

## BLUE BADGE SCHEME - APPLICATION FORM FOR CHILDREN UNDER 3

- This form should be used to apply for a badge in the name of a child under the age of 3.
- These badges expire on the day after the child's third birthday.
- Please ask for form BB1a to apply for a badge for a child over the age of 3.
- Please read the guidance notes before completing the form and use block capitals. Mark boxes with an 'x' as appropriate.

### SECTION A

#### Who is the blue badge for?

Surname:

Title: (Miss, Master)

Forename(s):

Date of birth: (DD/MM/YEAR)

Gender: Male  Female

Address:

Postcode:

#### Confirmation of child's identity

You must attach a photocopy of one of the following as proof of your child's identity:

Birth certificate/adoption certificate  Passport

If photocopying your child's passport, please copy the page with the passport number and photograph.

#### Photographs

Please enclose two recent passport-style photographs of your child.

Please ensure that you print your child's name and sign your own name on the back of each photograph.

## **SECTION B**

### **Name and address of person completing the form:**

Postcode:

Tel:

Email:

Relationship to the child:

### **Confirmation of Address**

Please supply a copy of one of the following as proof that you live in the county/borough:

**Utility bill**  **Rent book**  **Council Tax bill**  **Other**  (please specify):

Whichever one you provide, it must contain a date within the last three months.

### **Fee**

Please enclose a cheque/postal order for £2.

## **SECTION C**

### **Does the child you are applying for:**

1) Have a condition requiring transportation of bulky medical equipment at all times?

YES  NO

If **YES**, what type of equipment?

2) Have a condition that requires that he/she 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 he/she can be treated?

YES  NO

Please describe the child's medical condition:

3) It would be useful if you could 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, or provide contact details below:

## **SECTION D**

**Vehicle Registration Number for principal car in which badge will be used:**

(One number should be nominated but other vehicles may be used and the badge transferred when necessary)

## **SECTION E**

**Please use this space to tell us anything else you think we should know about your claim that is not covered above**

## Checklist

**Please enclose all the relevant documents.**

**Completed:**

Section A	<input type="checkbox"/>
Section B	<input type="checkbox"/>
Section C	<input type="checkbox"/>
Section D	<input type="checkbox"/>
Section E	<input type="checkbox"/>

**I have enclosed:**

Confirmation of my address	<input type="checkbox"/>
Confirmation of the child's identity	<input type="checkbox"/>

I enclose 2 x recent passport type photographs with child's name printed and my signature on the back

I enclose recent evidence to support my application

I enclose a cheque / postal order of £2

Cheques should be made payable to Nottinghamshire County Council.

**Cash should not be sent through the post.**

Now please sign the declaration and the white box at the end of this form.

## DECLARATION (to be completed by all applicants)

I declare that, to the best of my knowledge, all the information I have provided is correct.

I understand that I must promptly inform my local issuing authority of any changes that may affect my child's entitlement to a badge.

I agree to the local authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

I agree to the local authority sharing information in this form with other local authorities, with parking enforcement agencies and with other government bodies for the purpose of preventing and detecting crime, including fraud.

I agree to the Local Authority sharing my contact information with the Department for Work and Pensions for the purpose of checking my entitlement to benefits.

**Data Protection Act 1998**

I understand that the information supplied by me on this form will be maintained by the local authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions or vehicle licensing, those responsible for discounts for congestion charging or otherwise as the law allows.

I further 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.

**Signed:**

**Date:  
(DD/MM/YEAR)**

**Name:**

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**FOR OFFICE USE ONLY:**

Bank paying in slip:

Budget code:

Cheque / postal order no:

Date:

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**Please sign in the white box. The box will be cut out and fixed to your badge.  
THE BADGE CANNOT BE ISSUED IF THIS BOX IS NOT SIGNED.**

**THIS PAGE IS INTENTIONALLY BLANK**

## **BLUE BADGE SCHEME - NOTES FOR USE BY APPLICANTS** **(Please detach this guidance before returning the completed form)**

Please use these notes to guide you when completing form BB1b.

Blue badges may be issued to children under three years old who have a medical condition which means that they must always be accompanied by bulky medical equipment which cannot be carried around, or need to be kept near a vehicle at all times, either for treatment, or for transportation to a place where treatment can be given.

A parent or guardian must apply on behalf of a child under the age of three.

The list of bulky material equipment referred to above may include:

- ventilators;
- suction machines;
- feed pumps;
- parenteral equipment;
- syringe drivers;
- oxygen administration equipment;
- continuous oxygen saturation monitoring equipment; and
- casts and associated medical equipment for the correction of hip dysplasia

A local authority will issue a badge if the equipment is always needed and cannot be carried without great difficulty.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are:

- tracheostomies;
- severe epilepsy/fitting;
- highly unstable diabetes; and
- terminal illnesses that prevent children from spending any more than brief moments outside and who need a quick route home.

**Please note that the above lists are not exhaustive, to allow for new advances in technology and treatment equipment.**

All applicants must sign and date the form. Your signature means that you agree to your information being shared with the agencies listed. The legal basis for sharing this information is the Data Protection Act 1998. If you have any questions regarding this matter please ring the Customer Service Centre on 08449 808080.

The blue badge must be returned to the Customer Service Centre on expiry or if the child no longer needs it because the condition under which it was issued no longer applies. Any parent who continues to display the blue badge when their child no longer needs it will be committing an offence and be liable for a fine of up to £1,000.

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**For your own records, please use this space to record information about your application. This information will be helpful should you need to contact us with regard to your query:**

**Date form returned:**

**Address to which form sent:**

**Other notes:**

### **Returning your blue badge application form**

Wherever you live in the county, please send your completed form back to:

Nottinghamshire County Council  
Customer Service Centre  
PO Box 9320  
Nottingham, NG15 5BL

Telephone **08449 80 80 80** for all queries about the progress of your application.  
Opening times: Mon-Fri 08.00-20.00 / Sat 08.00-12.00

Application forms can also be returned to any of the Customer Service Points (formerly County Contact Points) around the County.