



## APPLICATION FOR A DISABLED PERSON'S BADGE (Short Form)

This application form is issued by the Committee *for the* Environment & Infrastructure in accordance with the Road Traffic (Disabled Persons) Ordinance, 1991

Please complete and return this form together with:

- a) A **recent passport-sized photograph** (colour or black & white) of the person who will hold the disabled person's badge.
- b) A separate medical driving licence report (form DLMED) completed by your Doctor/Specialist **if you are the holder of a current driving licence and the symptoms of the illness/medical condition that have led to this application are expected to last for longer than 3 months.**

(The relevant purple coloured form Ref. DLMED/1 for car/motorcycle licences or peach coloured form Ref. DLMED/2 for heavy goods/passenger carrying vehicle licences can be obtained from Driver & Vehicle Licensing offices, or should be available at your surgery.)

<b>1. Your details</b>		(Tick where appropriate)	
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	(Specify) <input style="width: 50px;" type="text"/>
Surname:	<input style="width: 100%;" type="text"/>		Forenames: <input style="width: 100%;" type="text"/>
Date of Birth:	<input style="width: 100%;" type="text"/>	Address:	<input style="width: 100%;" type="text"/>
		Post code:	<input style="width: 100%;" type="text"/>
Contact No:	<input style="width: 100%;" type="text"/>	Email:	<input style="width: 100%;" type="text"/>

<b>2. Driving details</b>		(Tick where appropriate)	
Do you hold a current driving licence?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Licence NO. Example 12345/11 <input style="width: 50px;" type="text"/>
Licence expiry date:	<input style="width: 100%;" type="text"/>		Licence categories: <input style="width: 100%;" type="text"/>

<b>3. Declaration</b>	
	<p>I authorise my Doctor, Specialist or Ophthalmologist to release confidential information to Driver &amp; Vehicle Licensing in connection with my application for a Blue Badge. I also give consent for Driver &amp; Vehicle Licensing to disclose this confidential information to an independent medical adviser and if necessary to obtain confirmation of receipt of benefit from Social Security.</p> <p style="text-align: center;"><b>Please sign in the box below</b></p>
Signature:	<div style="border: 3px double black; width: 300px; height: 50px; margin: 0 auto;"></div>
Date:	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>

**Data Protection Statement** – Your personal information will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law 2017. It is processed primarily to register your details in relation to your application. It will be disclosed to third parties where there is need to do so, this is usually in the interests of road safety, the prevention and detection of crime and the apprehension and prosecution of offenders. For further information on disclosures please visit [www.dataci.gg](http://www.dataci.gg)

Please indicate under which below criteria you are applying for a “Blue Badge”	Tick
1. Must be in receipt of the Severe Disability Benefit, OR	<input type="checkbox"/>
2. Be registered blind? OR	<input type="checkbox"/>
3. Have severe disability of both limbs (arms or legs) and regularly drive an adapted vehicle OR	<input type="checkbox"/>
4. Be a child under the age of 2 who has received a prognosis of limited life expectancy who can only access brief moments of outside life, OR	<input type="checkbox"/>
5. Be a child under the age of 2 years who has a condition that requires they always be accompanied by bulky medical equipment, or requires being near a vehicle that can either take them to a place for treatment or can provide the place of treatment.	<input type="checkbox"/>
6. Be a person over the age of 2 years who has a condition that requires them to be accompanied by bulky medical equipment such as feed pumps, oxygen equipment.	<input type="checkbox"/>
7. Be a person over the age of 2 and unable to walk or virtually unable to walk a distance of 50 metres requiring a blue badge issued for a period of 1 year or longer.	<input type="checkbox"/>
8. A single issue of a blue badge for a duration of up to 6 months. (temporary)	<input type="checkbox"/>

### Notes and additional requirements

Criteria 1 -3; will qualify automatically for a permanent Blue Badge with confirmation from SSD (3 year maximum valid period).

Criteria 4-6; will qualify automatically for a permanent Blue Badge (3 year maximum valid period) with a basic letter of confirmation from a treating medical professional (Specialist doctor, GP, or physiotherapist) of a diagnosed condition of limited life expectancy or a condition that requires them to be accompanied with bulky equipment such as, Ventilators, suction machines, feed pumps, syringe drivers, oxygen administering /monitoring equipment and medical equipment associated with cast for correction of hip dysplasia. Automatic renewal upon application (short form ref; DIS/APPSF1/2016 being submitted)

Criteria 7; will require a robust assessment which is carried out by the GP with the aid of a Blue Badge assessment/application form.

Criteria 8; single issue temporary Blue badge will be issued automatically with basic confirmation from GP of recent surgery, short term condition that restricts mobility and the person is unable or virtually unable to walk a distance of 50 metres. Any request for an extension or renewal of a temporary blue badge may require the robust assessment which is carried out by the GP with the aid of a Blue Badge assessment form to be submitted.

**NB; Eligibility does not apply** to people with psychiatric disorders or learning disabilities, unless their inability to walk very far stems from a physical condition. People with conditions such as asthma, Autism spectrum disorder, M.E, behavioural issues or Crohn’s disease/ incontinent conditions are not in themselves a qualification for a blue badge but may apply for a mobility assessment if they have a **physical condition** where they are unable to walk or have considerable difficulty in walking **in addition to their current medical condition**.