



North Tyneside Council

Blue Badge Application

for North Tyneside residents
who are disabled

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity and evidence of eligibility. The guidance notes on the following page will help you. We may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria or you do not fully complete the parts of the form which apply to you. We will return any incomplete forms.

We will process your application as quickly as possible and inform you if you qualify for a Blue Badge. We recommend you apply for a Blue Badge two months before your old Blue Badge expires. You may be required to attend an Independent Assessment to establish if you qualify for a Blue Badge.

If you require any help completing this form or any further information about your application, please visit a Customer First Centre, call 0345 2000 101 or e-mail blue.badges@northtyneside.gov.uk.

If you are applying on behalf of an organisation that cares for and transports disabled people please complete an Organisational Blue Badge application.

The fee for all Blue Badges is £10.00. This includes renewals and replacement for lost or stolen badges. Please do not include payment with your application.

Please complete the application using a black pen and return to one of our Customer First Centres:

Killingworth

White Swan Centre
Citadel East
Killingworth
NE12 6SS

North Shields

Customer First Centre
Northumberland Square
North Shields
NE30 1QU

Wallsend

Customer First Centre
16 The Forum
Wallsend
NE28 8JR

Whitley Bay

Customer First Centre
York Road
Whitley Bay
NE26 1AB

Opening Hours:

Monday – Thursday
9:00 – 4:30pm
Friday 9:00am – 4pm

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Friday 9:00am – 4pm

Guidance Notes

Please read the guidance notes before completing the application form

Section 1 – Information about you

This section requires personal information about you and all of the fields need to be filled in. If you are applying for a Blue Badge on behalf of someone under the age of 16, you are required to provide their Child Registration Number. This can be found on Child Benefit documentation. If you already have a Blue Badge, it will ask for the details of that badge. If you're applying for somebody else, fill in the form and sign on their behalf. Where the form says "you" it is referring to the applicant. ***We recommend that you apply for your new Blue Badge two months before your old badge expires.*** Blue Badges are issued for up to three years. The valid from and expiry date can be found on the front of your badge.

Proof of your identity and address

You are required to provide proof of identity and address and this must be submitted with your application. Failure to provide the correct proofs will result in delays and may result in North Tyneside Council being unable to accept your application.

Proof of identity must show the **name under which the application is made** and be a **certified photocopy** of one of the following documents:

- Birth/Adoption certificate ***please note this must be in the name under which the application is made**
- Marriage/Divorce/Civil partnership/Dissolution certificate
- Current valid driving licence
- Current valid Passport

The photocopy of your ID must be **certified** as being "a true likeness" by a person who is a professional or a person of good standing in the community. For example, a teacher, social worker or solicitor etc.

The person certifying the document should include the text: **"This copy is a true likeness of the original"** alongside their signature. They should also print their name, occupation and contact details.

All applicants must also provide proof of address. This can be a copy of a utility bill (dated within the last 3 months) or Council Tax bill dated within the last 12 months. Bank statements are not acceptable.

Blue Badge issue fee

The fee for a Blue Badge is £10.00. Please do not include payment with your application. . (Applicants who are applying under the terminal illness category and hold a DS1500 do not need to make payment for the Badge)

The Council can only take payment if your application has been successful. Once your application has been assessed and your eligibility for a Blue Badge has been confirmed we will need to take payment. You can:

- Make a telephone payment when we write to you or call you to confirm your application has been successful. You can make a payment by calling 0345 2000107.
- Call into a Customer First Centre and make a payment using the Payment Kiosk once we have contacted you to confirm your application has been successful

Other information

You should provide the Vehicle Registration Numbers of the three vehicles in which you are most likely to use a Blue Badge if your application is successful. Please note that use of a Blue Badge is not limited to these vehicles, however this information assists with enforcement of the Blue Badge scheme.

Section 2 – ‘Without further assessment’ applicants

You will be automatically eligible for a Blue Badge if you are more than two years old, can provide proof of identity and address and meet one of the criteria listed in section 2. (Applicants who are applying under the terminal illness category and hold a DS1500 do not need to provide a photograph or make payment for the Badge)

You need to provide the relevant documentation dependent on which criteria you are applying under.

Section 3 – Applicants ‘subject to further assessment’ with walking difficulties

Section 3 needs to be completed if you are over the age of two and have a permanent and substantial disability (i.e. a condition that is likely to last for the duration of your life) which means that you cannot walk or have very considerable difficulty whilst walking.

Applicants are asked to describe the nature of their disability and give an estimate of the maximum distance they can walk without assistance or severe discomfort.

If you find it difficult to work out the distance you can walk in metres, please tell us:

- The number of steps you can take, and how long, in minutes, it takes you to walk that distance.
- The way that you walk, for example, shuffling or small steps etc.

We may ask you to have a mobility assessment with a medical professional in order to determine whether you meet the eligibility criteria.

If you have had a mobility assessment in the last 12 months, you can provide details of this in section 7(a).

Section 4 – Applicants ‘subject to further assessment’ with hidden disabilities

Section 4 needs to be completed if you are over the age of two and have an enduring and substantial disability which causes you to:

- Experience very considerable difficulty whilst walking, which may include very considerable psychological distress; or
- Be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.

Applicants applying under this criteria are asked to provide detailed information from a medical/health care professional (see page 26 of DfT guidance) that you feel supports your application for a blue badge. Evidence from your GP will not be accepted in support of your application if this is the only source of supporting evidence provided. It is recommended that you provide additional documentation relevant to your condition to support your application form, this could include any letter of diagnosis, patient summaries, confirmation of treatment or agreed care plan documentation, Education Health and Care plans (EHC) or appropriate contact details of any allocated health or social care practitioners involved in your care.

We may ask you to have an assessment with a medical professional in order to determine whether you meet the eligibility criteria.

Section 5 - Applicants 'subject to further assessment' with a disability in both arms

Section 5 is for applicants over the age of two who have a severe disability in both arms. You will need to show that you drive a vehicle regularly, that you have a severe disability in both arms and that you are unable to or have considerable difficulty operating all or some type of on-street parking equipment. You will need to satisfy all three conditions to qualify for a Blue Badge.

Section 6 - Applicants subject to further assessment under the age of three

Section 6 covers children under three years of age who:

- Have a condition requiring the transportation of bulky medical equipment at all times;
- Must always be kept near a motor vehicle on account of a condition 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 treated.

A parent or guardian must apply on behalf of a child under three. North Tyneside Council may issue a badge if equipment is always needed and cannot be carried without great difficulty. The list of bulky medical equipment may include: 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.

Examples of highly unstable medical conditions that mean children who have them may need quick access to transport to hospital or home are: tracheotomies; Severe epilepsy/fitting; highly unstable diabetes; Terminal illness that prevent children from spending any more than brief moments outside and who need a quick route home. Please note, the above lists are not exhaustive.

Section 7 - Further information, declarations and signatures

Section 7(a): This section should be used to add any further relevant information that has not been covered elsewhere in the application form.

Section 7(b): Mandatory declarations must be completed by all applicants. Please take the time to read and understand these declarations. Not ticking them may result in North Tyneside Council being unable to accept your application.

Section 7(c): You may wish to tick the optional declarations in order to speed up your application and improve the service you receive from North Tyneside Council.

Section 7(d): Mandatory declarations about information provided on behalf of somebody else. If you are signing on behalf of somebody else you must tick to confirm you agree with these declarations. Not ticking them may result in North Tyneside Council being unable to accept the application.

Section 7 (e & e.1): All applications must be signed and date by the applicant or the person applying on behalf of the applicant.

Section 7(f): All applicants are required to provide one recent passport-style/quality photograph. The photograph has to show your full face and must be of passport quality. The name of the applicant should be printed on the back of the photograph. The photograph should be taken in the last month. (Applicants who are applying under the terminal illness category and hold a DS1500 do not need to provide a photograph)

Acceptable proof checklist

Please ensure you have enclosed all of the relevant documents for the sections of this application form that are relevant to you. Failure to provide the correct proofs will result in delays and may result in North Tyneside Council being unable to accept your application. **If you are filling the form in on behalf of somebody else, where the form says “you” it is referring to the applicant.**

<p>Section 1 – information about you</p>	<p>Proof of your address (a utility bill or council tax bill), dated within the last 3 months, 12 months if this is a council tax bill. Bank statements are not acceptable.</p>	
	<p>A certified copy of your proof of identity. <u>This must show the name under which you are applying.</u></p>	
	<p>One passport style / quality photograph of yourself with your name printed on the back</p>	
	<p>Registered severely sight impaired (blind)</p>	<p>Certificate of Vision Impairment from an Ophthalmologist OR evidence of registration with an appropriate association (eg Social Services)</p>
	<p>In receipt of the Higher Rate Mobility Component of the Disability Living Allowance</p>	<p>Letter of entitlement showing that the higher rate is received for help with getting around. The letter must be dated within the last 12 months. <i>Please note: receipt of Attendance Allowance is not a qualifying criteria</i></p>
<p>Section 2 – without further assessment applicants</p> <p>Please include the evidence required for the criterion you are applying under</p>	<p>In receipt of Personal Independence Payment showing one of the eligible descriptors of the ‘Moving Around’ activity of the Mobility Component</p>	<p>Letter of entitlement showing one of the following descriptions under the Mobility Component section.</p> <ul style="list-style-type: none"> • I’ve decided you can stand and then move unaided more than 20 meters but no more than 50 meters. • I’ve decided you can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. • I’ve decided you can stand and then move more than 1 metre but no more than 20 metres. • I’ve decided you cannot stand or move more than 1 metre. <p>The letter must be dated within the last 12 months.</p>
	<p>In receipt of Personal Independence Payment showing the eligible descriptor of the ‘Planning and Following a Journey’ activity of the Mobility Component</p>	<p>Letter of entitlement showing the following description under the Mobility Component section. (Descriptor E showing 10 points)</p> <ul style="list-style-type: none"> • Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant <p>The letter must be dated within the last 12 months.</p>

Section 2 - continued	Receiving War Pensioners Mobility Supplement	Original award letter from the Service Personnel and Veterans Agency.
	Awarded Benefit under Armed Forces Compensation Scheme (tariffs 1-8)	Original award letter from the Service Personnel and Veterans Agency confirming the award
	Terminally ill	DS1500 report from GP or MacMillan Nursing Trust

Section 6 – Children under the age of three	A letter from a healthcare professional that has been involved in the child’s treatment; giving details of condition and type of medical equipment needed
Certified Documents	If we have requested certified documents from you these must be photocopies and verified by a person who is a professional or a person of good standing in the community. For example, a teacher, social worker, or solicitor etc to verify these documents, the professional or person of good standing should include the text “this copy is a true likeness of the original” alongside their signature written onto the photocopy, they should also print their name, occupation and contact details. Original documents should not be sent directly to us as we cannot guarantee safe return.
Passport photo	<ul style="list-style-type: none"> • Be passport-style/quality photograph that is clear and in sharp focus, with a clear difference between your face and background. • Show your face with a neutral expression and you on your own • Be 45mm high x 35mm wide – this is the standard size when you have a passport photo taken in a photo booth or studio (you should not trim a larger photograph to meet this condition). • Be taken in the last month

Blue Badge Application Form

Section 1 – Information about you

Please provide answers to all questions in this section. If you are completing the form on behalf of a child who is under 16 years of age, or someone else please provide their details in the appropriate sections and sign the form on their behalf. Further guidance on completing this section can be found in Section 1 of the accompanying guidance notes.

Title: (Mr, Mrs, Miss, Ms, other)		Date of Birth: (DD/MM/YYYY)	
First names (in full):			
Surname:		Name at birth:	
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>
Place of Birth (Town and Country):			
National Insurance Number / Child Registration Number: (National Insurance Numbers start with letters, followed by six numbers then another letter. Child Registration Numbers are issued to people under the age of 16 – see Section 1 of the accompanying notes)			
Driving Licence number: (If you hold a driving licence)			
Current address and contact details:	Address:		
	Postcode:		
	Home Tel:		Mobile Tel:
	Email:		
Do you currently hold a Blue Badge?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If you already have a Blue Badge:	Which local authority issued the badge?		
	Serial number?		
	Expiry date?		
Proof of your address, dated within the last 3 months: We need to check that you are a North Tyneside resident before we can process your application.	I have enclosed a copy of A Utility Bill or Council Tax Bill		Please <input type="checkbox"/> (tick)
Proof of your identity: You must attach a certified photocopy of one of the following as proof of your identity. This must show the name under which you are applying.	Birth Certificate / adoption certificate Name as shown on application		
	Marriage / Divorce certificate Civil partnership/Dissolution certificate		
	Current Valid driving licence		
	Current Valid Passport		

<p>Photographs: Please enclose one recent passport quality photograph of yourself or of the person applying for a badge. The photograph has to show your full face.</p>	<p>I have enclosed one passport photograph Please print your name on the back of the photograph and then complete Section 7(e) of the application form to confirm that the photo is a true likeness</p>	
<p>Badge issue fee £10: Payment will only be taken if your application for a Blue Badge is successful. You will only be issued with a Blue Badge once your payment has been received.</p>	<ul style="list-style-type: none"> • Make a telephone payment when we call you/write to you to confirm your application has been successful; • Make a payment using the Payment Kiosk in one of our Customer First Centres once we have contacted you to confirm your application has been successful 	
<p>Please nominate the vehicle registration number for the main cars in which you intend to use the Blue Badge (Up to three registration numbers should be nominated, but please remember other vehicles can be used).</p>		

<p>Section 2 - Without further assessment applicants</p>				
<p>If you can answer YES to one of the following questions and you can supply the evidence required, you are eligible for a Blue Badge (see acceptable proof checklist).</p>				
Registered Severely Sight Impaired (Blind)	Yes:		No:	
In receipt of the Higher Rate of the Mobility Component of the Disability Living Allowance	Yes:		No:	
If YES, have you been awarded this benefit indefinitely?	Yes:		No:	
If NO, when is your award of this benefit due to end?				
In receipt of 8 or more points in the “moving around” part or 10 points in the “planning and following a journey” (descriptor E) part of the Mobility assessment for Personal Independence Payment. See page 5 for eligible descriptors	Yes:		No:	
Receiving War Pensioners Mobility Supplement	Yes:		No:	
Awarded benefit under Armed Forces Compensation Scheme (AFCS)	Yes:		No:	
Have a terminal illness AND hold a DS1500 report?	Yes:		No:	

If you have answered **Yes** to any of the questions in Section 2 go straight to Section 7 to complete further information, declarations and signatures.

Section 3 - Applicants subject to further assessment with walking difficulties.

You will only qualify for a Blue Badge under this criterion if the applicant is over two years of age and have a condition or disability which means you **cannot walk or find walking very difficult.**

If you have an invisible (hidden) condition or disability causing you to severely struggle with journeys or are at risk of serious harm to yourself or others when undertaking a journey go to straight to **section 4**

Please describe the main health conditions or disabilities, diagnosed by a medical professional, which affect your walking:

Please describe any surgeries/courses of treatment/specialist clinics you have undergone /attended in relation to each medical condition/disability (please include dates where appropriate):

What medication do you currently take in relation to the conditions/disabilities mentioned? (please include dosage):

Are you currently taking any pain relief in relation to the conditions/disabilities mentioned?

Yes:

No:

Please provide details of what you take and how frequently you need it:

Please tick (✓) if any of the following are applicable to you:

Awaiting surgery in relation to the conditions mentioned?

Recuperating from surgery in relation to the conditions mentioned?

Awaiting treatment for any of the conditions mentioned?

Managing your condition/disability since you have been advised it is not expected to improve any further?

None of the above?

Please provide further details of whichever statement applies to you, including dates of surgery that you are awaiting or recuperating from:

Do you anticipate that your walking condition will improve in the next 3 years?					
Yes:		No:		Don't know:	
If YES, please describe how much you expect your condition to improve:					
How do the conditions/disabilities mentioned affect your ability to walk?:					
Please tick (✓) which of the following statements describe your general walking ability:					
I am able to walk well, including recreational walks					
I am able to walk around the supermarket to do my own shopping					
I am able to walk and can use public transport for some of my local trips					
I am able to walk, but struggle with longer distances or hills					
I am able to walk, but get breathless if I walk for more than a few minutes					
I am able to walk, but find it too painful to walk for more than a few minutes					
I am able to walk, but use a wheelchair for longer trips outside the home					
I am able to walk around my home, but am unable to climb the stairs					
I am unable to walk at all					
Please provide any additional information regarding your general walking ability:					
Are you able to walk outside without help?			Yes:		No:
If NO, please describe the help you need:					
Please provide a specific location or landmark (which could be found on a map) that you can walk to comfortably from your home:					

Please tick (✓) the box that best describes the way you walk:			
Normal	No specific problems with walking		
Adequate	For example, you walk with a slight limp		
Poor	For example, you walk with a heavy limp, a stiff leg or shuffle, or have problems with balance		
Extremely poor	For example, you drag your leg, stagger, swing through two crutches or need physical support		
Please provide any additional information regarding the way that you walk:			
Do you use any of the following when you are walking? (Please tick (✓) as appropriate)			
1 elbow crutch		2 elbow crutches	
1 walking stick		2 walking sticks	
Walking (zimmer) frame		Rollator	
Wheelchair		Powered wheelchair	
Other, please provide details:			
Were your walking aids... please tick (✓)			
Purchased privately		Prescribed by a healthcare professional	
Provided by Social Services		Other (please specify)	
How far would you estimate you are able to walk before you feel severe discomfort? (in metres or yards) When answering this question please note that:			
<ul style="list-style-type: none"> • The average adult step is just less than 1 metre, which is 1.1 yards • If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres or 100 yards • The average double-decker bus is about 11 metres or 12 yards long • A tennis court is about 24 metres, or 26 yards long • A full size football pitch is about 100 metres or 110 yards long 			
_____ Metres (or)		_____ Yards	
Roughly how much time would you estimate it takes you to walk this distance?		_____ Minutes	

Are you able to continue walking after a short rest?	Yes:		No:	
If you are able to continue, roughly how long in minutes are you able to walk for in total?	_____ Minutes			
Please tick 'yes' or 'no' to each of the following questions:				
Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	Yes:		No:	
Do you get short of breath walking with other people of your own age on level ground?	Yes:		No:	
Do you have to stop for breath when walking at your own pace on level ground?	Yes:		No:	
Do you get too breathless to leave your home, or after dressing?	Yes:		No:	

Section 4 – Applicants subject to further assessment with “Hidden” or “non-physical” disabilities. You will only qualify for a Blue Badge under this criterion if you are over 2 years of age and have a condition or disability which causes you to struggle with journeys.

What affects you taking a Journey? (Tick all that apply)

I am a risk near vehicles, in traffic or car parks	Sometimes		Regularly		Every journey	
I struggle to plan or follow a journey	Sometimes		Regularly		Every journey	
I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others	Sometimes		Regularly		Every journey	
I regularly have intense responses to overwhelming situations causing temporary loss of behavioural control (meltdown)	Sometimes		Regularly		Every journey	
I can become extremely anxious or fearful of public/open spaces	Sometimes		Regularly		Every journey	

How would a Blue Badge improve taking a journey for you? (Describe your needs, in detail)

What coping strategies are currently used to try to improve journeys? (List the strategies and tell us how effective they are)

Do you drive a specially adapted vehicle?

Yes:

No:

Please describe how the vehicle has been adapted for you:

Section 5-Applicants subject to further assessment with a disability in both arms.

You will only qualify for a Blue Badge under this criterion if the applicant is over 2 years of age and drive a vehicle regularly, have severe disability in both arms and are unable to operate, or have considerable difficulty in operating , parking meters

Do you drive regularly?

Yes:

No:

Do you have a severe disability in both arms?

Yes:

No:

Please describe your medical condition:

Are you unable to operate, or have considerable difficulty in operating all or some types of parking meter?	Yes:		No:	
Please describe the difficulties you have operating the machines:				

Section 6 - Applicants subject to further assessment under the age of three.				
Children under the age of three may be eligible for a Blue Badge because:				
<ul style="list-style-type: none"> • They have a condition requiring the transportation of bulky medical equipment at all times • They must always be kept near a motor vehicle on account of a condition 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 				
Are you applying on behalf of a child under the age of three who has a condition requiring transportation of bulky medical equipment at all times?	Yes:		No:	
If YES, please state what type of equipment is required:				
Are you applying on behalf of a child under the age of three that suffers from a condition that requires they must always be kept near a motor vehicle on account of a condition 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?	Yes:		No:	
If YES, please describe the child's medical condition:				
Please enclose a letter from a healthcare professional that has been involved in your child's treatment (for example your GP or paediatrician) giving details of the child's medical condition and the type of medical equipment they need.				

Section 7: Further information, declarations and signatures

7(a) Please enter any further information you think is relevant in support of your Blue Badge application

7(b) Mandatory declaration about the information you have provided and the application process.

Please ✓ (tick) each one to indicate you have read, understood and agree with each declaration. **NOT** ticking one of these declarations will mean we are unable to issue you with a Blue Badge.

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 the photographs I have submitted with my application are recent and are a true likeness.

I confirm that I do not currently hold a Blue Disabled Person's Parking 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 entitlement to a badge.

I understand that you will deal with all documents relating to this application in line with the Data Protection Act 2018, and you may share them with or contact other local authorities, the police and parking enforcement officers to help detect and prevent fraud.

I understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge scheme and other Government Departments or agencies, to validate proof of entitlement.

I agree to the local authority contacting an accredited healthcare professional if necessary, for the purpose of obtaining further information in support of my application.

I understand that I may be required to undertake a mobility assessment with a healthcare professional who is independent of my existing care and treatment, in order to determine my eligibility for a Blue Badge.

I agree that, if my application is successful, I will not allow any other person to use the badge for their benefit and I agree that I will use the badge in accordance with the rules of the scheme as set out in the "Blue Badge scheme: rights and responsibilities" leaflet which will be sent to me with the badge.

7(c) Optional declarations about the information you have provided and the application process

Please ✓ (tick) each one to indicate you have read, understood and agree with each declaration. Ticking these boxes will help to improve the service we can offer you.

I consent to the local authority checking any information already held by the Council on the basis that:

- It can help determine my eligibility for a Blue Badge
- It may speed up the processing of my application
- It may enable a decision to be made without the need for a mobility assessment

I agree to the disclosure of the information included in this form to other council departments/service providers so that I can be informed about other council services that may be of benefit to me.

7 (d) Mandatory declarations about the information you have provided on behalf of somebody else. By submitting this application you agree on behalf of the applicant that:

- You have the authority to submit this application
- The details provided are complete and accurate
- They will not hold more than one Blue Badge at any time
- Your local authority will be told about any changes that may affect their eligibility

You also agree that your local authority may:

- Contact the person whose details have been provided if there are any issues with this application or to prevent badge misuse
- Check their eligibility with the information they hold

7(e) Your signature against the declarations in section 7(b) 7(c)

Date:

Sign

7 (e.1) Your signature against the declarations in section 7 (d)

Date:

Sign

Print

Please ensure you sign within the box. The badge cannot be issued if the correct box is not signed.

7(f) Your passport photograph

Please ensure that your photo shows you with a neutral expression and your mouth closed (no grinning, frowning or raised eyebrows)

- Shows you on your own (babies should not have toys or a dummy, and there shouldn't be other people in the photo)
- Be in colour, not black and white
- Be taken in the last month
- Be 45 millimetres high x 35 millimetres wide - this is the standard size when you have a passport photo taken in a photo booth or studio (you should not trim a larger photograph to meet this condition)
- Be clear and in sharp focus, with a clear difference between your face and the background

*Attach photo
here*

*Your name
must be printed
on the back*

For office use only

- Date application received _____ at
Killingworth CFC North Shields CFC
Wallsend CFC Whitley Bay CFC
- Application checked and verified by _____
- Declarations are ticked and application form is signed and dated
- Is this a First Application Renewal Previous application included

Identification provided

- ID seen (copies must be **certified, in date, show current name and correct address**)
Type of proof provided _____
- Proof of residence seen (CTAX within 12 months or utility bill within 3 months,)
Type proof provided _____
OR CTAX verified on RBH
CTAX account number _____
- Passport photo provided and acceptable

Automatic Issue - Copy of evidence must be attached to form

- Sight impaired
- HRDLA Mobility Component (dated within 12 months)
- PIP payment showing a score of 8 or more for the moving around element
- PIP payment showing a score of 10 for category E Planning and following a journey
- War Pensioner
- Armed Forces Comp Tariffs 1-8
- Terminally ill