

Blue Badge Scheme

Application Form

First Application

Renewal

PART A—Personal Details:

Title: Mr / Mrs / Miss / Ms

Surname

First Name(s)

Address

Postcode

Male

Female

Date of Birth

Age

Telephone No.

01624

Mobile:

07624

PART B— Benefits: Automatic Eligibility (Mandatory without further assessment)

Please tick if you are in receipt of any of the following benefits **on a long-term indefinite basis and will not be subject to review:**

Receipt of a qualifying allowance **must** cover the three year period for which the Disabled Parking Blue Badge is valid.

Disability Living Allowance **High Rate Mobility Component**

YES

Income Support **Mobility Premium**

YES

War Pension **Mobility Supplement**

YES

If you are Registered Severely Sight Impaired (Blind), please state Registration Number

If you meet any of the above criteria, please go directly to PART E

Have you had any specialist equipment or adaptations provided or installed (e.g. stair lift) by yourself or Manx Care to help you get around? If "Yes", please give details.

PART C—Assessed Eligibility (Subject to Assessment)

Please answer all questions in full only if you do not have automatic eligibility.

You may qualify for a Disabled Parking Blue Badge if you:

- a) Are unable to walk, or have considerable difficulty walking due to a permanent or substantial difficulty (**Criteria 1**); or
- b) Have a severe congenital disability in both arms and drive a vehicle regularly (**Criteria 2**).

There may be exceptional circumstances under which you may be eligible for a Disabled Parking Blue Badge. If you are applying for a Disabled Parking Blue Badge because you are a regular passenger, have difficulties in carrying objects in your hands or suffer from some other medical condition (e.g. asthma or incontinence), or because you are in advanced years of age, these alone will not be sufficient to entitle you to a Disabled Parking Blue Badge. These additional factors will be taken into account if you can demonstrate that you have severe walking difficulties, or are unable to walk but drive a vehicle regularly. Blue Badge eligibility is still based on a physical medical condition.

Criteria 1

Unable to walk or have extreme difficulty walking due to permanent or substantial disability

Under this criteria, you must explain your medical history in relation to your mobility. Use the space provided to describe what your mobility problems are and how they came about. For example, these could have arisen from a hip problem, knee operation, spinal injury/defects or problems with your foot/feet. If you are asthmatic or diabetic, this may make walking difficult and you should tell us about the effect of such condition upon your walking ability as part of your assessment. Walking is defined as being able to move on two feet at a moderate rate with at least one foot always on the ground, taking a single step at a time. A person can walk with the aid of a crutch but not with two crutches (which would require a swinging motion as opposed to walking); the latter will mean that the person cannot walk. The problems with walking would need to be permanent in order to qualify for a Disabled Parking Blue Badge. If you have a broken leg, for example, you would not normally qualify for a Disabled Parking Blue Badge as the condition is not permanent. If you are seeing a medical specialist or consultant in relation to your walking difficulties or to help alleviate pain due to a walking difficulty, please give details. You must also provide further evidence in the form of recent prescriptions of any medication you are taking for your mobility/disability. Please tell us how far you can walk and how long it takes to walk this distance without feeling severe pain or discomfort.

Please answer all questions below:

Please explain the nature of your permanent medical condition/disability in relation to your mobility.

2. Have you attended a consultant/therapist during the past year in relation to your condition/disability? YES NO

3.

Appointment Dates	Hospital/Consulting Office	Name of Doctor/Consultant

4. Details of any medication and dosage of each.

Medicine prescribed/currently taking Please provide copies of recent prescriptions	Dosage (e.g. 1 tablet 3 times a day)

5. Are you on oxygen therapy at the present time? YES NO

6. If "Yes", how long do you require it for?

7. Do you use a wheelchair to help you get around? YES NO

8. How long ago did your walking difficulty start?

Less than 12 months
 12—18 months
 18 months to 3 years
 Over 3 years

9. On average how many minutes can you walk before you need to stop for a rest?

10. If you have severe difficulty walking, is this because your disability is:

Permanent and substantial
 Permanent but **not** substantial
 Substantial but temporary

11. Please explain how your medical condition severely restricts your ability to walk.

12. If your mobility restriction is substantial but temporary, how long will the condition last?

13. Whilst walking do you often: (tick as many boxes as applicable)

Stop to rest
 Get help from someone else
 Use a walking aid
 Get severe pain

14. On level ground, are you troubled by shortness of breath? YES NO

15. On level ground, do you get short of breath walking with people your age? YES NO

16. On level ground, do you have to stop for breath when walking at your own pace? YES NO

17. Do you get too breathless to leave your home? YES NO

18. If you suffer from severe pain whilst walking, is the pain:

Constant YES NO
 Intermittent YES NO

19. On a scale of 1–10 (0—no pain, 10—severe) how would you describe your pain whilst walking?

0 1 2 3 4 5 6 7 8 9 10

20. Do you use any aids to help you get around?

Walking frame YES NO
 Crutches YES NO
 Walking stick YES NO
 Artificial limbs YES NO

Other

21. Which best describes the way you walk	Normally (without difficulty)	<input type="text"/>
	Reasonably	<input type="text"/>
	Difficult	<input type="text"/>
	Poor	<input type="text"/>

22. What is the maximum distance and how quickly can you walk without severe pain or discomfort?	Less than 50m	Normal speed	<input type="text"/>	Moderate	<input type="text"/>	Slowly	<input type="text"/>	Very Slowly	<input type="text"/>
	50m to 100m	Normal speed	<input type="text"/>	Moderate	<input type="text"/>	Slowly	<input type="text"/>	Very Slowly	<input type="text"/>
	More than 100m	Normal speed	<input type="text"/>	Moderate	<input type="text"/>	Slowly	<input type="text"/>	Very Slowly	<input type="text"/>

Criteria 2

Have a severe congenital disability in both arms and drive a vehicle regularly

You must satisfy all conditions above to qualify. (If you are applying solely as a passenger you will not be eligible). As evidence you must provide copies of the following documents:

Current Vehicle Excise Exemption Certificate	<input type="text"/>
Details of current insurance	<input type="text"/>
Details of any adaptations to your vehicle	<input type="text"/>

23. Do you regularly travel in a vehicle solely as a passenger?			
24. If you have severe disability in both arms, do you:	Drive a vehicle regularly	YES <input type="text"/>	NO <input type="text"/>
	Drive an adapted vehicle	YES <input type="text"/>	NO <input type="text"/>

25. If your vehicle has been adapted, please give details of the adaptations and insurance scheme.

Insurance Company	<input type="text"/>	Policy No.	<input type="text"/>
Insurance type	<input type="text"/>	Start date	<input type="text"/>
		Expiry date	<input type="text"/>

Part D

If you are a Parent/Carer applying for a child under five years of age, the child must have a condition that requires him or her to be always **a)** accompanied by bulky medical equipment, or **b)** near to a vehicle in order to be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be treated.

Potential equipment is too exhaustive to specify but may include ventilators, feeding pumps, syringe drivers or oxygen administration equipment. Please give as much detail as possible to provide evidence in the form of a letter from the child's GP or consultant giving details of his/her medical condition, the type of medical equipment used and frequency of use.

Please explain the nature of the child's disability

26. Does your child require him/her to be accompanied by bulky medial equipment?	Yes	No
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If yes, please give details of equipment used and treatment required.

Part E

Manx Care reserves the right to refuse issues of a Disabled Parking Blue Badge where the application has been made by false representation. All applicants must complete this part of the form.

Your application will be processed in line with the Data Protection Act 2018 and our obligations under the General Data Protection Regulations (GDPR) 2018. We will use the information you have provided to assess your eligibility for a Disabled Parking Blue Badge and to effectively administer the Scheme.

All applications must be accompanied by TWO recently taken passport size photographs of the applicant.

Both photographs must be signed and dated on the back by an adult of professional standing who you have known for at least three years, is not related to you and can confirm your identity. This statement should read:- *"I certify this is a true likeness of (name of applicant as it will appear on the badge)."*

The signatory must complete their details below.

Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	<input type="text"/>

Profession

Signature

Date

Are you an employee or related to an employee of Manx Care? If yes, please give details of connection.

YES

NO

Children aged 5 – 16 years of age

If you are applying on behalf of a child/young person aged between 5 and 16 years of age, please give your details.

Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	<input type="text"/>

Relationship

Signature

Date

Processing Information Requirement

An essential part of the Disabled Parking Blue Badge application process is for Manx Care to check and verify that the information the applicant has provided is true and correct at the time of applying. We need to check that the applicant is not deceased and lives at the property address given, or whether they have moved away and if so, have given a forwarding address. We are unable to accept a Post Office Box address as proof of your residence.

We will check and verify the following information.

Your name, your current address, your previous address (if not living at your current address for three years, if you have recently moved) and any forwarding address.

