



Blue Badge Team

Invicta House
County Hall
Maidstone, Kent
ME14 1XX

Telephone: 03000 416262

Email:

bluebadgeteam@kent.gov.uk

Dear Applicant

Thank you for your request for a Blue Badge application form.

You can apply online using Department for Transport's national online form. This can be found at www.gov.uk. A link to this website can also be found on our website, kent.gov.uk.

Alternatively, please complete the enclosed application form once you have read the accompanying guidance notes.

Please note, upon receipt of a fully completed application form and all relevant documentation, your application can take between 4 and 6 weeks to process. Incomplete applications or applications with missing supporting documentation will be returned to you for completion, and this will delay your application.

Please allow at least 6 weeks for your application to be processed once a fully completed application form and all relevant documentation has been received. You can apply up to 3 months in advance. Applications for badges expiring in over 3 months will be returned.

Please do not return any current badges to us until they have expired.

Once processed, badges can take up to a further 10 days to reach applicants, as they are produced externally.

Should you have any questions regarding the content of this letter, please contact the team on 03000 416262.

Yours Sincerely

Blue Badge Team

Guidance

The aim of The Blue Badge (Disabled Persons' Parking) Scheme is to help disabled people with severe mobility problems to access goods and services, by allowing them to park close to their destination. An individual's eligibility for a Blue Badge is considered in terms of being 'eligible without further assessment' or 'eligible subject to further assessment'.

Before completing your application please consider the guidance regarding eligibility and sign the declaration. Kent County Council may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria. Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility.

The 'eligible without further assessment' criteria

People who may be issued with a badge without further assessment are those who are more than two years old and:

- Receives the Higher Rate of the Mobility Component of the Disability Living Allowance (HRMCDLA); or
- Receives 8 points or more under the "moving around" activity of the mobility component of Personal Independence Payment (PIP); or
- Is registered blind (severely sight impaired); NB Partially sighted applicants are required to complete section 4 in full, as they are not entitled to a badge automatically. Or
- Receives a War Pensioner's Mobility Supplement (WPMS); or
- Has been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

The 'eligible subject to further assessment' criteria

People who may be issued with a badge after further assessment are those who are more than two years old and fall within one or more of the following descriptions:

- Drives a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter; or
- Has a permanent and substantial disability that causes inability to walk or very considerable difficulty in walking.
- A child (under the age of 3) who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;
- A child (under the age of 3) who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given.

You do not qualify if:

- Your condition does not affect your mobility or you have a temporary condition such as a broken leg.
- In all cases, entitlement depends on the applicant's difficulty in walking, and considerations such as difficulty in carrying parcels or luggage are not to be taken into account.
- Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease / incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible under this criterion, but only if they are unable to walk or have very considerable difficulty in walking, in addition to their condition.

Please return to: The Blue Badge Service, KCC Contact Centre, Invicta House, County Hall, Maidstone, Kent, ME14 1XX
Telephone: 03000 416262, **Text Relay:** 18001 03000 416262
Email: bluebadgeteam@kent.gov.uk



Online applications can be made at : <https://www.gov.uk/apply-blue-badge>

Individual Blue Badge Application Form – Applicant Information

This application needs to contain information about the applicant (the person the badge is for), This should not be the details of anyone assisting them with their application.

Title (Mr, Mrs, Miss, Ms, Other):				Date of Birth (DD/MM/YYYY):		
First Names (in full):				<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Surname:				National Insurance Number		
Surname at birth:				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>		Driving Licence Number (If applicable)		
Place of Birth:	Town:					
	Country:					
Email Address (Required for Card Payments)						
Applicant Home Address Details		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Full Address						
Home Tel.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Mobile Tel.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Photograph: Please enclose a recent passport-style photograph of the applicant, taken within the last six months and showing the person's full face so that they can be easily identified. 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. We check supplied photographs against any previous applications, and cannot accept photographs submitted for previous badges, because this must be taken within the last 6 months. A photograph is not necessary where an applicant has less than 6 months to live. See the guidance notes for more information regarding this exemption.

Badge fee: £10 (See detailed guidance notes at the end of the application form)
You can pay by Credit / Debit Card or Cheque. Cash and postal orders are not accepted. To be able to pay by Credit / Debit card, you must provide us with a valid email address. We will contact you using this email address once we are ready to take payment for the badge. We are unable to complete credit or debit card transactions without a valid email address.
Payment by cheque must be provided with the initial application form. Application forms will be returned if you have indicated Cheque but have not included it, or if you do not provide a valid email address for card payments.

Payment Method	Credit/Debit Card (must give email address for contact)	<input type="checkbox"/>
	Cheque (to be made payable to Kent County Council)	<input type="checkbox"/>

Section 1 – Declarations and signatures – To be completed by all applicants

Please read the following declarations thoroughly. Providing fraudulent information may result in prosecution and a fine.

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 responsible for auditing or administering public funds for these purposes. Any medical information that you 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.

1. **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.
2. **I confirm that** the photographs I have submitted with my application are a true likeness, taken within the last 6 months. 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.
3. **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 clarifying any information or documentation provided with this application form. 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.
4. **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.

Please provide your signature against the declarations in section 1 above. Applications will not be processed if this section is not completed.

Your signature	
Date of application (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please print your name here	

If you have signed on behalf of the applicant please tell us the following:

Your name		Your relationship to the applicant	
Reason the applicant is unable to sign	Cognitive Impairment	<input type="checkbox"/>	
	Physical Impairment	<input type="checkbox"/>	
	Applicant is under 18	<input type="checkbox"/>	
	Other (please state in box)	<input type="checkbox"/>	

Section 2 – Additional Information – To be completed by all applicants

Applicant Previous Home Address if different in the last three years	Postcode <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Full Previous Address	
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Do you currently hold, or have you held a Blue Badge before?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, please answer the following:
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Which local authority issued you with the last badge?	
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What is the serial number on the last badge?	
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Previous badge expiry date (DD/MM/YYYY):	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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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 a **photocopy** of the original documentation where relevant. Original Documents will **not** be returned to applicants

Please provide one of the following, bearing your name and address, dated within the last 12 months:

<input type="checkbox"/> Council Tax Bill	<input type="checkbox"/> Driving Licence (if not used for Identity proof)
<input type="checkbox"/> Bank/Building Society statement	<input type="checkbox"/> Payslip (with Address shown)
<input type="checkbox"/> Gas/Electricity/Water/Telephone Bill	<input type="checkbox"/> Pension/HMRC/Tax Credit Letter
<input type="checkbox"/> Benefit Letter (with Address shown)	

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 **photocopy** of **one** of the following as proof of your identity. Do not send original documents as original documents will **not** be returned to applicants.

<input type="checkbox"/> Birth certificate / adoption certificate	<input type="checkbox"/> Valid Passport
<input type="checkbox"/> Marriage / Divorce certificate	<input type="checkbox"/> Valid driving licence (if not used for Address proof)
<input type="checkbox"/> Civil Partnership/Dissolution certificate	

Will you be a driver or passenger in a car when using the Blue Badge?	Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Both <input type="checkbox"/>
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The badge is for your use and benefit only. It must only be displayed if you are travelling in the vehicle as a driver or passenger. You should not use the badge to allow non-disabled people to take advantage of the benefits while you sit in the car.

Misuse of the badge could lead to a £1,000 fine and confiscation of the badge.

Please nominate three vehicle registration number(s) for the main cars in which you intend to use the Blue Badge: (Please remember that other vehicles can be used)

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Section 3 – Questions for Automatic Qualification Applicants

These questions are intended for people who may qualify for a Blue Badge automatically because they are in receipt of an automatically qualifying benefit.
If you are unsure whether these questions apply to you, please read Section 2 of the guidance notes.

3a) 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, and your registration number:

3b) People who receive the Higher Rate of the Mobility Component of Disability Living Allowance

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

Yes: No:

Have you been awarded this benefit indefinitely?

Yes: No:

If NO, when is your award of this benefit due to end?
(DD/MM/YYYY)

/ /

You must provide a **photocopy** of either your original letter of entitlement (if issued in the last 12 months) or your annual up-rating letter. If you have lost this letter you can contact the DWP on 03457 123456 to request a replacement. **This must show your current name and address.** The entitlement summary is not sufficient evidence on its own, and you must include the first page of your award or annual up-rating letter. Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions. You will only be issued a badge until the expiry date of your current entitlement, as shown on the up-rating letter you provide as evidence for your blue badge, or for 3 years from the date of issue, whichever is the shortest period.

Attendance Allowance and Care Component of Disability Living Allowance are not valid for this entitlement.

3c) People who receive 8 points or more under the “Moving Around” activity of the Mobility Component of Personal Independence Payment (PIP)

Does your “Moving Around” descriptor for the Mobility Component of Personal Independence Payment match any of the following statements?

Yes: No:

- 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 have ticked one of the above statements, when is your award due to end?

/ /

If you have ticked one of the statements above (8, 10 or 12 Points) for the “Moving Around” descriptor of the Mobility Component of PIP, you must include a photocopy of your original letter of entitlement to this benefit issued within the last 12 months. Please note that we may also check you are in receipt of this award with the Department of Work and Pensions.

This must include all pages evidencing your current name and address and your PIP score.

3d) People who receive the War Pensioner's Mobility Supplement

Do you receive War Pensioners Mobility Supplement?

Yes: No:

If you are in receipt of the War Pensioner's Mobility Supplement you must enclose a **photocopy** of the original 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: 0808 1914 2 18.

3e) 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 (AFRF 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 AFRF 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 copy of the original 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: 0808 1914 2 18

If you have answered "Yes" to any of the questions in Section 3 and can provide the relevant documentation as requested, please submit your application. Otherwise, please continue to Section 4.

Section 4 – Questions for discretionary (non-automatic) Applicants aged over 3 with a permanent and substantial disability that affects their mobility

These questions are intended for people who have answered NO to all of the questions in Section 3. 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 three 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.

If you are unsure whether these questions apply to you, please read the guidance notes included with this application form. Failure to fully complete this section if applicable may result in your application being returned to you.

Please describe any medical conditions / disabilities you have been diagnosed with.

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 had or are having and / or specialist clinics you have attended in relation to each medical condition / disability you have mentioned. Please also state when you completed any relevant surgery or treatment or attended specialist clinic

Surgeries / Treatments / Clinics	Dates

What medication do you take in relation to your conditions / disabilities?

Please provide a recent repeat prescription form from your Doctor if available.

Medication	Dosage	Frequency

Information about you and your condition (please tick all that apply and provide further details)

- I am waiting for surgery or treatment in relation to my conditions / disabilities.**
(Please tell us what surgery or treatment you are due to have, when it is to take place and how it may improve your walking)
- I am recovering from surgery or treatment in relation to my conditions / disabilities**
(Please tell us what surgery or treatment you have had, date(s) of surgery or treatment, and how it has affected your ability to walk)
- I am managing my condition / disability as I have been advised it is not expected to improve any further**
- None of the above**

Further Information:

Apart from your GP have you seen anyone else in connection with your condition or disability in the last 12 months? E.g. Specialist consultant, Physiotherapist, Occupational Therapist etc. Yes: No:

If yes, please provide details below, and continue on a separate sheet if necessary

Name and Profession	Address	Date of last appointment	Is treatment ongoing?
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Do you anticipate that your conditions / disabilities will improve in the next 3 years? Yes: No: Unsure :

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

Please tick all that apply

- Excessive pain
- Excessive breathlessness
- Extreme weakness, tiredness or stress
- Difficulty getting in and out of the car – please describe the difficulty
- Unable to be left alone - please state why you are unable to be left alone.

Further Information:

If you have ticked that you suffer from excessive breathlessness please answer the following:

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:

If you have ticked that you suffer from excessive pain please answer the following:

Are you seeing a specialist or attending clinics for pain relief? Yes: No:

Are you currently taking pain relief in relation to the medical conditions or disabilities you have described? Yes: No:

If yes, please explain below what pain relief you are using and how frequently it is required:

Pain Reliever	Frequency of Use

Please tell us about how you walk:

Are you able to walk over 80 metres at a time, including recreational walks? Yes: No:

Do you struggle with distances over 80 metres or hills? Yes: No:

Do you use a wheelchair for trips outside? Yes: No:

Are you able to walk outside without help from another person? Yes: No:

Are you able to use the stairs? Yes: No:

Further Information

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

- Normal – you have 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 describe the way you walk in your own words in the box below

Further information

Do you use any of the following walking aids? Please tick all that apply

<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"/> Non Powered Wheelchair	<input type="checkbox"/> Powered Wheelchair
<input type="checkbox"/> Other – Please Describe:	<input type="text"/>

Were the walking aids marked above prescribed by a medical professional? Yes: No:

Please describe how dependent you are on these walking aids and how often they are used:

How far can you normally walk without assistance, including short stops, before you feel severe discomfort such as severe breathlessness, pain, extreme tiredness, muscle spasms or stress?

I can walk formetres / yards inminutes

Please describe what stops you from walking further:

How far are you able to walk before you are unable to continue?

<input type="checkbox"/> Less than 30 metres	<input type="checkbox"/> 30 – 80 metres
<input type="checkbox"/> 80 – 150 metres	<input type="checkbox"/> Over 150 metres

Please tell us about any adaptations or equipment in your home or vehicle (such as grab rails, level access shower, stair lift, vehicle adaptations etc.)

Have you previously had a face to face assessment in a Blue Badge clinic carried out by a Kent County Council Independent Mobility Assessor? Yes: No:

Please add anything further that you think is relevant in support of your application for a Blue Badge

Section 5 – Questions for Discretionary Applicants aged under 3 years

These questions are intended for children under the age of three who may be eligible for a Blue Badge if they answer Yes to one of the following questions. If you are unsure whether these questions apply to your child, please read the guidance notes.

For all applications of this type, 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.

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 on the vehicle or be taken quickly in the vehicle to a place where they can be treated?

Yes: No:

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

Section 6 – Questions for Discretionary 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 but otherwise do not have a specific condition that impacts their mobility. If you are unsure whether these questions apply to you, please read the guidance notes enclosed.

Do you drive regularly? Yes: No:

Do you have a severe disability in both arms?

Yes: No:

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:

Please describe your medical condition / disability and any difficulties you have with operating parking meters and pay and display machines

Do you drive a specially adapted vehicle?

Yes: No:

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

Further Details

Blue Badge Application Form – Additional Guidance Notes

Organisational applicants should not complete this form, and should instead apply online at www.kent.gov.uk/bluebadge

Payments

Payment for the Blue Badge may be by Credit/Debit Card or Cheque.

You cannot purchase blue badge holders, clocks or tax disk holders using a credit or debit card. These require a cheque attached to the order form enclosed with this application if you require these items.

Photograph

Applicant photographs should be similar to those required for passports. They must:

- Show you on your own
- Be taken within the last 6 months
- Be in colour, not black and white
- Be clear and in sharp focus, with a clear difference between your face and the background
- Be taken against a plain cream or plain light grey background
- Be of you forward facing and looking straight at the camera
- Not be torn, creased or marked
- Be professionally printed on plain white photographic paper
- Show your full head, without any head covering, unless you wear one for religious beliefs or medical reasons.
- Be a close-up of your head and shoulders.

Photograph Exemption and Priority Applications for Terminally Ill Applicants

Photograph exemption can only be obtained for applicants who are classed as terminally ill and have less than 6 months to live. In order to qualify for this exemption, applicants must provide documentation from a medical professional that gives this information. You must also describe your medical conditions in the first box of Section 4 of the application form.

Applications must also be stamped by the relevant Hospice or McMillan Nurse in the address box on the front page of the application form.

Applications that are not stamped in the correct area may not receive priority processing. If you are unsure of whether you are entitled to Priority Application status, please speak to your Hospice or Cancer Services Team.

Section 1 – Declarations and signatures

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.

Section 4 – Questions for applicants with walking difficulties who may be eligible under the discretionary criteria.

Kent County Council may ask you to have an independent mobility assessment with a medical professional, such as a physiotherapist or occupational therapist, in order to determine whether you meet the eligibility criteria.

If you have any information from a medical professional that you feel may support your application, please include this with your application.

Any medical information that you obtain is at your own cost and may not be sufficient information to issue a badge. As such, you may still be required to attend an Independent Mobility Assessment, even if this information is provided.

Processing Times

Applicants who do not send all relevant documentation, or do not complete the required sections on the application form will have the application form returned to them for full completion. The application cannot be processed until all documentation is received.

Information for All Applicants

Please note, any visitors to our Invicta House address will not be seen unless a prior appointment has been made.

If you require assistance filling out this form, you can attend your local Gateway, these are located throughout Kent. Care Navigators are also available throughout Kent, and can assist with multiple types of care and benefit enquiries. The details for your local care navigator can be found on the Kent County Council Website, www.kent.gov.uk. Alternatively there are number of other organisations who may be able to assist you with the completion of this form, including (but not limited to) Age UK, Kent Association of the Blind and the Citizens Advice Bureau.

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.

Please also ensure that you have included sufficient postage on the envelope. If you are unsure of the correct postage, please speak to the Post Office.

We have provided a checklist below to help remind you of what you need to enclose

- Proof of your address, dated within the last 12 months.
- A copy of proof of your identity.
- A recent passport-style photograph of yourself with your name on the back taken in the last 6 months.
- All documentation relevant to your completed sections.
- An email address for Credit/Debit card payment communication
(If this payment method has been selected)
- £10 Cheque (if this payment method has been selected)

If you would like confirmation that we have received your application, please also enclose a Stamped Addressed Envelope with your application and we will confirm in writing the date the application has been received. Envelopes without a stamp for the correct postage will not be returned