Supported Needs & Disability Office

Blue Badge Application Form

If renewing a Blue Badge, please quote serial number:

HM Government of Gibraltar
Ministry of Equality, Employment, Culture and Tourism

Supported Needs & Disability Office

Section 1: Applicant Personal Details

1. Full Name:

2. Date of Birth:

3. Gender: Male ☐ Female ☐ Non-binary ☐
Other ☐ Prefer not to say ☐

4. Address:

5. Phone Number:

6. Email:

7. Preferred Contact:

Phone ☐ Whatsapp ☐ Email ☐

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Section 2: Applicant Disability Information

1. What is the nature of your disability and how does it affect your mobility/ability to walk and / or your safety:

2. How many long have you had this disability?

3. Do you regularly use a wheelchair? Yes ☐ No ☐

4a. Do you regularly use a walking aid? (e.g. walking stick, zimmer frame, rollator etc. Yes ☐ No ☐

4b. If yes, please state what type of aid:

5. What is the maximum distance you can walk without stopping or experiencing severe discomfort?

6. Do you require assistance when walking? Yes ☐ No ☐

7. What is the maximum number of stairs you can climb without assistance (i.e. help from another person / handrail / banister)?

8a. Are you in employment? Yes ☐ No ☐

8b. If yes, what do you do?

Section 2: Applicant Disability Information

9. How do you do your shopping?

10. How does your disability affect your day to day activities?

11. Why do you need a Blue Badge?

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Section 3: Applicant Disability Information

To be completed if your condition affects your upper limbs and you regularly drive a motor vehicle but cannot rturn the steering wheel by hand even if that wheel is fitting with a steering knob.

1. What is the nature of your disability?

2a. Do you drive a specially adapted vehicle??

Yes ☐ No ☐

2b. If yes, please state the type of adaptation:

Section 4: Details of your Medical Professional

Name:

Address:

Telephone Number / Email:

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Section 5: Licence Details

1a. Do you hold a valid driving license: Yes ☐ No ☐

1b. If you have answered yes, please state which categories: ☐

2. Do you drive: Yes ☐ No ☐

Section 6: Declaration

I declare that to the best of my belief the information I have given is correct and agree to the Supported Needs and Disability Office liaising with the GHA and access my GHA medical records for the purpose of obtaining information relating to this application.

I also consent to the Supported Needs and Disability Office and / or the GHA disclosing the particulars contained in this form to the Driving and Licensing Department.

Full Name: ☐

Signature: ☐ Date: ☐

Please attach the following:

- ◊ Passport / ID Photograph with name clearly printed on the back
- ◊ Medical letter (dated within the last 6 months) confirming diagnosis/needs
- ◊ Proof of residence in Gibraltar

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Section 7: To be completed by Applicant's Doctor

1. Name of Applicant

2. Date of Birth:

3. Address:

4. Is the applicant: Male ☐ Female ☐

5. When did you last see/ examine the applicant?

6a. Does the applicant have issues that affect their walking and / or safety? Yes ☐ No ☐

6b. If you have answered yes, please give details:

If you have answered no, please sign the form and return it. There is no need to answer further questions

7a. Are the issues: Permanent ☐ Temporary ☐ Intermittent ☐

7b. If temporary, please give expected recovery time:

8. Does the applicant regularly need to use:

A) a wheelchair? Yes ☐ No ☐

B) A walking aid? Yes ☐ No ☐

If yes, please state type of walking aid:

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9. With your knowledge of the applicant's condition, how far can they walk without stopping, experiencing sever discomfort or requiring help from another person:

Less than 50m ☐ 50-100 metres ☐ 100-150 metres ☐

150-200 metres ☐ More than 200 metres ☐

Name:

Signature:

GMRB Number:

Date:

Stamp of Institution:

For SNDO Office Use Only:

Automatically Meets Criteria: ☐ Issued For:

Send to Panel: ☐

Signature: Date:

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For Official Use Only by Medical Panel:

The Panel recommends that:

A Blue Badge should be Issued For a period of:

Further assessment is required:

A Blue Badge should not be issued:

Reason for decline:

Signature:

Date: