



APPLICATION FOR A DISABLED PERSON'S BADGE

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.)

1. Your details										(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: 80%;" type="text"/>
	Surname:					Forenames:							
	Date of Birth:				Address:								
											Post code:		<input style="width: 80%;" type="text"/>
	Contact No:				Email:								

2. Driving details					(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: 80%;" type="text"/>
	Licence expiry date:			Licence categories:			<input style="width: 80%;" type="text"/>

3. Declaration

I authorise my Doctor, Specialist or Ophthalmologist to release confidential information to Driver & Vehicle Licencing in connection with my application for a Blue Badge. I also give consent for Driver & 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.

Please sign in the box below

Signature:

Date:

Please indicate under which 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 or 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"/>
9. Be a person over the age of 2 yrs who has a mental health condition which requires them to be accompanied by a responsible adult.	<input type="checkbox"/>

The States of Guernsey will process any personal data that you provide, via this form, in accordance with [the Data Protection \(Bailiwick of Guernsey\) Law, 2017](#). Further information about how your personal data is processed by the States of Guernsey can be found at <https://gov.gg/dp>.

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;

A 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, M.E 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.**