue Badge Issue Fee

Payable to West Dunbartonshire Council - £3.16

West Dunbartonshire Council will only issue successful applicants with a Blue Badge once payment of the required fee has been received.

Other information

You should also provide the Vehicle Registration Numbers of the three vehicles in which you are most likely to use a Blue Badge if your application is successful. This information helps local authorities with their enforcement of the Blue Badge scheme rules, but please note that you can use a Blue Badge in other vehicles too.

Section 2 – Qualifying Criteria

You will be eligible for a badge if you are aged three years or over, can satisfy residency and identity checks, and meet the eligibility criteria in Section 2. You will need to provide the appropriate documentation to prove eligibility under one of the criteria. An example of proof of entitlement is proof of payment of the allowance. Any documents sent in as proof of entitlement will be returned to the applicant as quickly as possible, once they are no longer needed by the local authority.

Please note that the term “mental disorder” is defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and incorporates people with a mental illness, personality disorder or learning disability.

The following guidance relates to the PIP criteria:

Communicating Verbally

- a) Can express and understand verbal information unaided. **0 points.**
- b) Needs to use an aid or appliance to be able to speak or hear. **2 points.**
- c) Needs communication support to be able to express or understand complex verbal information. **4 points.**
- d) Needs communication support to be able to express or understand basic verbal information. **8 points.**
- e) Cannot express or understand verbal information at all even with communication support. **12 points.**

Reading and understanding signs, symbols and words

- a) Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. **0 points.**
- b) Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information. **2 points.**
- c) Needs prompting to be able to read or understand complex written information. **2 points.**
- d) Needs prompting to be able to read or understand basic written information. **4 points.**
- e) Cannot read or understand signs, symbols or words at all. **8 points.**

Engaging with other people face to face

- a) Can engage with other people unaided. **0 points.**
- b) Needs prompting to be able to engage with other people. **2 points.**
- c) Needs social support to be able to engage with other people. **4 points.**
- d) Cannot engage with other people due to such engagement causing either –
 - i. overwhelming psychological distress to the claimant; or
 - ii. the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. **8 points.**

*****Please note that for both Personal Independence Payment (PIP) criterion of part 2 in Section 2, these points are cumulative*****

Should you need to seek clarification relating to the benefits you currently receive, or to request that a specific letter is reissued, please contact the **disability benefits helpline on;**

0345 712 3456 (if you were born after 8 April 1948)

0345 605 6055 (if you were born on or before 8 April 1948)

Section 3 – Qualifying Questionnaire

This section should be completed by a healthcare 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 teacher

Examples **must** be provided to all questions irrespective of the answer.

If you can't get someone on this list to complete the questionnaire, please contact us as it may still be possible to make an application.

Section 4 – 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.

Section 5 – Declarations and Signatures

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.

All applicants must sign and date the form prior to submitting it. If you are unable to sign the form then a guardian or Power of Attorney may sign the form on your behalf.

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. The leaflet can be viewed at www.bluebadgescotland.org