

Blue Badge Application Form

Child under three years old

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 useful information on Blue Badge eligibility at: www.mygov.scot/apply-blue-badge/eligibility

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

If you are completing the form on behalf of an applicant who's under 16 years old or is unable to complete the form themselves, please provide their details in the appropriate sections and sign the form on their behalf

Information about the person completing this form

Title (Mr, Mrs, Ms, other)	
First name(s) (in full)	
Surname	
Surname at birth (if different)	
Telephone (home)	
Telephone (mobile)	
Email address	
Relationship to applicant	
Local Authority of residence	

Information about the applicant

Title (Master, Miss, Other)	
First name(s) (in full)	
Surname	

Information about the applicant

Surname at birth (if different)		
Date of birth (DD/MM/YYYY)	<input type="text" value="D"/>	<input type="text" value="D"/>
Place of birth (town and country)	<input type="text" value="M"/>	<input type="text" value="M"/>
National Insurance Number (16 and over)/ NHS Number (under 16) The NHS number is made up of 10 digits, usually shown in a 3-3-4 format)	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Current address & postcode	<input type="text" value="Y"/>	
Previous address, if different in the last three years		
Do you currently hold a Blue Badge, or have you held a Blue Badge before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Which local authority issued you with the last badge? <input type="text"/> What is the serial number on the last badge? (The serial number can be found on the front of your badge.) <input type="text"/> What is the expiry date of the last badge? <input type="text"/>	

Information about the applicant

Proof of your address

We need to check that the applicant is a resident in this local authority area before we can process their application. Please select one of the following options and **provide a copy of the original documentation** where relevant:

An NHS letter

A Child Benefit or Tax Credit letter

Proof of your identity

We need to check the applicant's identity to reduce the potential for fraudulent applications for a Blue Badge. You must attach a **photocopy of one** of the following as proof of the applicant's identity. Do not send original documents as these will not be returned.

Birth/Adoption certificate

Passport

Photograph

Please enclose a recent passport-quality 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.

Applicants who are unable to access photo booths can provide a suitable clear photograph taken by other means (*e.g mobile phone, tablet or digital camera) which can be cut down to an appropriate size.

Please ensure that the applicant's name is on the back of the photograph and complete the declaration at the back of the form to confirm that the photograph is a true likeness.

Badge Fee

If your application is successful you will receive a letter/email/telephone call requesting payment of £20 for your badge. Your Local Authority will only issue successful applicants with a Blue Badge once payment has been received.

An administration fee of £20 will be charged for each Blue Badge issued, which can be paid by telephoning Customer Services on 0300 1234510, or by cheque, postal order, debit card or credit card at any of the four Community Hubs. There is no surcharge for paying by credit card or cheque, and postal orders should be made payable to East Dunbartonshire Council. The charge applies to all Blue Badge applications, including replacements. Please note that, for security reasons, your payment will be processed immediately upon receipt. If your application for a Blue Badge is not successful, the fee will be reimbursed to you.

Bishopbriggs Community Hub

East Dunbartonshire Council
Bishopbriggs Library
170 Kirkintilloch Road
Bishopbriggs
G64 2LX
Open: Monday & Thursday 1pm to 4pm

Bearsden Community Hub

East Dunbartonshire Council
69 Drymen Road
Bearsden
G61 3QT
Open: Wednesday & Friday 1pm to 4pm

Kirkintilloch Community Hub

East Dunbartonshire Council
William Patrick Library building
2-4 West High Street
Kirkintilloch
G66 1AD
Open: Monday to Friday 1pm to 4pm

Lennoxtown Community Hub

East Dunbartonshire Council
46 Main Street
Lennoxtown
G66 7JJ
Open: Tuesday & Friday 1pm to 4pm

Where possible, 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)

Confirming your eligibility

The following questions are intended for children under the age of three who may be eligible for a Blue Badge because they have a medical condition requiring the transportation of large and/ or heavy medical equipment and/or must be kept near a motor vehicle on account of their 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 treated.

Examples of medical equipment include: ventilators, suction machines, feed pumps parenteral equipment, syringe drivers, oxygen administration equipment and continual oxygen saturation equipment and casts and associated medical equipment for the correction of hip dysplasia.

1. Are you applying on behalf of a child under the age of three who has a condition requiring transportation of medical equipment which cannot be carried around with the child without great difficulty

Yes

No

If **yes**, please describe what type of equipment is required:

2. Are you applying on behalf of a child under the age of three who has a condition that requires that 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 treated

Yes

No

If **yes**, please describe the child's medical condition

3. If you have answered yes to either of the questions above, please enclose a letter from a regulated healthcare professional that has been involved in your child's treatment, to confirm the child's medical condition and the type of medical equipment they need

I can confirm such a letter has been enclosed with this application form

We require this documentation to process your application and may contact you to obtain it, if it's not included in this application. Failure to provide this documentation may result in a delay to the application.

Declarations and signatures

The following questions are mandatory and are intended to be answered by all Blue Badge applicants.

Please read the following declarations thoroughly and tick all of the 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.

All documents relating to this application will be dealt with in line with the Data Protection Act 2018, UK General Data Protection Regulation (GDPR) and may be shared within the local authority, with other local authorities, the police and parking enforcement officers to detect and prevent fraud. We also have our own Privacy Policy, details of which can be found on our website.

Any medical information that you have supplied to support this application is deemed, under the Data Protection Act 2018, 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.

Declarations to be completed by applicant

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I can confirm that, as far as I know, the details I have provided are complete and accurate. I understand that action may be taken against me if I have provided false information in this application form. |
| <input type="checkbox"/> | I understand that I must promptly inform my local authority of any changes that may affect my entitlement to a Blue Badge. |
| <input type="checkbox"/> | I confirm that the photograph I have submitted is a true likeness. |
| <input type="checkbox"/> | I understand that, if my application is successful, I must not allow any other person to use the Blue Badge and I must only use the Blue Badge in accordance with the rules of the scheme as set out in the Rights and Responsibilities leaflet that will be sent to me with my Blue Badge. |
| <input type="checkbox"/> | I understand I must not hold more than one valid Blue Badge at any time. |
| <input type="checkbox"/> | I consent to the local authority contacting a regulated healthcare professional for the purpose of obtaining further information in support of my application. |
| <input type="checkbox"/> | I understand that I may be required to undertake an assessment with a regulated healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge. |
| <input type="checkbox"/> | I consent to the local authority having access to my medical notes where their systems allow. |

MISUSE OF A BLUE BADGE IS A CRIMINAL OFFENCE

Your consent, on behalf of the applicant, to use your information to improve the service you receive

Please read and tick the following declarations that you consent to. Ticking these boxes will help us to improve the service we can offer.

I consent to my local authority checking any information already held by their 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 information included in this form to other local authority department/service providers so that I can be informed about other services that may be of benefit to me.

Checklist of documents you may need to disclose

Please ensure that you have enclosed a copy of all the relevant documents for the sections of this application form. Copies should be true likeness of the originals. Please tick the relevant box(s) below to confirm all documents/photocopies provided are genuine:

Letter from a regulated healthcare professional that has been involved in the applicant's treatment

Document to prove applicant's address, as listed in the 'Information about the applicant' section

Document to prove applicant's identity, as listed in the 'Information about the applicant' section

Your signature against the declarations

Applicant's signature	
Date of application (DD/MM/YYYY)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Please print your name	

Submitting your application

Please return this form and relevant documents to one of the following four locations:

Bishopbriggs Community Hub

East Dunbartonshire Council
Bishopbriggs Library
170 Kirkintilloch Road
Bishopbriggs
G64 2LX
Open: Monday & Thursday 1pm to 4pm

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