

BLUE BADGE APPLICATION FORM – GUIDANCE NOTES

Please retain for your information

What sections of the application form should I complete?

All individual applicants should complete section 1 and section 7.

Individual applicants will also need to complete:

1. **Section 2** if they receive the higher rate of the Mobility Component of Disability Living Allowance or receive 8 points or more for the moving around activity component of Personal Independence Payment
- **Section 2** if they are registered blind (severely sight impaired) or if they wish to be registered blind and have a Certificate Of Vision Impairment (CVI) signed by a Consultant Ophthalmologist which states that they are severely sight impaired (blind) .
 - **Section 2** if they receive the War Pensioner's Mobility Supplement.
 - **Section 2** if they receive the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1-8 (inclusive).
 - **Section 3** if they have a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
 - **Section 4** if they are a driver who has a severe disability in both arms and is unable to operate, or has considerable difficulty operating, all or some types of on-street parking equipment.
 - **Section 5** if the applicant is a child under the age of 3 who must be accompanied by bulky medical equipment or who needs to be kept near a vehicle at all times, either for treatment , or for transportation to a location where treatment can be performed.

Organisational applicants should complete section 6 and section 7 only.

Section 1 - Information about you

The section should be completed by all applicants for a Blue Badge. It does not need to be completed if you are applying for an Organisational Blue Badge. All fields must be completed in full. If you are applying for a Blue Badge on behalf of someone under the age of 16, then you will need to provide their Child Registration Number. This can be found on child benefit documentation. 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 any one time. The serial number of the badge can be found on the front of your existing badge.

Proof of your identity and address

Identity:

A certified photocopy of one of the following must be submitted with your application:

- Birth/adoption certificate
- Marriage/divorce certificate
- Civil partnership/dissolution certificate
- Valid driving licence or passport

A certified copy is a photocopy of a document that has been verified as being true by a person over 18 years of age who has known you for at least two years and works in a recognised profession or otherwise has good standing in the community.

The individual certifying the documents should include the text: "This is a true likeness of the original" alongside their signature. They should also print their name and occupation alongside this information. Please note: Please send photocopies only. Do not send original documents through the post as we cannot guarantee return.

Address:

Proof of address should be in the form of a photocopy of a Council Tax bill bearing your name and address. 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.

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.

Medical Information:

Please Note: recent medical evidence of your condition must be attached to your application

A GP's letter which can be chargeable is unnecessary but you do need to provide medical evidence of your current condition. This can be by a medical history report that shows your current and active conditions which can be obtained from your GP reception. You should also attach any other supporting medical evidence in relation to your disability. These can be hospital appointment letters, x-ray reports, or any other reports in relation to your mobility problem. If you fail to attach any current medical evidence it will affect the overall assessment decision in determining your eligibility under the strict discretionary criteria of the scheme (You have a permanent and substantial disability which means you cannot walk at all or you have considerable difficulty in walking) as we do need to substantiate the issue of such badges by way of supporting medical evidence in relation to your condition and how it affects your mobility.

New guidelines were introduced by the Department for Transport in January 2012 relating to medical conditions which are no longer considered to be a qualification for a disabled blue badge. Unless the applicant is in receipt of higher rate mobility component of disability living allowance, or receives 8 points or more for the moving around activity component of Personal Independence Payment or they have a further condition which means that they cannot walk or they have very considerable difficulty in walking, it's unlikely that they will qualify for a Blue Badge.

Therefore medical conditions such as asthma, autism, Mental health conditions, psychological/behavioural problems, Chron's disease/incontinent conditions, Sensory impairments, Myalgic Encephalomyelitis (M.E) are not in themselves a qualification for a badge.

Blue Badge Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity, and evidence of eligibility.

Please post completed applications and documents to:

**Brent Customer Service – Independent Travel Team
Brent Civic Centre
Engineers Way
Wembley
Middlesex HA9 0FJ**

The local authority may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria. Brent Council reserves the right to check the information provided in an application alongside council tax and benefits databases, the electoral register, school records or any other council records for the purpose of fraud prevention. When completing this form you may find the accompanying guidance notes helpful.

Please be advised as of 01/11/2017 there will be a £10.00 charge for all successful applicants for blue badges. A member of the independent travel team will contact you once your badge is ready to be ordered.

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.

If you are applying on behalf of an organisation that cares for and transports disabled people then please do not complete Section 1. You only need to complete Sections 6 and 7.

Further guidance on completing this section can be found in Section 1 of the accompanying guidance

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

First names (in full):

Surname:

Surname at birth:

Gender: Male

Female

Date of Birth (DD/MM/YYYY):

Place of Birth:

Town:

Country:

National Insurance Number /

Child Registration

Driving Licence Number /

(If you hold a driving licence)

Current address and contact details:

Address: _____

Postcode: _____

Email: _____

Home Tel: _____

Mobile Tel: _____

Previous address, if different in the last three years:

Address: _____

Postcode: _____



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

If YES please state:

Which local authority issued you with your last badge?

What was the serial number on your last badge?

What was 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 photocopies of 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 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 potential for fraudulent applications for a Blue Badge. You must attach a certified photocopy of **one** of the following as proof of identity:

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

Photographs:

Please enclose one recent passport-style photographs 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 and that you complete Sections 7(a) and 7(d) of this form to confirm that the photograph is a true likeness.

NB: We will be unable to return your photo to you, regardless of the outcome of your application.

Please nominate the vehicle registration number 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).

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Section 2 – Questions for ‘without further assessment’ applicants.

These questions are intended for people who may qualify for a Blue Badge automatically because they:

- are severely sight impaired (blind);
 - receive the Higher Rate of the Mobility Component of Disability Living Allowance;
 - receive the War Pensioner's Mobility Supplement; or
 - receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.
- .receive 8 points or more of the moving around component of Personal Independence Payment (PIP)

Section 2 of the guidance notes enclosed with this application form may assist you completing this section.

2a) People who are severely sight impaired (blind)

Are you registered as blind (severely sight impaired)?

Yes No

If YES, please state which local authority you are registered with:

If YES, do you give consent to us to check the local authority's register of blind people to see whether your disability is already known to the council?

Yes No

If NO, then please indicate whether you have enclosed a copy of your Certificate of Vision Impairment (CVI) or a BD8 form, signed by a Consultant Ophthalmologist and that you wish to be registered as blind:

Yes No

2b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance Living Allowance

Do you receive the Higher Rate of the Mobility Component of Disability Living Allowance?

Yes No

If YES, have you been awarded this benefit indefinitely?

Yes No

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose a photocopy of your letter of entitlement to this benefit issued within the last twelve months or a photocopy of your annual uprating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.

2c) People who meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP)

Does your 'Moving Around' descriptor for the Mobility Component meet/match any of the following statements?

You can stand and then move unaided more than 20 metres but no more than 50 metres. (8 points)

You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. (10 points)

You can stand and then move more than 1 metre but no more than 20 metres. (12 points)

You cannot stand or move more than 1 metre. (12 points)

If you did not tick any statement above, please tick the 'NO' box.
No:

If you have ticked a statement above (8, 10 or 12 points); have you been awarded this benefit for an on-going period?

Yes:

No:	If NO, when is your award of this benefit due to end? (DD/MM/YYYY): //
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If you have ticked one of the above statements (8, 10 or 12 points) for the 'Moving Around' descriptor of the Mobility Component of PIP, you must enclose an original letter of entitlement to this benefit issued within the last twelve months. Please note that we may also check that you are in receipt of this award with the DWP

2d) People who receive the War Pensioner's Mobility Supplement

Do you receive the War Pensioner's Mobility Supplement?

Yes No

If YES, have you been awarded this benefit indefinitely?

Yes No

If NO, when is your award of this benefit due to end?

(DD/MM/YYYY): / /

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a photocopy of your letter of entitlement to this benefit. You should have an award letter from the Service Personnel and Veterans Agency (SPVA). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

2e) People who receive a benefit under the Armed Forces and Reserve Forces (Compensation) Scheme

Have you received a lump sum benefit under the Armed Forces and Reserve Forces (Compensation) Scheme within tariff levels 1 - 8 (inclusive) and have been certified by the SPVA as having a permanent and substantial disability which causes inability to walk or very considerable difficulty walking?

Yes No

If you are in receipt of the above mentioned award under the Armed Forces and Reserve Forces (Compensation) Scheme, the Service Personnel and Veterans Agency (SPVA) will have issued you with a letter confirming the level of your award and also confirming that you have been assessed as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking. You must enclose a photocopy of this letter as proof of entitlement. If you have lost this letter, then the agency can be contacted via the free-phone enquiry number: 0800 169 22 77.

If you have answered "Yes" to any of the questions in Section 2 please go straight to Section 7.

Section 3 - Questions for 'subject to further assessment' applicants with walking difficulties.

These questions are intended for people who have answered 'NO' to all of the questions in Section 2. Please note that you will only qualify for a Blue Badge under this criterion if you, or the person on whose behalf you are applying, are over two years of age and **have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.**

Section 3 of the guidance notes enclosed with this application form may assist you completing this section.

Please describe:

- Any medical conditions / disabilities which affect your walking.
- If you know them please state the medical terms for the condition you have been diagnosed with.

Please describe:

- Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.
- 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 conditions / disabilities you described above?

Medication	Dosage	Frequency

Are you currently taking any pain relief in relation to the medical conditions / disabilities you mentioned above?

Yes No

If YES, please explain what you are taking and how frequently you need it:

Are you currently:

Please tick whichever statements apply to you (you can tick more than one box) and provide further details in the space below.

- Awaiting surgery in relation to the conditions / disabilities described above?**
- Recuperating from surgery in relation to the conditions / disabilities described above?**
- Awaiting treatment for any of the conditions / disabilities described above?**
- Managing your condition / disability since you have been advised it is not expected to improve any further?**
- None of the above.**

Further details:

Please give details of the healthcare professionals or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described above:

Name	Job Title	Hospital / Health Centre	Telephone Number

Do you anticipate that your conditions / disabilities will improve in the next 3 years?

Yes No

If YES, please describe how much you expect your conditions / disabilities to improve:

How do the conditions / disabilities you described above affect your ability to walk?

- I am able to walk well, including recreational walks.
- I am able to walk around the supermarket to do my own shopping.
- I am able to walk and can use public transport for some of my local trips.
- I am able to walk, but struggle with longer distances or hills.
- I am able to walk, but get breathless if I walk for more than a few minutes.
- I am able to walk, but find it too painful to walk for more than a few minutes.
- I am able to walk but use a wheelchair for longer trips outside the home.
- I am able to walk around my home, but am unable to climb the stairs.
- I am unable to walk at all.
- Other (please describe below):

Are you able to walk outside without help?

Yes No Please describe the help you need in the space below:

Where, in your local area, can you comfortably walk to from your home?

Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park.

Please tick the box that best describes the way you walk:

- Normal - no specific problems with walking.
- Adequate - for example, you walk with a slight limp.
- Poor - for example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
- Extremely poor - for example, you drag your leg, stagger, swing through two crutches or need physical support.
- Other.

If there is not a box that describes the way you walk, please tell us in your own words about the way you walk in the space provided below:

Do you use any of the following walking aids?

Please tick whichever options apply to you - you can tick more than one box.

- | | |
|----------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 1 elbow crutch. | <input type="checkbox"/> 2 elbow crutches. |
| <input type="checkbox"/> 1 walking stick. | <input type="checkbox"/> 2 walking sticks. |
| <input type="checkbox"/> Walking frame (Zimmer frame). | <input type="checkbox"/> Rollator. |
| <input type="checkbox"/> Wheelchair. | <input type="checkbox"/> Powered wheelchair. |
| <input type="checkbox"/> Other (please describe in the space below): | |

**Were your walking aids:
Please tick whichever options apply to you.**

- Purchased privately by me.
- Prescribed by a healthcare professional.
- Provided by Social Services.
- Other (please describe below).

How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?

Please state the distance in metres or yards using whichever measure is best for you.

: metres :yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Roughly how much time would you estimate it takes you to walk this distance?

: minutes

Are you able to continue walking after a short rest?

Yes No

If you can continue, roughly how long (in minutes) are you able to walk for in total?

:minutes

Please answer 'Yes' or 'No' to each of the following questions by ticking the relevant box:

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes No

Do you get short of breath walking with other people of your own age on level ground?

Yes No

Do you have to stop for breath when walking at your own pace on level ground?

Yes No

Do you get too breathless to leave your home, or after dressing?

Yes No

Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?

Section 4 - Questions for 'subject to further assessment' applicants with a disability in both arms.

These questions are intended for people who drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating parking meters.

Section 4 of the guidance notes enclosed with this application form may assist you completing this section.

Do you drive regularly?

Yes No

Do you have a severe disability in both arms?

Yes No

Please describe your medical condition / disability:

Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes No

If YES, please describe the difficulties you have with operating parking meters and pay and display machines:

Do you drive an adapted vehicle?

Yes No

If YES, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation:

Section 5 - Questions for 'subject to further assessment' applicants under the age of three.

These questions are intended for children under the age of three who may be eligible for a Blue Badge because:

- They have a condition requiring the transportation of bulky medical equipment at all times; or
- They must always be kept near a motor vehicle on account of a condition so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated.

Section 5 of the guidance notes enclosed with this application form may assist you completing this section.

Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?

Yes No

If YES, please state what type of equipment is required:

Are you applying on behalf of a child under the age of three that suffers from a condition that requires that they must be always kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes No

If YES, please describe the child's medical condition:

If you have answered 'YES' to either of the questions above please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need, or provide the healthcare professional's contact details below:

Section 6 - Applying for an Organisational Blue Badge.

These questions are intended for organisations involved in the care of disabled people who are seeking a Blue Badge for a vehicle(s) (e.g. minibus, or specially adapted commercial vehicle) which is/are to be used to carry disabled people who would themselves qualify for an individual Blue Badge. Please see Section 6 of the accompanying guidance notes for a list of the eligibility criteria prescribed in the regulations that govern the scheme.

An 'organisation' is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person's badge may be issued.

Organisational badges will therefore only be issued to an organisation which:

- Cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual Blue Badge; and
- Has a clear need for an organisational badge rather than using the individual Blue Badges of people it is transporting.

Organisational badges should only be used when transporting disabled people in their care who meet one or more of the eligibility criteria for a badge - and must not be used for the employee's benefit when they are carrying out other business on behalf of the organisation. It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational Blue Badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge.

Section 6 of the guidance notes enclosed with this application form may assist you completing this section.

Name of organisation:

Main contact name:

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge? See Section 6 of the accompanying guidance note for a list of the eligibility criteria.

Yes No

If YES, please give details of the nature of this care:

As part of that care, does your organisation provide them with transportation?

Yes No

If YES, please give details of the types of vehicles in which you wish to use the badge, their vehicle registration number and how often they are used to transport disabled people:

Type of vehicle	Vehicle Registration	Frequency used to transport disabled people

Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation class?

Yes No

If YES, please give details and attach a photocopy of the tax disc(s) to this application:

How many disabled people are in the care of your organisation?

: people

How many of these people are already in receipt of a Blue Badge as individuals?

: people

How many of these people do you estimate would be eligible to receive a Blue Badge if they applied as individuals (see description of eligible disabled people in the accompanying guidance note)?

: people

**Charity number of your organisation:
(if applicable)**

Please describe why your organisation is applying for a Blue Badge and the types of trips it will be used for:

How often do you envisage your organisation will use the Blue Badge?

If you already have an organisational Blue Badge:

What is the serial number on the current badge(s)?

What is the expiry date of the current badge(s)?

Section 7 - Declarations and signatures.

These questions should be answered by all applicants.

7a) Mandatory declarations about the information you have provided and the application process

Please read the following declarations thoroughly:

- 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 and a fine.

You are providing your information to Brent Council, contact details independenttravelteam@brent.gov.uk. The Council's Data Protection Officer can be contacted via dpo@brent.gov.uk , or 020 937 1402.

Your information is collected for the purpose of administering your blue badge, as required to fulfil the council's duties under Chronically Sick and Disabled Persons Act 1970 and Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000.

The information may be shared other departments within the Council, other Government departments, the police and parking enforcement officers to validate proof of entitlement and detect and prevent fraud. The information shall be retained for seven years after last activity and shall be processed in adherence to your legal rights, including but not limited to the right to copies of your information and right to be forgotten. You have a right to lodge a complaint with the Information Commissioner's Office (www.ico.org.uk).

Further information can be found at www.brent.gov.uk/privacy

Declarations to be completed by *all* applicants

- I confirm that, as far as I know, the details I have provided 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.

Declarations to be completed by all Individual applicants

- 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 England" 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.

Declarations to be completed by all 'subject to further assessment' Individual applicants (i.e. people who have completed Sections 3, 4 or 5) '

- 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.
- 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.

Declarations to be completed by all organisational applicants

- I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people.
- I understand that, if the application is successful, the badge(s) must only be used when transporting disabled people and that the organisation must use the badge(s) in accordance with the rules of the scheme.

7b) Your consent to use your information to improve the service you receive

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 a mobility 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.

7c) 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 copy of proof of your identity.
- One passport-style photograph of yourself with your name on the back.

Section 2a - People who are severely sight impaired

- A copy of your ophthalmologists report / CVI / BD8 form (if you have not given us consent to check the blind register).

Section 2b - People who received the Higher Rate of the Mobility Component of Disability Living Allowance

- A photocopy of your letter of entitlement for the Higher Rate of the Mobility Component of Disability Living Allowance issued within the last 12 months or a photocopy of your annual updating letter.

Section 2c - People who receive the War Pensioner's Mobility Supplement

- A photocopy of your letter of entitlement for the War Pensioner's Mobility Supplement.

Section 2d - People who receive an award under the Armed Forces and Reserve Forces (Compensation) Scheme

- A photocopy of your award letter confirming receipt of tariffs 1-8 under the Armed Forces and Reserve Forces (Compensation) Scheme, which also certifies that you have a permanent and substantial disability which causes inability to walk or very considerable difficulty walking.
-

Section 4 - Drivers with a disability in both arms

- A copy of your insurance details if you drive a specially adapted vehicle.

Section 5 - Children under the age of three

- A letter from a healthcare professional that has been involved in the child's treatment, giving details of medical condition and type of medical equipment needed.

Section 6 - Organisational Badge

- A photocopy of the tax discs for any vehicles registered under the Disabled Passenger Vehicle (DPV) class.

(d) Your signature against the declarations in section 7a and 7b

Your signature:	
Date of Application:	
Print name:	

If signing on behalf of an applicant who is under 16 or is unable to complete this form themselves, please complete the section below



Relationship to

applicant: _____

Current address and contact details:

Address: _____

_____ Post

Code: _____

Email: _____

Home Tel: _____

Mobile Tel: _____

Signature (if signing on behalf)	
----------------------------------	--