

# THE BLUE BADGE SCHEME

Application for children under 3 years of age



## Data Protection Act 1998

The personal information on this form is to be kept safe, and is protected by Law. This means that:

- We only use it for the purpose given on the form.
- We only share it with people who need to know it.
- We only keep it for as long as we have to.
- You have the right to see the information we hold about you

### Section A

#### Personal Details (of who the badge is for)

First name

Surname

Name at Birth

Gender M  F

Date of Birth

Address   
  
  

City	Post Code
Daytime phone no	E-mail

Place of Birth   
(Town and Country)

Previous Address   
  
  
(If different since the child's birth) 

City	Post Code
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**Photographs:** please enclose one recent passport standard photograph of the Blue Badge Holder

**Section B**

**Eligibility**

**1 Does your child have a medical condition that requires any of the following types of equipment?**

**Please tick appropriate box (boxes)**

- Ventilators**
- Suction Machines**
- Feed Pumps**
- Parenteral Equipment**
- Syringe Drivers**
- Oxygen Administration Equipment**
- Continuous Oxygen Saturation Monitoring Equipment**
- Casts and Associated Medical Equipment for the Correction of Hip Dysplasia**

**2 Does your child sometimes require urgent medical intervention due to suffering a highly unstable medical condition? If so please specify the condition**

- Tracheotomies**
- Epilepsy**
- Diabetes**
- Other (Please specify)**

**Please ask your Childs Paediatrician to complete the attached declaration which confirms your child's condition.**

## Checklist

Enclosed 1 recent passport standard photograph with name printed and signed on the back

Signed copy of the medical declaration attached to this application

Confirmation of child's identity e.g. birth certificate

Confirmation of parents or guardians address

## Declaration

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

2, I understand that I must let Sheffield City Council know of any changes that could affect the child's entitlement to a Blue Badge **as soon as possible**.

3, I agree to Sheffield City Council contacting an accredited health professional (i.e. Consultant, Specialists) if necessary for the purpose of obtaining information to support my child's application and I agree to consent to Sheffield City Council sharing information provided on the application with health professional.

4, I agree to Sheffield City Council sharing information on this form with other local authorities responsible for Blue Badge schemes and with parking enforcement agencies for the purpose of preventing and detecting crime

**Parent/Guardian; please print your name**

**Parent/Guardian Signature**

**Date**

## Information About Child

We want to make sure that our services are provided fairly and to those who need them. The information on this form helps us get a picture of who contacts us and uses our services, as well as which groups of Sheffield people aren't accessing our services. We also have legal duties to promote equality of opportunity in the way we provide our services. Please answer the following questions ticking the boxes that you feel most describes you.

**If you do not want to answer any specific question then please leave it blank.**

Some questions may feel personal, but the information we collect is anonymous - it cannot be traced back to you in accordance with the Data Protection Act it will be kept strictly confidential. If you would like to know how we use this information, please contact the service that has sent you this form.

## Information About The Child

### Ethnicity

#### White

- British (English / Welsh / Scottish / Northern Irish)
- Irish
- Gypsy/ Irish Traveller
- Roma
- Other European  
(please state) .....
- Other white background  
(please state) .....

#### Asian or Asian British

- Indian  Pakistani
- Bangladeshi  Chinese
- Other Asian background  
(please state) .....

#### Other Ethnic Group

- Yemeni
- Other Arab
- Other ethnic group  
(please state) .....

#### Mixed / Dual Heritage

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background  
(please state) .....

#### Black / African / Caribbean or Black British

- Caribbean
- Somali
- Other African background  
(please state) .....
- Other Black background  
(please state) .....

#### Language Preference

- English
- British Sign Language
- Other  
(please state) .....

### Data Protection Law

Data Protection Law requires us to tell you that the information we ask for helps us decide whether you are entitled to a disabled persons car badge, unless otherwise stated. Sheffield City Council will hold the information you have given.

The chronically sick and Disabled Person's Act 1970 forms the basis of identifying what information we collect to enable a decision to be made. This process is covered by section 21 of the Act and regulations made under it.

**Please return this form to Customer Services, Floor 2, Howden House, 1 Union Street, Sheffield S1 2SH, Tel: 0114 273 4897**

Sheffield City Council is under a duty to protect the public funds we administer, and to this end may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

**Medical Declaration - Appendix 1**

In connection with an application made for The Blue Badge Scheme for a child under 3.

I ..... (Insert Paediatrician name) have read Sheffield City Council's policy on eligibility for children under the age of three and consider that ..... (Insert applicant's name) qualifies for a Blue Badge under the following criteria:

Is under the age of three and has a medical condition that requires that they be always accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty

Is under the age of three and has a condition that requires that they must always be kept near a motor vehicle or taken quickly in the vehicle to a place where they can be so treated

Paediatrician signature ..... Date .....

Paediatrician work address, and hospital stamp

.....  
.....  
.....  
.....  
.....

Telephone Number: .....

Fax Number: .....

E-Mail Address: .....

## CHILDREN UNDER THE AGE OF THREE

- 3.24 Children under the age of three may be issued with a badge if it is evidenced that they fall within either or both of the following descriptions:
- (a) has a medical condition that requires that they be always accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty (see Section B for a list of the types of equipment.)
  - (b) has a condition that requires that they must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken quickly in the vehicle to a place where they can be so treated (see Section B for a
- 3.25 Supporting evidence (e.g. a signed declaration as at Appendix 2) from a paediatrician detailing the type of equipment needed or the type of condition should be supplied with the application.
- 3.26 If a decision cannot be made based on the paediatrician's evidence then further correspondence may be required, the child will not be asked to go for a physical assessment.
- 3.27 The Department for Transport guidance outlined at Section B suggests relevant equipment and conditions that should be considered, however Sheffield City Council's discretion is to be applied in considering the evidence from a paediatrician.