

# FAST TRACK

## Blue Badge application form for an individual



**This form should only be completed if agreed by the patient.  
All sections must be completed by an appropriate medical professional (Doctor, Nurse, hospice or palliative care medical staff)**

**Please complete all relevant sections of the application form and return it to Blue Badge Scheme, Somerset County Council, County Hall, TAUNTON, TA1 4DY**

<b>Section 1 – Information about the patient</b>			
<b>Title (Mr, Mrs, Miss, Ms, other):</b>			
<b>First name(s) (in full):</b>			
<b>Last name:</b>		<b>Last name at birth</b>	
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of birth (DD/MM/YYYY):</b>	
<b>Place of birth:</b>	<b>Town</b>		
	<b>County</b>		
<b>National Insurance number or Child Registration number:</b>			
<b>Current address</b>			
<b>Postcode</b>			
<b>Home phone</b>		<b>Mobile</b>	
<b>Email</b>			
<b>Do you currently hold a Blue Badge?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>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?</b>			

## Section 2 Information about you

Name		Official Stamp
Organisation you represent		
Work email address or contact no.		

## Confirmation of the patient's identity and Address

<input type="checkbox"/>	I can confirm the applicant is resident in Somerset and their address details are correct and I can confirm proof of ID as per the applicant's NHS record
<input type="checkbox"/>	I confirm that this patient qualifies for a blue badge under the criteria of a terminal illness. (Life Expectancy of 6 months or less or has a DS1500 that you have seen)
<input type="checkbox"/>	I confirm that, as far as I know, the details I have provided are complete and accurate

## Section 3 - Checklist of documents you need to enclose if you have them. These can be posted in by the patient separately to address details above.

All applicants must supply the following in support of this application:

One passport-style photograph of patient with their name and postcode on the back.	<input type="checkbox"/>
<b>We can issue badges without a photograph when the person is too unwell to be photographed. Please tick if you need this service.</b>	<input type="checkbox"/>
£10 fee – either cheque or postal order made payable to Somerset County Council with their name and postcode on the back	<input type="checkbox"/>

## Section 4 - Your signature

Your signature:	
Please print your name:	
Date of application: (DD/MM/YYYY)	

## Notification regarding the processing of any personal data supplied on this form

**Data Controller** – Somerset County Council

**Data Protection Officer contact** – [informationgovernance@somerset.gov.uk](mailto:informationgovernance@somerset.gov.uk)

**Purpose for processing** – To provide a blue badge service

**Legal basis for processing** –

**By Law** – under the Disabled Person's Parking Badges Act 2013 and the Chronically Sick and Disabled Persons Act 1970

**Legitimate Interests** – SCC will also use your data for the purposes of monitoring quality, audit and for dealing with any enquiries or complaints

**Data Sharing** – the personal data provided will be shared with authorised Council officers to process your application and with Central Government Departments who require a record of all blue badges issued

**Transfers abroad** – this data will not be transferred abroad

**Data Retention** – this data will be retained for a period of 6 years to meet financial and audit requirements

**Your Rights** – You have the right to ask Somerset County Council to a copy of your data, the right to rectify or erase your personal data, and the right to object to processing.

However, these rights are only applicable if the Council has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

**Consequences** – If you do not supply this information to us, we will not be able to process your application

**For more information** see [www.somerset.gov.uk/privacy](http://www.somerset.gov.uk/privacy)

# FAST TRACK

## Blue Badge application form for an individual

If the required photo and payment are being sent separately from the main form, the applicant must send this page along with the items to ensure the application can be found and processed quickly.

<b>Applicant's Information</b>			
<b>Name (in full):</b>			
<b>Date of birth (DD/MM/YYYY):</b>			
<b>Current address</b>			
<b>Postcode</b>			
<b>Home phone</b>		<b>Mobile</b>	

<b>Checklist of documents you need to enclose to support your application.</b>		
<b>All applicants must supply the following in support of this application:</b>		
One passport-style photograph of patient with their name and postcode on the back.	<input type="checkbox"/>	
<b>We can issue badges without a photograph when the person is too unwell to be photographed. Please tick if you need this service.</b>	<input type="checkbox"/>	
£10 fee – either cheque or postal order made payable to Somerset County Council with their name and postcode on the back	<input type="checkbox"/>	

Please return this form & documents listed above to:

**Blue Badge Scheme**  
**Somerset County Council**  
**County Hall**  
**TAUNTON**  
**TA1 4DY**