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| NCC-l-head-cmyk |  | bb/form/1f/Feb 2018 |

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| **BLUE BADGE SCHEME - APPLICATION FORM FOR ORGANISATIONS** |

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| Telephone enquiries: 0300 500 80 80  Monday – Friday: 8am - 6pm |

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| **Applying for an organisational blue badge**  The questions on this form are intended for organisations caring for disabled people who are applying for a blue badge for a vehicle / vehicles (e.g. minibus, or specially adapted commercial vehicle), which is/are to be used to transport groups of disabled people who would themselves qualify for an individual blue badge. Please see the accompanying guidance note for a list of the eligibility criteria prescribed in the regulations that govern the scheme.  **An ‘organisation’ is defined in legislation as meaning an organisation concerned with the care of disabled persons to which a disabled person’s badge may be issued.**  Organisational badges will therefore only be issued to an organisation which:   * cares for and transports disabled people who would meet one or more of the eligibility criteria for a individual blue badge; **and** * has a clear need for an organisational badge rather than using the individual blue badges of people it is transporting.   If the organisation usually transports individuals rather than groups of people, they should use the badge of the person that they are transporting.  Organisational badges should **only** be used when transporting disabled people who meet one or more of the eligibility criteria for a badge – and must not be used for the employee’s benefit when they are carrying out other business on behalf of the organisation. **It is unlikely that taxi or private hire operators and community transport operators would be eligible for an organisational blue badge as they are not usually concerned with the care of disabled people who would meet one or more of the eligibility criteria for a badge. Such operators are, of course, able to use an individual's blue badge when carrying that person as a passenger.**  If you are unsure about how to answer these questions, then please consult the guidance notes enclosed with this application form. |

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| **Section 1 – Organisation’s details** | | | | | |
| **Name of organisation**: | | |  | |  |
| **Address:** | |  | | |  |
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| **Postcode:** | |  | | |  |
| **Telephone:** | |  | | |  |
| **Email:** | |  | | |  |
| **Charity number of your organisation, if applicable:** | | | |  |  |
| **Does your organisation care for disabled people who would themselves qualify for an individual Blue Badge?** Yes  No | | | | |  |
| (See notes for applicants at the end of this form for a list of the eligibility criteria.)  Name  jkhajsdhkj | | | | |  |
|  | **Name of person in organisation who is responsible for ensuring the badge is used correctly:** | | | |  |

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| **Does your organisation already have a blue badge?** | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | |  |
| **If ‘yes’,** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
| Which local authority issued you with the badge? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| What is the serial number on the badge? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| What is the expiry date of the badge (DD/MM/YYYY)? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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| **How many disabled people does your organisation care for?** | | | | | | | | | | | | | | |  | | | | | people | | | | | | | | | | | |
| **How many of the people walk 30 metres or more without experiencing severe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **difficulties?** | | | |  | people | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **For people with mobility problems please answer the following questions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **How many people:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * **Get the Higher Rate Mobility Component of Disability Living Allowance** | | | | | | | | | | | | | | | | | | | | | |  | | | | | people | | | |  |
| or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * **Got 8 points or more under the ‘‘moving around’’ mobility component of the Personal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Independence Payment** | | | | | |  | people | | | | | | | | | | | | | | | | | | | | | | | |  |
| or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * **Are registered blind (severely sight impaired)?** | | | | | | | | | |  | | | | people | | | | | | | | | | | | | | | | |  |
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| **For anyone not in receipt of benefits and not registered as blind, please answer the following questions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. How many people have severe mobility difficulties?** | | | | | | | | | | |  | | | | | people | | | | | | | | | | | | | | | |
| **1a. How many of these people are essential wheelchair users with no weight bearing ability, and what is their disability?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1b. How many of these people have to be transferred with the aid of a hoist?** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | people | | |
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| **1c. How many of these people use other types of mobility aid?** | | | | | | | | | | | | | | | | | |  | | | | | people | | | | | | | | |
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| **1d. How many of these people use mobility aids outdoors and what aids do they use?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1e. How many people of these people use mobility aids indoors and what do they use?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. How many people have severe/serious chest, heart or lung conditions and if so what are the conditions?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2a. How many of these people need oxygen therapy, and how many hours a day do they need it?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do any of the disabled people you care for have a blue badge of their own?** | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |  |
| **If yes,** why can this not be used when transporting them? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| **Please give details of the types of vehicles used to transport disabled people.**  **Please indicate if any of the vehicles have been adapted e.g. tail lift** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Type of Vehicle** | | | | | | | | **Registration Number** | | | | | | | | | | | | **Type of adaptation** | | | | | | | | | |  |
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| **Are any of your vehicles licensed under the Disabled Passenger Vehicle (DPV) taxation**  **class?** Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes,** Please attach a photocopy of the tax disc(s) to this application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **If your vehicles are not adapted, please describe how the disabled people gain access:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How many badges are you applying for?** | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  |
| (*Please note that you will have to pay the badge issue fee for each badge requested)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| **Can you tell us when a badge should not be used?**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Example of when it should not be used** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Section 2 – Further information, declarations and signature** | | | | | | | |
| **2a Further information -** Is there anything else you can add that you think is relevant in support of your application for a blue badge? | | | | | | | |
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| **2b Mandatory declarations about the information you have provided and the application process.** Please ensure you tick and agree to all the mandatory declarations. By not ticking one of the below may mean we are unable to process your application | | | | | | | |
| I confirm that I am authorised to represent the organisation and that the organisation is concerned with the care of disabled people. | | | | |  | | |
| 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 confirm that my organisation does not currently hold a blue 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 organisation’s entitlement to a badge. | | | | |  | | |
| I understand that you will deal with all documents relating to this application in line with the General Data Protection Regulations (GDPR) 2018, and you may share them with other local authorities, the police and parking enforcement officers to detect and prevent fraud. | | | | |  | | |
| I understand that, if the application is successful, the badge(s) must only be used when transporting disabled people and that the organisation must use the badge (s) in accordance with the regulations governing the scheme. | | | | |  | | |
| **2c Optional declarations about the information you have provided and the application process** | | | | | | | |
| I consent to the local authority checking any information already held by Nottinghamshire County Council on the basis that it can help determine eligibility for a badge and that it may speed up the processing of my organisation’s application. | | | | |  | | |
| **2d Your signature against the declarations** | | | | | | | |
| **Your signature:** | |  | | | | |  |
| **Please print your name here:** | | |  | | | |  |
| **Date of application** (DD/MM/YYYY): | | | |  | | |  |
|  | | | |  | | |  |
| **2e Documents you need to enclose** | | | | | | | |
| A copy of your logo, 35mm (wide) x 45mm (high). Copies that do not meet the correct standard will be returned to you | | | | |  | | |
| A fee of £10 for each badge applied for. Cheques and postal orders must be made payable to Nottinghamshire County Council | | | | |  | | |

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| **Blue Badge Scheme - Notes for Applicants – Organisational Badges** |

Please read these notes before completing the form to apply for an organisational badge. Make sure you complete the form as fully as possible.

**Section 1**

Eligible disabled persons are defined as a person who is over two years old and:

* receives the **Higher Rate of the Mobility Component of the Disability Living Allowance**; or
* is **registered blind** (severely sight impaired); or
* receives a **War Pensioner's Mobility Supplement**; or
* is awarded **8 points or above for the “moving around” descriptor for the mobility component of the Personal Independence Payment (PIP);** or
* receives a lump sum benefit under the **Armed Forces and Reserved Forces (Compensation) Scheme** within tariff levels 1-8 (inclusive) and has been assessed and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking; or
* **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 which causes inability to walk or very considerable difficulty in walking**.

In addition, eligibility covers children under the age of three who fall within either or both of the following descriptions:

* a child 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 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.

We may arrange for your organisation to be visited by one of our independent health professionals in order to assess eligibility for a blue badge.

In all circumstances, badges will be supplied to organisations or departments (e.g. Social Service Department) rather than to individual staff members.

All employees of the organisation who may be using the badge must be reminded that they must only use the badge for the purposes of transporting disabled people in their care who meet one or more of the eligibility criteria for a badge. These employees should be reminded that if they use the badge to take advantage of the concessions when there are no passengers in the vehicle who are eligible for a badge they will face a fine of up to £1,000.

**Section 2 – further information, declarations and signatures**

**Section 2a):** This section should be used to add any further relevant information that has not already been covered elsewhere in the application form.

**Section 2b):** Mandatory declarations **must** be completed by all applicants, since they underpin the terms of applying for a blue badge. Please take the time to read and understand these declarations, since not ticking them may result in us being unable to accept your blue badge application.

**Section 2c):** You may wish to tick the optional declarations in order to speed up your application. In doing so, you will be providing specific consent to Nottinghamshire County Council to allow us to share information about you with relevant departments and service providers.

**Section 2d):** All applicants must sign and date the form prior to submitting it.

We may refuse to issue a badge if we 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 organisation to which it has been issued.

**Returning your form**

Wherever you are based in the County, please send your completed form back to:

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

Telephone: 0300 500 80 80 for all queries about your application

Opening times: Mon-Fri 08.00-18.00

Email: [bluebadge@nottscc.gov.uk](mailto:bluebadge@nottscc.gov.uk)

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

**You should allow up to 8 weeks for your application to be processed**