

# Bedford Borough Council

## Blue Badge Scheme



BEDFORD BOROUGH COUNCIL

### PLEASE READ BEFORE COMPLETING THE BLUE BADGE APPLICATION FORM

- **Please complete all relevant sections of the application form fully and supply the appropriate documents to confirm your address, identity and evidence of eligibility.** We cannot issue you with a badge if you do not provide all required supporting documentation stated within the application form or, if you do not fully complete the parts of the form which apply to you. **Incomplete application forms may be returned.**

We will process your application as quickly as we can, but please note the process, from start to finish, can take up to 6 to 8 weeks. Blue Badges can only be automatically approved if you provide sufficient evidence which entitles you to a badge without further assessment. If a further assessment is required, you will be contacted by the Council to ask you to attend an independent mobility assessment. Where an independent mobility assessment is required, your application may take longer to process.

- **Please complete the Blue Badge application form using black ink** and either return it to us via the post, addressing the envelope to Blue Badges, Borough Hall, Cauldwell Street, Bedford, MK42 9AP (please ensure the right amount of postage is used) or, hand deliver the form to Customer Service Centre, 2 Horne Lane, Bedford, MK40 1RA. **PLEASE NOTE BOROUGH HALL WILL NOT BE ABLE TO CHECK OR COPY ANY SUPPORTING DOCUMENTS. THIS SERVICE IS ONLY AVAILABLE AT THE CUSTOMER SERVICE CENTRE ON HORNE LANE.**
- **Please make sure you provide two passport quality photographs with your application.** The photographs must have been taken within the last 12 months and meet the passport standards. If an inappropriate photograph is submitted your application form may be returned to you, resulting in a delay.
- **Please do not send any money until we ask you to.** If your application for a Blue Badge is approved, we will write to you requesting the fee. The fee for each new, renewed or replacement Blue Badge is **£10**.
- **Original proof of residency, identity or cash should never be sent in the post.** The Council cannot accept responsibility for documents or cash that go astray in the post. When sending proof of residency or identity, please ensure they are photocopies only.
- Please note that Blue Badges are no longer produced at the Council, but on our behalf by an external company which posts badges direct to an applicant's home address.
- **Still have questions?** Please refer to our Blue Badge Guidance Notes document for more in depth instructions. Alternatively please call us on 01234 718009 or email us at [blue.badges@bedford.gov.uk](mailto:blue.badges@bedford.gov.uk).





BEDFORD BOROUGH COUNCIL

# Bedford Borough Council Blue Badge Scheme Application Form

This form must be completed for new and reapplications.

- Please tick box  as appropriate.

You must complete all relevant sections of the application form and send us the appropriate documents to confirm your address, identity and evidence of eligibility. These are needed to prevent fraud.

Bedford Borough Council cannot issue a badge if you do not complete this form fully and provide adequate evidence that you meet the eligibility criteria.

## SECTION 1

### INFORMATION ABOUT YOU

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

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

Title (Mr, Mrs, Miss, Ms):

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

(see section 1 of the accompanying guidance notes)

Driving Licence Number: (if you hold a driving licence)

**Current address and contact details:**

	Postcode:
Home Tel:	Mobile Tel:
Email:	

**Previous address, if different in the last three years:**

	Postcode

**Do you currently hold a Blue Badge?**

Yes  No

**If you already have a Blue Badge:**

Which local authority issued you with the badge?

What is the serial number on the current badge?

What is the expiry date of the current badge?

**CONFIRMATION OF ADDRESS**

**Proof of your address, dated within the last 12 months:**

To prevent fraud, 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:

**Either:**

I give consent to the local authority to check my personal details on the local authority's Council Tax/Electoral Roll/School Register database so that I do not need to submit proof of my address.

**Or:**

I have enclosed a **photocopy** of **one** of the following proofs of residency (Bedford Borough Council **cannot** accept originals):

<b>Benefit Award Letter</b>	<input type="checkbox"/>	<b>Council Tax Bill</b>	<input type="checkbox"/>
<b>Confirmation Letter from Social Services</b>	<input type="checkbox"/>	<b>Pension Letter</b>	<input type="checkbox"/>
<b>Confirmation Letter from School</b>	<input type="checkbox"/>		

## CONFIRMATION OF IDENTITY

### Proof of your identity

You must attach a **photocopy** of **one** of the following as proof of your identity (Bedford Borough Council **cannot** accept originals). **Failure to submit proof of identity may result in a delay in processing your application:**

- |   |                          |
|---|--------------------------|
| <b>Birth Certificate/Adoption Certificate</b>                                 | <input type="checkbox"/> |
| <b>Valid Driving Licence (must be current)</b>                                | <input type="checkbox"/> |
| <b>Valid Passport (must be current)</b>                                       | <input type="checkbox"/> |
| <b>Marriage/Divorce certificate/Civil Partnership/Dissolution certificate</b> | <input type="checkbox"/> |
| <b>HM Forces Identity Card</b>  | <input type="checkbox"/> |
| <b>Certificate of British Nationality</b>                                     | <input type="checkbox"/> |
| <b>Identity Card for Foreign Nationals</b>                                    | <input type="checkbox"/> |

We need to check your identity to reduce the potential for fraudulent applications for a Blue Badge.

## PHOTOGRAPHS

Please attach two **recent passport-quality photographs** of yourself (if you are the applicant), or of the person applying for a Blue Badge (if you are applying on their behalf) in the boxes provided below. The photograph needs to be in colour with a white/cream background and show your, or their, full face so that the holder can easily be identified and no one else should be in the photograph (please see page 2 of the Blue Badge guidance notes for further details).

Your photo must be affixed here	Your photo must be affixed here
---------------------------------------	---------------------------------------

I confirm that the photograph provided has been taken within the last 12 months

Please ensure that your or their name is on the back of the photograph and you complete Section 6(c) of the application form to confirm that the photograph is a true likeness.

**PHOTOS ARE NOW DIGITALLY SCANNED. THEREFORE, ANY PHOTOS RECEIVED WHICH ARE NOT OF PASSPORT QUALITY CANNOT BE USED AND WILL BE RETURNED.**

## VEHICLE REGISTRATION NUMBER

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)

1.....
2.....
3.....

## BLUE BADGE ISSUE FEE

Bedford Borough Council charges a fee of £10 for each Blue Badge issued (this includes new applications, reapplications and replacement badges).

A letter will be sent from the Council to request payment for the badge when we are at the appropriate stage of the application process. The letter will provide instruction on how to make payment; this usually requires the applicant paying over the telephone using a debit or credit card.

***PLEASE BE AWARE UNTIL PAYMENT IS RECEIVED A BLUE BADGE CANNOT BE ISSUED***

***PLEASE DO NOT SEND ANY PAYMENT WITH YOUR APPLICATION FORM***

## 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 appropriate component of Personal Independence Payment (8 points or more for the 'Moving Around' category);
- receive the War Pensioner's Mobility Supplement; or
- receive a qualifying award under the Armed Forces and Reserve Forces (Compensation) Scheme.

If you are unsure whether these questions apply to you, then please read Section 2 of the guidance note enclosed with this application form.

**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.**

Yes  No

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

Do you **receive the Higher Rate 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?**

Day / Month / Year

**If you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance you must enclose an original letter of entitlement to this benefit within the last twelve months or your original annual uprating letter (all original documents will be returned).**

**If your application is successful, your Blue Badge can only be issued to match the expiration date stated on your benefit award letter. If your benefit has been awarded indefinitely, the badge will be issued for the maximum time of 3 years.**

**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 (please tick in one of the below boxes)?**

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 ongoing period?**

Yes  No

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

**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 (all original documents will be returned).**

**If your application is successful, your Blue Badge can only be issued to match the expiration date stated on your benefit award letter. If your benefit has been awarded indefinitely, the badge will be issued for the maximum time of 3 years.**

**Please note that we may also check that you are in receipt of this award with the Department for Work and Pensions.**

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

Do you receive War Pensioner's Mobility Supplement?

Yes  No

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

**If you are in receipt of the War Pensioner's Mobility Supplement you must enclose an original letter of entitlement to this benefit (all original documents will be returned). 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 the original of this letter as proof of entitlement (all original documents will be returned). If you have lost this letter, then the agency can be contacted via the free-phone enquiry number 0800 169 22 77.

**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;

If you are unsure whether these questions apply to you, then please consult the guidance notes enclosed with this application form.

Under this criterion Blue Badges are only issued to people who are unable to walk at all, or who demonstrate very considerable difficulty in walking due to a permanent and substantial disability.

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.

Medical conditions/disabilities

Please describe:

- Any **surgeries, courses of treatment** or **specialist clinics** you have undergone in relation to each medical condition/disability you have mentioned.
- Please state **when you underwent any relevant surgery treatment.**

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

**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 and **provide further details in the space below**)

Awaiting surgery in relation to the conditions described above?

Recuperating from surgery in relation to the conditions described above?

Awaiting treatment for any of the conditions described above?

Managing your condition/disability since you have been advised it is not expected to improve any further?

None of the above


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 condition will improve in the next 3 years?** (Tick as appropriate)

Yes

No

Don't Know

**If you ticked YES. Please describe how much you expect your condition to improve...**


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


**Please tick 'yes' or 'no' to the following statements to describe your general walking ability:**

	Yes	No
I am able to walk well, including recreational walks	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk around the supermarket to do my own shopping	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk and can use public transport for some of my local trips	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk, but struggle with longer distances or hills	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk, but get breathless if I walk for more than a few minutes	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk, but find it too painful to walk more than a few minutes	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk but use a wheelchair for longer trips outside the home	<input type="checkbox"/>	<input type="checkbox"/>
I am able to walk around my home, but am unable to climb the stairs	<input type="checkbox"/>	<input type="checkbox"/>
I am unable to walk at all	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe):


**Are you able to walk outside without help?** (Please tick the option which applies to you)

Yes

No

Please describe the help you need:


**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:**

No specific problems with walking

You walk with a slight limp or other slight impairment

You walk with a heavy limp, a stiff leg or shuffle, or have problems with balance

You drag your leg, stagger, swing through two crutches or need physical support

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:


When answering the next few questions about distance and time, please refer to the following examples:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet 4 inches.
- 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.

**Using any aids, how far would you estimate you are able to walk before you feel severe discomfort?** (Please state the distance in metres or yards using whichever measure is best for you.)

: Metres

: Yards

**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

**Do you use any of the following when you are walking?** (Please tick whichever options apply to you)

- |  |                          |                    |                          |
|--|--------------------------|--------------------|--------------------------|
| 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) | <input type="checkbox"/> |                    |                          |


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

- |   |                          |
|---|--------------------------|
| Purchased privately by me               | <input type="checkbox"/> |
| Prescribed by a healthcare professional | <input type="checkbox"/> |
| Provided by Social Services             | <input type="checkbox"/> |
| Other (please describe below):          | <input type="checkbox"/> |


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

	Yes	No
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get short of breath walking with other people of your own age on level ground?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to stop for breath when walking at your own pace on level ground?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get too breathless to leave your home, or after dressing?	<input type="checkbox"/>	<input type="checkbox"/>

Are you in receipt of Disability Living Allowance or Personal Independence Payment (PIP)?

Yes  No

If YES, please state which component (i.e. Mobility, Care) and at what rate (Lower, Middle or Higher) OR Personal Independence Payment (PIP) point level and category:


#### **SECTION 4**

### **QUESTIONS FOR 'SUBJECT TO FURTHER ASSESSMENT' APPLICANTS WITH A DISABILITY IN BOTH ARMS**

These questions are intended for people who have answered NO to all of the questions in Section 2 and 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 two years of age and:

- Drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.

If you are unsure whether these questions apply to you, then please consult the guidance notes enclosed with this application form.

Under this criterion Blue Badges are only issued to a person who meets all of the following: (a) drives a vehicle regularly; (b) has severely disability in both arms; and (c) is unable to operate, or has considerable difficulty in operating, all or some types of parking meters.

Do you **drive regularly**?

Yes  No

Do you have a **severe disability in both arms?**

Yes

No

Please **describe your medical condition**


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 a specially 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
- 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

If you are unsure whether these questions apply to your child, then please consult the guidance notes enclosed with this application form.

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 YES, please describe the child's medical condition


**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**

### **FURTHER INFORMATION, DECLARATION AND SIGNATURES**

**These questions are intended to be answered by all applicants for a Blue Badge.**

#### **6a) Further information**

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




## 6b) Optional declarations about the information you have provided and the application process

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 Council's Social Care 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 council departments/services providers so that I can be informed about other council services that may be of benefit to me

## 6c) Mandatory declarations about the information you have provided and the application process

Please **read the following declarations and sign/date in allocated boxes on the next page** to indicate that you have read, understand and agree with each declaration. **Failure to sign** will mean that we are unable to issue you with a Blue Badge.

- I confirm that, as far as I know, the details I have provided are complete and accurate. I understand that should it come to the attention of the Council that I have made a fraudulent application (providing false information) which leads to a Blue Badge being awarded, there is a wide range of legislation available to local authorities which allows legal action to be taken against me which may result in a fine and/or imprisonment on conviction.
- I confirm that the photographs I have submitted with my application are a true likeness.
- I have included photocopies of my proof of residency and identity only (Bedford Borough Council cannot accept originals).
- I confirm that I do not currently hold a Blue Disabled Person's Parking Badge that has been issued by a different local authority.
- I understand that I must promptly inform my local issuing authority of any changes that may affect my entitlement to a badge.
- I understand the information I have supplied will be shared, where necessary, with Northgate Services and Payne Security who are responsible for the operation of Blue Badge Improvement Service.
- I understand that you will deal with all documents relating to this application in line with the Data Protection Act 1998, and may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud.
- I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.
- I agree to the local authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.
- I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.
- I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with rules of the scheme as set out in the 'Blue Badge scheme: Rights and Responsibilities' leaflet which will be sent to me with the badge. I will return my badge to Bedford Borough Council on expiry.

## 6d) Checklist of documents you may need to enclose

Please ensure you have enclosed all the documents for the sections of this application form that you have completed because they are relevant to you. 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 3 months (if you have not given consent for us to check the Council Tax records)

A certified copy of proof of your identity

Two passport-style photographs of yourself with your name on the back

### Section 2a – People who are severely sight impaired

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

### Section 2b – People who receive the Higher Rate Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP) of 8 points or more for 'Moving Around'.

An original letter of entitlement for the Higher Rate Mobility Component of Disability Living Allowance or Personal Independence Payment (PIP) stating the award of 8 points or more for 'Moving Around' issued within the last 12 months or an original copy of your annual uprating letter

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

An original 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

An original 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 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 condition and type of medical equipment needed

## 6e) Your signature against the declarations in sections 6b and 6c

Your signature :

Date of application:  
(DD/MM/YYYY)

Please print your name here:

**Please return this form and all supporting documentation to:**

**Via Post:**

Blue Badges  
Borough Hall  
Cauldwell Street  
Bedford  
MK42 9AP

**Hand deliver:**

Customer Service Centre  
2 Horne Lane  
Bedford  
MK40 1RA

Tel: 01234 718009

Please note: Borough Hall is unable to accept any hand delivered application forms.

**What do you consider your ethnic origin to be?** (You do not have to complete this section) This information is required under our duties under the Race Relations (Amendment) Act 2000. Please place a tick against the appropriate ethnic description.

- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> British     | <input type="checkbox"/> Indian      | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Irish       | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> White and Black African   | <input type="checkbox"/> Other Black     |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian             | <input type="checkbox"/> Other mixed     |
|                                      | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Black African             | <input type="checkbox"/> Chinese         |

**Fair Processing Notice**

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.

For further information, see the Fair Processing Notice on the Bedford Borough Council website – [www.bedford.gov.uk](http://www.bedford.gov.uk)