



**Environment services**

**Blue Badge application form**

## Applying for the Blue Badge

### About the Blue Badge

The Blue Badge Scheme is governed by regulations approved by Parliament, including 'The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000'. The scheme is designed to allow people, over three years of age, with severe walking difficulties to park close to places they wish to visit. It is essential that the badges are only issued to people who would otherwise be incapable of visiting shops, public buildings or other places.

### Who may be eligible

You may qualify automatically if you:

- Are in receipt of Higher Rate of the Mobility Component of the Disability Living Allowance
- Are registered severely sight impaired (blind)
- Receive a War Pensioner's Mobility Supplement
- Have been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking
- Are in receipt of Personal Independence Payment (PIP) under the 'Moving Around' category, have been awarded eight points or more, and your condition is likely to last for at least 12 months
- Are in receipt of Personal Independence Payment (PIP) under the 'Planning and Following a Journey' category and have been awarded 10 points for Descriptor E.

You may also qualify after further assessment if you:

- Have an enduring and substantial disability which causes you, during the course of a journey to:
- Be unable to walk; 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, serious harm to any other person

- Drive a vehicle regularly, have a severe disability in both arms, and are unable to operate, or have considerable difficulty in operating, all or some types of parking meter.
- Children under 3 years may also qualify but only if they have a condition that requires transportation of bulky medical equipment at all times or the possibility of immediate transportation for medical treatment. See Part H – Children under 3 years.

### Documents you will need to supply

This applies to new applications and renewals. You will need:

- Proof of identification
- Proof of qualifying benefits (if applicable)
- National Insurance number
- Details of your current Blue Badge (if you have one)
- One passport style photograph
- Proof of residency
- Supporting evidence about your condition from a professional such as a consultant, if you do not qualify automatically. GP letters can be accepted but only in addition to other evidence.

More details can be found in Part J of the form – Photographs and other required documents.

## Applying for the Blue Badge

### Blue Badge fee

A Blue Badge costs £10. This charge covers administration, production and postage. Once a Blue Badge application is approved, we will contact you to obtain payment. The Blue Badge will be produced by a central agency, and posted directly to your home address. You can expect to receive the Blue Badge approximately 10 working days after the application is approved and payment has been made. Please provide a valid telephone number or email address to avoid any delay.

### How to apply

To apply for or renew a Blue Badge you can:

- **Go online:** [www.direct.gov.uk/bluebadge](http://www.direct.gov.uk/bluebadge).

You can upload your documents and photograph as you progress your application. If you cannot upload your documents you can post or email them to us

- **Complete a paper application form.** You can download the form from our website [www.lbhf.gov.uk](http://www.lbhf.gov.uk)
- **Call us:** 020 8753 6681
- **Email us:** [bluebadges@lbhf.gov.uk](mailto:bluebadges@lbhf.gov.uk)

The completed form and the accompanying proofs and photo can be sent:

#### By post to:

H&F Direct  
Pay and Park (AT)  
PO Box 60820  
London W6 9UZ

**By email:** [bluebadges@lbhf.gov.uk](mailto:bluebadges@lbhf.gov.uk)

**Submitted in person** by booking an appointment.

**Accessible Transport** operates an appointment-only system.

### How to contact us

If you need further information or help to complete the form you can:

**Go online:** [www.lbhf.gov.uk](http://www.lbhf.gov.uk)

**Email:** [bluebadges@lbhf.gov.uk](mailto:bluebadges@lbhf.gov.uk)

**Call us:** 020 8753 6681

**Visit in person** by booking an appointment on 020 8753 6681

### Other formats

If you require an application form in large print or Braille, please call 020 8753 6681

### Important information

Please read the form carefully and answer all questions (unless stated otherwise).

A valid contact telephone number must be provided or the application will not be processed.

We may refuse to issue a badge if you do not provide adequate evidence that you meet the eligibility criteria.

## Applying for the Blue Badge

### If your application is successful

If your application is successful a Blue Badge will usually be issued to you for a maximum of three years or until the end date of your relevant disability benefit award (e.g. Disability Living Allowance (DLA) or Personal Independence Payment (PIP), etc).

The badge must be returned to the Blue Badge office when it expires or when the badge holder has no further use for it.

If your badge is lost, you must report it to our office immediately. You will be asked to complete a Declaration regarding the loss.

If your badge is stolen, you must firstly report it to the police who will provide you with a Crime Number or a CAD Number. Secondly, ring our office to request a Declaration regarding the theft which you must complete before a replacement can be authorised.

Please reapply in good time before your badge expires. We recommend that you reapply four to six weeks before your badge expires. You must re-apply in full each time a badge is issued to you, unless your badge is lost or stolen and you are requesting a replacement.

If you have not qualified for the Blue Badge under the 'Automatic' criteria (see Part D) re-issue of the badge is not guaranteed.



**FOR OFFICE USE ONLY**

SPUR ID no.	<input type="text"/>		
Date application received	<input type="text"/>		
Documents Scanned	<input type="checkbox"/>	Mobility Assessment Scanned	<input type="text"/>
Sent for Mobility Assessment	<input type="text"/>	Time	<input type="text"/> : <input type="text"/>
Agreed	<input type="text"/>	Refused	<input type="text"/>
Badge ordered on MBB	<input type="text"/>	Start date of new BB	<input type="text"/>
Additional Information (i.e., missing proofs or Incorrect photo, etc.)	<input type="text"/>		

## Part C

### Additional Personal Information

What was your full name at birth?	<input type="text"/>
Your town of birth	<input type="text"/>
Your country of birth	<input type="text"/>
Have you moved address in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', what was your previous address?	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
If 'Yes', what was the name of the previous council or local authority?	<input type="text"/>
	<input type="text"/>

Please go to **Part D** Automatic eligibility.

# Part D

## Automatic Eligibility

### 1 Severely sight impaired (blind)

Are you registered as severely sight impaired (blind) under the National Assistance Act 1948?

Yes  No

If 'Yes', please give the name of the local authority with which you are registered:


If you are not registered with a local authority we will accept a copy of your Certificate of Visual Impairment (CVI), previously known as a 'BD8'.

### 2 Disability Living Allowance (DLA)

Do you receive Disability Living Allowance (DLA) at the Higher Rate of the Mobility Component?

Yes  No

If 'Yes', you must provide evidence of the award (e.g. the official letter (form DLA 384) confirming the award and the duration of your entitlement.

**IMPORTANT:** The letter must be dated in the last year even if your award is 'Indefinite' and you have supplied a copy with a previous application. This is due to government guidelines and the intention to re-assess all DLA claimants.

If you require a duplicate copy of this letter you must contact the Disability Living Allowance Centre (at the Department of Works and Pensions) on 0800 121 4600.

### 3 Personal Independence Payment (PIP)

a) Do you receive Personal Independence Payment (PIP) and score 8 points or more in the Moving Around activity of the Mobility Component?

Yes  No

OR

b) Do you receive Personal Independence Payment (PIP) and score 10 points for 'Planning and following a journey' under the Mobility Component specifically because 'You cannot undertake any journey because it would cause overwhelming psychological distress to the claimant'?

Yes  No

If you answered 'Yes' to a) or b), you must provide a copy of your award letter from the DWP which will confirm the award and the duration of your entitlement.

**IMPORTANT:** The letter must be dated in the last year even if your award is 'Indefinite' and you have supplied a copy with a previous application. Please include a copy of the whole letter, not just the first page.

If you require a duplicate copy of this letter you must contact the Department of Works and Pensions on 0345 850 3322.

## Part D

### Automatic Eligibility (continued)

#### 4 Armed Forces Compensation Scheme

Have you ever received a lump sum payment within tariff levels 1 to 8 of the scheme...

and

have you been certified as having a permanent and substantial disability?

Yes  No

If **'Yes'**, please enclose the original letter from Service Personnel and Veterans Agency (SPVA) as proof.

You must enclose the original version of your letter as proof of entitlement.

#### 5 War Pensioners' Mobility Supplement

Do you receive the War Pensioners' Mobility Supplement?

Yes  No

If your award has an end date, enter it here:

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You must enclose the original version of your letter as proof of entitlement.

'If you have answered yes to any of the questions in Part D (this section) please go straight to Part J (Photographs and Other Required Documents)

## Part E

### Assessed Eligibility

**Part E is for people who do not automatically qualify. Complete Part E if you answered no to all questions in Part D.**

Important: Applicants who do not qualify automatically can provide recent medical or other supporting evidence of their health condition/disability. This may speed up your application. Applicants may be offered a mobility assessment if their eligibility is unclear.

**Do you have a condition or disability which means you cannot walk or find walking very difficult?**

Yes. Continue answering the questions in this section.

No. Go to **Part F**.

**Please list the health conditions or disabilities that affect how you function on a day to day basis. For example with these conditions do you find it difficult to wash yourself, get dressed, get in the bath etc:**

## Part E

### Assessed Eligibility (continued)

**How does your health condition make walking difficult for you?**

**Does it cause excessive pain while walking to your destination?**

Yes  No

**If yes, how often?**

Almost never  Sometimes  Almost every journey  Every journey

## Part E

### Assessed Eligibility (continued)

**Describe how the way you walk is affected by your condition**

**Do you have poor balance, coordination or posture while walking to your destination?**

Yes  No

**If yes how often?**

Almost never  Sometimes  Almost every journey  Every journey

(for example, if your posture is affected or you struggle to take full steps).

**Have you seen a healthcare professional for any falls in the last 12 months?**

Yes  No

**Have you been referred to a falls service?'**

Yes  No

**Do you have epilepsy?**

Yes  No

**What is it about the epilepsy that causes you difficulty while walking?**

## Part E

### Assessed Eligibility (continued)

What is the maximum distance you can walk without stopping, experiencing severe discomfort or without requiring help from another person?

Meters

Do you need help to get around?

Yes  No

If 'Yes' please describe the help you need

<b>What is this aid or support?</b> (For example, a wheelchair, crutches or a member of your family)	<b>When do you need this help?</b> (For example, to get to the shops)	<b>If it's an aid, how was it provided?</b> (For example, hospital or bought privately)

Are you unable to walk?

Yes  No

If yes, how often?

Almost never  sometimes  Almost every journey  Every journey

## Part E

### Assessed Eligibility (continued)

Please tell us the reason why you cannot walk:

How would a Blue Badge improve journeys between a vehicle and your destination?

What activities or strategies do you currently try to do to improve journeys for you between a vehicle and your destination and how effective are they?

If you have answered yes to any of the questions in Part E (this section) please go straight to **Part I - Treatments, medication, healthcare professionals and supporting documents**

## Part F

### Invisible (hidden) disabilities

Part F is for people who may have an invisible (hidden) condition or disability. You may also have answered yes to some questions in Part E.

**Do you have an invisible (hidden) condition or disability, causing you to severely struggle with journeys?**

Yes. Continue answering the questions in this section

No. Go to **Part G**

**What affects you taking a journey between a vehicle and your destination?**

**Are you a risk to yourself or others?**

Yes  No

**When are you a risk to yourself or others?**

Almost never  Sometimes  Almost every journey  Every journey

**Please give an example of when you have been a risk near vehicles, in traffic or car parks:**

**Do you struggle to plan or follow a journey?**

Yes  No

**If yes, which journeys does this apply to?**

Unfamiliar journeys  Every journey

**Do you find it difficult or impossible to control your actions and lack awareness of the impact they could have on others?**

Yes  No

## Part F

### Invisible (hidden) disabilities (continued)

**How often does this happen?**

Almost never    Sometimes    Almost every journey    Every journey

**Please describe the kinds of incidents that have happened on journeys:**

**Do you have intense and overwhelming responses to situations causing temporary loss of control?**

Yes    No

**How often does this happen?**

Almost never    Sometimes    Almost every journey    Every journey

**Please provide examples of the situations that cause temporary loss of control:**

## Part F

### Invisible (hidden) disabilities (continued)

**Do you become extremely anxious or fearful of public/open spaces?**

Yes  No

**If yes, how often?**

Almost never  Sometimes  Almost every journey  Every journey

**Please describe the levels of anxiety:**

**How would a Blue Badge improve journeys between a vehicle and your destination?**

(Describe your needs, in detail):

**What activities or strategies do you currently try to do to improve journeys for you between a vehicle and your destination?**

Please tell us what activities or strategies you use and whether they are effective:

If you have answered yes to any of the questions in Part F (this section) please go straight to **Part I - Treatments, medication, healthcare professionals and supporting documents**

## Part G

### Disability that affects both arms

Complete this section **ONLY** if you hold a valid driving license and have a severe disability in **BOTH** upper limbs and are unable to turn the steering wheel of a vehicle by hand, even if that wheel is fitted with a steering knob.

**Do you have a disability in both arms?**

Yes. Continue answering the questions in this section

**Do you drive a specially adapted car?**

Yes  No.

**If yes, state type of adaption:**

If you have answered yes to any of the questions in Part G (this section) please go straight to **Part I - Treatments, medication, healthcare professionals and supporting documents**

## Part H

### Children Under Three Years of Age

This section is only for people who are applying on behalf of a child that is under three years old.

#### Are you applying for a child under three years old?

Yes. Continue answering the questions in this section

#### Which of these applies to the child under three?

They need to be accompanied by bulky medical equipment such as ventilators, suction machines

They need to be near a vehicle to receive or be taken for treatment

Neither of the above

#### Name any health conditions or disabilities that affect the child

(try to use the correct medical terms, if you know them)

You should enclose a letter from any relevant professionals that are involved in the child's treatments, which confirms the details of the condition and the type of medical equipment needed.

You may want to enclose several pieces of evidence to help us establish the child's eligibility more quickly.

If you have answered yes to any of the questions in Part H (this section) please go straight to **Part I - Treatments, medication, healthcare professionals and supporting documents**

# Part I

## Treatments, medication, associated professionals and documents

**Do not** complete this section if you have answered yes to questions in **Part D** - Automatic Eligibility.

### Treatments

#### Has your condition required any treatments?

These could have been in the last 10 years, ongoing or any treatment you have booked in the next three years. List any surgeries, treatments or clinics that are to do with your condition.

Yes. Add the relevant treatment details below

No. Go to '**Medication**'

#### Treatments

<b>Describe the treatment</b>	<b>Date of the treatment</b>
Anything relevant to your condition that you've seen (or are due to see) a professional for. For example, hip replacement operation, physiotherapy or pain clinic.	If it's in the future - Do you expect the condition to improve afterwards?

# Part I

## Treatments, medication, associated professionals and documents (continued)

### Medication

**Do you take any medication that affects your ability to walk?**

(Any medication or pain relief you currently take for your condition)

**If yes, please add any relevant medication details below**

Medication			
Name of this medication or pain relief	And is it prescribed?	How much do you take at a time? (Dosage)	How often do you take this?

# Part I

## Treatments, medication, associated professionals and documents (continued)

### Associated or healthcare professionals

Do you currently see any professionals for your condition (or have you seen any in the last 3 years?)

Yes  No

If yes, please provide further details below.

Examples of professionals could be consultants, teachers, therapists, neurologists, psychologists or psychiatrists.

Associated or healthcare professionals	
Name and role of the professional (This cannot only be your GP)	What's their telephone number? (optional) What's their email address? (optional) What's their address? (optional)

Please go straight to **Part J - Photographs and other required documents**

## Part J

### Photographs and other required documents

**IMPORTANT INFORMATION. All applications must be accompanied by:**

#### Photographs

**One passport style photo of the applicant.**

The photograph should be signed on the back by the applicant. The photograph must be recent and bear a good likeness to you. You may send a photograph taken from self-service booths or any suitable photograph cut down to the appropriate size. However, passport rules apply to all photographs and they must be:

- in **colour**
- facing forward and include **the whole head**
- taken against a **plain background**

Please attach it to the form with a paper clip. Do not use staples or glue as they may damage the image. The photograph is not returnable.

Please tick that you have provided the photograph

**We are not able to use photos that are more than 6 months old.**

#### Proof of identity

This must be a **copy** of either:

**A current valid and in date passport.** Out of date passports cannot be accepted.

**A Birth Certificate**, but ONLY if it features the applicant's current name. If you have changed your name, the appropriate proof of identity must be supplied such as a MARRIAGE CERTIFICATE, CIVIL PARTNERSHIP CERTIFICATE CHANGE OF NAME DEED or DIVORCE CERTIFICATE

- A current **Driving Licence**
- A **Marriage Certificate**
- **Armed Forces ID**
- A **Certificate of British Nationality**
- All documents must be clear and readable.

Please tick that you have provided the proof of identity

**FAILURE TO PROVIDE PROOF OF IDENTITY WILL RESULT IN A DELAY TO THE PROCESSING OF THE APPLICATION.**

#### Proof of residency in the borough.

This can be an official letter or document no more than three months old such as a utility bill (gas, electricity, telephone, etc.). Mobile phone account bills and bank statements are not accepted. Please send **COPIES** only.

Please tick that you have provided the proof of residency

#### Proof of the appropriate benefit

I.e., Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Pensioner's Mobility Supplement. See Part D. Recent proof of this must be provided each time a badge is issued.

Please tick that you have provided the proof of DLA or PIP (if relevant)

#### Supporting medical evidence

**If you completed Parts E, F, G or H, you'll need to provide evidence of your condition such as:**

- a letter of diagnosis, as up-to-date as possible
- evidence of the progression of the condition over time
- confirmation of ongoing treatments / clinic attendances, or referral for such
- evidence of prescribed medication relevant to your condition
- evidence of specialist consultations, or referral for such
- your Patient Summary or Summary Care Records (Your GP should provide this free of charge)
- Education Health and Care Plans (EHCP)
- Care Plans from social care teams
- social housing letters / assessment reports from a local authority
- letters from other professionals involved in your care
- Personal Independence Payment (PIP) decision letters
- evidence of other benefit received.

'Please go to **Part K - Declaration to be signed by the applicant.**

## Part K

### Declaration to be signed by the applicant

**Please tick each box to indicate that you have read and understood each statement. Not ticking a statement may result in us not issuing you with a Blue Badge. Providing fraudulent information may result in prosecution and a fine.**

- I declare that, to the best of my belief, all the statements I have made on this form are true.
- I understand that the information I have provided on this form, and details relating to the individual badge if issued to me, will only be shared with other organisations (other council departments, law enforcement agencies, other local authorities, government departments) or to provide services where it is legal to do so (e.g., to detect and prevent crime, and protect public funds); and that my data may be matched with data from other sources.
- I agree to Hammersmith & Fulham checking 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 understand that I may be required to attend an in-person assessment.
- I understand you may contact my healthcare professional, social services officer and any contact person nominated on this form to disclose any necessary information for the purpose of assessing my eligibility for a Blue badge.
- I understand that, should my application be successful, I will also be given a book explaining the rules and regulations regarding the use of the Blue Badge; and that I will make these regulations known to myself and, where a passenger, to the driver of the vehicle.
- I understand that, should a badge be issued to me, according to the rules and regulations of the scheme:
- The badge is for my sole use and benefit only
  - The badge will only be used when I am present; for when I am being collected or dropped off

- That the badge will not be given to family or friends to allow them to park for free, even if they are visiting me
- That I will not allow other people to use the badge on my behalf, even if they are shopping or collecting medication for me, unless I am travelling with them.

- I understand that misuse of the Blue Badge could result in prosecution, with a maximum fine of £1000 plus legal costs, and the service being withdrawn.
- Where I have applied as a passenger, I understand that the badge must not be used as a substitute for a Residents Parking Permit unless I am the registered owner of the vehicle; that under Section 117 of the ROAD TRAFFIC REGULATIONS ACT 1984 it is illegal for anyone, other than the badge holder, to benefit from any parking concessions gained from displaying the Blue Badge; that if I am the registered owner I may be asked to provide a copy of the Vehicle Registration Document, form V5C, from the DVLA or the Motability agreement.
- I understand that I must inform the Blue Badge office of any change of circumstances, particularly relating to change of address, contact details (including telephone numbers), benefit entitlement in relation to DLA or PIP, or vehicle registration numbers.
- I understand that if I have no further use for the badge, or no longer qualify, the badge will be returned to the council.

**Signed:**

**Name:**


**Date:**

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**IMPORTANT: If you are signing on behalf of the applicant, you can only do so if you have the legal authority to do so. Please see the following page.**

# Part K

## Declaration to be signed by the applicant (continued)

**IMPORTANT: If the applicant is not completing the form themselves, the person doing so must complete the following:**

<b>Last name</b>	<input type="text"/>
<b>First name</b>	<input type="text"/>
<b>Signature of the person</b>	<input type="text"/>
<b>Relationship to the applicant?</b>	<input type="text"/>

Please give the legal reason why you are signing on behalf of the applicant.

You must provide proof that you are the legal signatory (e.g. a copy of the Power of Attorney, proof of Appointeeship).

By signing this application you are agreeing to the terms and conditions described in Part K on behalf of the applicant.

# Your information

Under data protection legislation, we must ensure that we have an adequate reason or legal grounds to support the use of your personal information. The legal grounds we use to determine that the processing of personal information is necessary, is to enable us to fulfil a 'legal obligation'. We also rely on the following legal grounds:

- Under the Chronically Sick and Disabled Act 1970, the London Borough of Hammersmith & Fulham has a statutory obligation to maintain a register showing the holders of badges issued by the authority. We are responsible for determining and implementing administrative, assessment and enforcement procedures in accordance with the governing legislation (Disabled Persons Badges for Motor Vehicles) (England) regulations 2000 as amended.
- The processing of sensitive data is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law insofar as it is authorised by Union or Member State Law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject.
- The data subject has given explicit consent to the processing of those personal data for one or more specific purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject for this purpose, the council's is registered with the Information Commissioner's Office for the purposes of processing personal data.

Hammersmith & Fulham are responsible for the following information that we collect and hold about you when you register to become a Blue Badge holder and through your continued use of the Blue Badge scheme.

## What data do we collect?

- Name (including last name at birth or adoption)
- Permanent address (including previous address if you have moved within the last 12 months)
- Contact details
- Town and country of birth

- Date of birth and age
- Gender
- National Insurance number (optional)
- Driver or passenger
- Vehicle registration number (if applicable)
- Previous Blue Badge details (if applicable)
- Proof of your identity and proof of your address
- Details of any person with legal responsibility for you.
- Photograph
- Details about your disability, health or long-term condition, pain medication and assessment of your walking ability.
- Evidence to support your eligibility for a Blue badge
- Payment details may be taken if you pay by card or cheque
- Any other personal information that you may supply in your supporting documentation.

## Who will be using your personal data?

The information you provide, and the details relating to the individual badge, if issued to you, may be used or shared by us for the following purposes:

- **Hammersmith & Fulham's parking services team** - this includes routine sharing of information on lost and stolen badges.
- **Hammersmith & Fulham's Blue Badge Fraud Investigation team**
- Other local authorities who administer or enforce the Blue Badge service if you use the Blue Badge in their area.
- If you move address to another local authority, your Blue Badge Registration record may be transferred if requested by the new local authority
- Your name, address, date of birth, contact information and Blue Badge details will be shared where we are legally required to do so e.g. the Police for the prevention and detection of crime.
- With the **Cabinet Office** for data matching processes in respect of The National Fraud Initiative. For more information go to: <https://www.lbhf.gov.uk/benefits/fraud>.

## Your information (continued)

**IT software providers** - IT software providers such as Conduent Parking Enforcement Solutions Ltd who are contracted by Hammersmith & Fulham to host and manage our data.

**Prevention and detection of fraud** -

Hammersmith & Fulham may share and compare your information with other council services and other organisations to make sure the information is accurate, to protect public funds, recover debt and/or prevent or detect fraud. These other organisations include government departments, other local authorities, the police, and private sector organisations such as banks or organisations that lend money.

**Legal requirements** - Hammersmith & Fulham will use all information held by us for the purposes of law enforcement, regulation and licensing, criminal prosecutions, and court proceedings.

**Corporate business intelligence** - Hammersmith & Fulham may share the information you give us (only as relevant) with other council services for research and analysis purposes, to help us design and improve the services we provide, and to identify and contact residents who may benefit from them.

**Developing and testing business applications**

- Hammersmith & Fulham may use the information you give us (only as relevant) to maintain and improve the services which we deliver, this includes developing and upgrading the systems which we use to process your information.

**Statistical purposes** - Hammersmith & Fulham (only as relevant) may use your information for statistical purposes in order to monitor and manage the Blue Badge scheme.

**Authorised representatives** - Hammersmith & Fulham may share your information (only as relevant) with representatives who are legally responsible for you or with representatives such as, but not limited to, Members of Parliament or councillors who you have authorised to make enquiries on your behalf.

As we have a statutory basis for collecting your personal data, we do not need to ask for your permission to share it; however, we will only ever share your data on a basis of need, in line with legislation and will work transparently with you at all times.

Further information about how your personal information is handled can be found here:

<https://www.lbhf.gov.uk/councillors-and-democracy/data-and-information/data-protection/privacy-policy/freedom-pass-privacy-notice>



