



FORM BB2 - DISCRETIONARY APPLICATION FOR DISABLED PERSON'S BLUE BADGE

Apply online: <https://www.gov.uk/apply-blue-badge>

POSTAL ADDRESS ONLY: City of Cardiff Council, Blue Badge Team, Po Box 47, Cardiff, CF11 1QB

Telephone: 02920 873232 (between 9.30am – 12pm only)

Email: disabledbadges@cardiff.gov.uk

This form is available in Welsh / Mae'r ffurflen hon ar gael yn Gymraeg

Please tick as appropriate Renew New Replacement

RENEWALS ONLY – Old badge number: _____ Expiry date: _____

PART A YOUR DETAILS

Title: _____ First Name: _____ Surname: _____

Surname at Birth: _____

Current Address: _____

Postcode: _____

Town and Country of Birth _____

Tel: _____ Mobile: _____

Email: _____

National Insurance Number: _____

Driving Licence Number: _____

Previous Address (if previously applied): _____

Date of Birth: _____ Gender: _____

FOR OFFICAL USE ONLY

Computer No Approved Refused Date / /
Payment Photos Evidence Manager

PART B IDENTITY

35 mm
45 mm
Attach photo with name on reverse

PHOTO

A recent colour photo must be provided in accordance with passport standards. You can attach a passport sized photo to this application.

CONFIRMATION OF ADDRESS: Photocopies only – we will not take responsibility for original documents)

Please supply a **copy** of **one** of the following as proof you live in the city.

Utility bill Council tax bill Medical card Valid driving licence

Whichever one you provide, it must be dated within the last 12 months.

PART C YOUR MOBILITY

1 Unable to walk or experience considerable difficulty due to a permanent and substantial disability.

a) Are you able to walk? (Please tick NO if you cannot walk at all) YES NO

b) Do you have a permanent disability that restricts your walking? YES NO

If yes, please give details: _____

c) How far can you normally walk (including any short stops) metres before you feel severe discomfort? The average bus is 11 metres long.

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

e) Are you able to continue walking after a short rest? YES NO

f) Are you able to walk for more than 5 minutes in total? YES NO

g) Please answer YES or NO to each of the following questions by ticking the relevant box:

I am able to walk well, including recreational walks. YES NO

I am able to walk around the supermarket to do my shopping. YES NO

I am able to walk and can use public transport for some of my local trips. YES NO

I am able to walk but struggle with longer distances or hills. YES NO

I am able to walk but use a wheelchair for longer trips outside the home. YES NO

I am able to walk around my home, but unable to climb the stairs. YES NO

I am unable to walk at all. YES NO

I am able to walk outside without help. YES NO

I use walking aids. YES NO

Are you able to walk, but get breathless if you walk for more than a few minutes? YES NO

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 get too breathless to leave your home, or after dressing? YES NO

Do you have to stop for breath when walking at your own pace on level ground? YES NO

h) Please answer the following questions:

Has your home been adapted and if so, what works have been done?

Do you receive reduced Council Tax? YES NO

Do you access any other care services?

Is assistance needed to get in and out of a vehicle?

Does the applicant use oxygen? YES NO

Any further supporting information eg letters from the hospital, other healthcare professionals, etc?

Do you have a cognitive impairment? YES NO

If Yes, how does it affect you?

i) Please tick the box that best describes your walking speed.

Normal or moderate (about 51 metres or more a minute)

Slow (about 40 to 50 metres a minute)

Very slow (less than 40 metres a minute)

If there is a box that describes your walking speed, tell us in your own words about your walking speed and the way you walk: _____

j) 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

Eg. a shop, street or park).

k) 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 a not a box that describes the way you walk, please tell us in your own words about the way you walk in the space below.

l) Do you use any of the following when you are walking? (Please tick which ever apply to you).

1 elbow crutch 2 elbow crutches 1 walking stick
2 walking sticks Walking frame (zimmer) Rollator
Wheelchair Powered wheelchair Mobility scooter

Other (please describe)

If you use any of the above, please tell us how often by ticking the relevant box.

Daily Regularly Occasionally

m) Were your walking aids ... (Please tick whichever applies to you).

Purchased privately by me
Provided by Social Services
Prescribed by a healthcare professional

Other (Please describe)

n) Please provide details of a Registered Health Professional who could confirm your statements e.g. Consultant, Occupational Therapist, Physiotherapist.

Name: _____ Title: _____

Address: _____

Tel: _____

o) Please answer YES or NO to each of the following questions by ticking the relevant box:

Anticipating that my condition will improve within the next 3 years. YES NO

Awaiting surgery or treatment in relation to the conditions described above. YES NO

Recuperating from surgery in relation to the conditions described above. YES NO

Managing condition as been advised it is not expected to improve any further. YES NO

I am seeing specialists or attending a clinic for pain relief. YES NO

I am taking pain medication to manage the condition that affects my walking (Please enclose a copy of a recent prescription). YES NO

I find it too painful when walking for more than a few minutes. YES NO

p) Apart from your GP, in the last 12 months have you seen anyone in connection with your illness or disability? YES NO

For example, a Hospital Doctor or Consultant, District or Specialist Nurse, Community Psychiatric Nurse, Occupational Therapist, Audiologist.

If yes, their name: (Mr, Mrs, Miss, Ms, Dr): _____

Specialist area: _____

Address: _____

Telephone number: _____

Your hospital record number (You can find this on your appointment letter or card):

Which of your illnesses or disability do you see them for?: _____

How often do you usually see them?: _____

When did you last see them?: _____

PART D UPPER LIMB DISABILITY (Only complete if relevant to you)

1. SEVERE DISABILITY IN BOTH ARMS

a) Do you satisfy all the following?

Drive regularly? YES NO

Have a severe disability in both arms; and YES NO

Are unable to operate or have considerable difficulty operating YES NO

all or some types of parking meters?

Please describe your medical condition: _____

b) If you drive an adapted car, please give details of adaption: _____

c) Please explain the difficulties you have operating parking meters and pay and display machines: _____

PLEASE PROVIDE SUPPORTING EVIDENCE FROM A REGISTERED HEALTH PROFESSIONAL.

PART E CHILDREN UNDER THE AGE OF THREE

1. Are you applying on behalf of a child aged under three years who either:

a) Has a condition requiring transportation of bulky medical equipment at all times? YES NO

b) Has a condition that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated? YES NO

Please describe the child's medical condition: _____

c) Does this require regular transportation of bulky medical equipment? YES NO

If Yes, what type of equipment? _____

PLEASE PROVIDE A SUPPORTING LETTER FROM YOUR CHILD'S PAEDIATRICIAN GIVING DETAILS OF THE CHILD'S MEDICAL CONDITION AND THE TYPE OF MEDICAL EQUIPMENT THEY NEED.

PART F FURTHER INFORMATION

Please use this space to tell us anything else you think we should know about your application that is not covered elsewhere on this form:

IF YOU HAVE COPIES OF ANY MEDICAL EVIDENCE IN SUPPORT OF YOUR APPLICATION, THESE MUST BE ENCLOSED WITH YOUR FORM. FAILURE TO DO SO MAY RESULT IN A DELAY, OR REFUSAL OF, YOUR APPLICATION.

Please note that we no longer contact GPs or consultants for information, so it is important that you send us copies of letters you have with your application form.

(Please do not provide copies of appointment letters as these do not contain medical evidence).

PART G CHECKLIST

Please check that you have completed all relevant parts of the form and have included the following items with your application form:

- Recent passport sized photograph attached to the form
- Proof of address and identity
- Signed declaration section
- Photocopy of evidence required dated within the last 12 months.
- If applying for a replacement because of loss, a £10 cheque or postal order made payable to Cardiff council.

Failure to provide any of the above may result in a delay in processing the application.

Reason for loss/replacement and crime number, if appropriate:

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DECLARATION

You must complete this section

I confirm that:

- I will return my Blue Badge when it has expired or if I no longer need it.
- To the best of my knowledge, all the information I have provided is accurate.

Print Name

Signed

Date

FRAUD PREVENTION AND DATA PROTECTION

This authority is under a duty to protect the public funds it administers and to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies for auditing.

For further information, see our Fair Processing Notice Condensed Text at www.cardiff.gov.uk/dataprotection and the Fair Processing Full text on the Wales Audit Office website www.audit.wales/ or contact C2C on 02920 872087 or C2C@cardiff.gov.uk

Data Protection Act 1998 – Any data supplied by you on this form will be processed in accordance with the Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.