Blue Badge Fast-Tracked Prescription Form





This form can be completed by an accredited specialist within the individual's care team who understands the eligibility criteria and can state they are met.

Please complete all relevant sections of the application form.

Information about the professional completing this form			
Full Name			
Job Title			
Health Board			
Telephone			
Email			
Information about the a	pplicant		
Title (Mr, Mrs, Ms, other)			
First name(s) (in full)			
Surname			
Date of birth (DD/MM/YYYY)			
National Insurance Number			
Current address & postcode			
Telephone (home)			
Telephone (mobile)			
Email address			

Record of conversation

In order for this form to be used, a conversation covering the need for a Blue Badge in line with the eligibility criteria and the following topics must take place between the accredited specialist and the applicant. This may take place via telephone.

The following questions must be asked to ensure the issue of a Blue Badge is appropriate.

Has the applicant previously been issued a Blue Badge via the 'prescribed' application route?			
Yes No			
Why does the applicant require a Blue Badge?			
How is a Blue Badge going to help the applicant?			
Please describe what benefit the applicant seeks to get from having a Badge.			
Dhotograph			
Photograph			
Please enclose a recent passport-quality photograph of the applicant. The photograph needs to:			
 show the applicant's full face so that the holder can be easily identified; 			
only show the applicant and no one else; and			
 have the applicant's name written on the back (if not sent digitally). 			
Please complete the declaration at the back of the form to confirm that the photograph is a true likeness.			

Alternatively, if the applicant has a National Entitlement Card they can give

consent for the local authority (if applicable) to use that photo by ticking this box

Declarations and Signatures

The professional completing this form should provide their signature and date of completing below. It is possible to sign this form electronically. By signing it, both the professional and the applicant confirms:

"That as far as I am aware, the details provided are complete and accurate and any material changes to eligibility will be notified to the local authority. I also agree that the local authority may use personal information in line with the guidance notes."

Additionally, the professional completing the form should remind applicants that they must:

- not hold more than one valid Blue Badge at any time;
- not allow any other person to use the Blue Badge; and
- only use the Blue Badge in accordance with the rules of the scheme as set out in the Rights and Responsibilities leaflet that will be sent to me with my Blue Badge.

Professional completing this form:			
Your signature			
Date of signature (DD/MM/YYYY)			

What Happens Next?

The completed application should be sent to the necessary local authority for processing.

The local authority may need to contact the applicant by phone or email to request a standard colour passport photo (if one has not been provided) and payment details. The local authority will only issue a Blue Badge once payment has been received.

The local authority may ask one of its healthcare professionals to check the prescription. This can involve speaking to the accredited specialist completing the prescription and the applicant.

Once a photo and payment has been provided, the local authority will process the application.

The accredited specialist can advise of payment requirements for the local authority and let the applicant know that they will hear from the local authority in due course.