



For Office Use Only:	Date of receipt:	Name & surname of staff member receiving the form:
	____ / ____ / ____ d d m m y y y y	

Accessibility Unit:
Aġenzija Sapport, Patri Ġwann Azzopardi Street, Santa Venera, SVR 1614
Tel: Freephone Servizz.gov 153 (ext. 05)
Email: accessibility.sapport@gov.mt

APPLICATION FOR EU DISABILITY CARD AND/OR BLUE BADGE

Applicant's Identity Card number: _____

Applicant's Name: _____

Applicant's Surname: _____

Applying for:

<input type="checkbox"/>	New EU Disability Card ONLY	<input type="checkbox"/>	Renewal of EU Disability Card
<input type="checkbox"/>	New EU Disability Card AND New Blue Badge		
<input type="checkbox"/>	New Blue Badge	<input type="checkbox"/>	Renewal of Blue Badge

(You may select more than 1 option)

- The **EU Disability Card** serves as a recognition that the holder has the status of a person with disabilities in Malta. Benefits for EU Disability Card holders range from being permitted to apply for a service, scheme or benefit offered by a governmental entity for persons with disabilities, to being able to access certain concessions that non-governmental organisations and private entities may choose to provide. Further information can be found here: www.eudisabilitycard.org.mt.
- The **Blue Badge** is a legal document. Blue Badge holders are entitled to have the vehicle in which they are travelling as drivers or passengers, parked in communal reserved parking bays for Blue Badge holders with the Blue Badge prominently placed against the windscreen. Further information can be found here: <https://sapport.gov.mt/services/blue-badge/>.

General Guidance for Applicants:

Incomplete applications, including those submitted without the required information, supporting documentation, or payment (where applicable), will *not* be accepted.

All applicants may be required to attend for an eligibility assessment appointment with a professional appointed by Agenzija Sapport. All applicants may also be requested to provide additional medical documentation.

It is the applicant's responsibility to apply for a renewal of their EU Disability Card and/or a Blue Badge three (3) months before the date of expiry of the current document(s). *No* temporary notes or documents are issued while an application is being processed to be used instead of the official documents.

Required documents and payment:

- Application form: pages 1, 3, and 4 fully filled in.
- Required signature in blue ink on page 4:
 - If the medical certificate submitted with this application indicates that the applicant is able to sign for themselves, the applicant must provide their signature.
 - If the applicant is 17 years of age or younger, or if the Medical Certificate form indicates that the applicant is unable to sign for themselves, the applicant's legal guardian must provide their signature.
- A copy (front and back) of the ID card of the person for whom an EU Disability Card and/or Blue Badge is being applied for should be provided.
- Where applicable, please provide a copy (front and back) of the ID card of the person completing the EU Disability Card and/or Blue Badge application on behalf of the applicant.
- One (1) recent, good quality coloured passport photo (40mm X 30mm) of the person for whom an EU Disability Card and/or Blue Badge is being applied for.
- Personal Data Processing Information and Consent Form: pages 5, 6, 7, and 8. The specified pages must be carefully read and fully completed, signed, and dated. The form is to be signed either by the person for whom the EU Disability Card and/or Blue Badge is being applied, or by the person completing the application on their behalf.
- Medical Certificate form: pages 9, 10, 11, 12, and 13. The specified pages must be fully completed, signed, stamped, and dated. This medical certificate form must not be older than one (1) year from the date of submission. The form is to be completed by a registered and licensed medical doctor.
- Any additional medical document(s) that may support the request for an EU Disability Card and/or a Blue Badge, at the applicant's discretion.
- €11.50 administration fee if applying for a new Blue Badge: Exact amount is to be presented if submitting application by hand. Credit cards are accepted. Cheques are not accepted. Cash payments are not accepted by post. No fee applies for Blue Badge renewal applications.

Details of the person for whom an EU Disability Card and/or a Blue Badge is being applied:

- ID Card number: _____
- Name: _____
- Surname: _____
- Date of birth (date/month/year): _____
- Gender: Male Female X
- Address:
Residence name and number: _____
Street: _____
Locality: _____
Postcode: _____
Malta or Gozo: _____
- Mobile and/or telephone number (1st preference): _____
- Mobile and/or telephone number (2nd preference): _____
- Email address: _____

I am filling up the application:

On my own behalf:

Please enclose a copy of your ID Card (front and back) with this application.

On behalf of another person:

Relation to the applicant: _____

ID Card number: _____

Name: _____

Surname: _____

Mobile and/or telephone number (1st preference): _____

Mobile and/or telephone number (2nd preference): _____

Email address: _____

Please enclose a copy of your ID Card (front and back) with this application.

Please also enclose a copy (front and back) of the ID card of the person for whom an EU Disability Card and/or Blue Badge is being applied.

As a member of staff/as a professional involved in supporting the person for whom an EU Disability Card/and or Blue Badge is being applied:

Name: _____
Surname: _____
Designation: _____
Entity: _____
Email address: _____

Please enclose a copy (front and back) of the ID card of the person for whom an EU Disability Card and/or Blue Badge is being applied.

Applicant's signature:

- *If the medical certificate submitted with this application indicates that the applicant is able to sign for themselves, the applicant must provide their signature in blue ink.*
- *If the applicant is 17 years of age or younger, or if the medical certificate indicates that the applicant is unable to sign for themselves, the applicant's legal guardian must provide their signature in blue ink.*

Name & Surname of signee:

Relation to applicant (if signed by a person other than the applicant):

Processing of Personal Data: EU Disability Card and Blue Badge services

Data Processing and Sharing

Aġenzija Sapport ('the Agency') necessitates the processing of applicants' personal data for applicants to receive the benefits, schemes and services to which they are subscribing, as well as any ancillary or additional services. This may involve the processing of specific categories of personal data, including, but not limited to, information regarding the applicant's health and disabilities. Furthermore, without this data, the Agency cannot proceed with the application or undertake any further actions as specified in the application form.

In accordance with the law, specifically Article 4A of the Aġenzija Sapport (Establishment as an Agency) Order (S.L.595.18), the Agency may verify all information submitted with the application, as well as any subsequently-provided documentation or representations, including for the purpose of assessing their completeness and accuracy.

This verification process ensures the completeness and accuracy of the data and serves to prevent and detect fraud. The Agency may conduct this check by:

- Cross-referencing against information already held through existing data-sharing agreements;
- Accessing databases held by the Health Authorities; and
- Requesting data from other government departments, public entities, or recognised Non-Governmental Organisations.

Such entities may include, but are not limited to, Aġenzija Sapport itself, the Commission for the Rights of Persons with Disabilities, Transport Malta, and the Ministry for Health and Active Ageing.

Furthermore, information provided in this form may be shared by Aġenzija Sapport with other government departments, authorities, agencies or entities with the aim to make considerations in respect to the applicant's eligibility for benefits, schemes and services and to facilitate the provision of related benefits, schemes and services. Such entities may include, but are not limited to, Aġenzija Sapport itself, the Commission for the Rights of Persons with Disabilities and Transport Malta. Aġenzija Sapport will not disclose unnecessary information to other entities, and this will be done in conformity with the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.).

Certain anonymised information, which cannot be used to identify applicants, beneficiaries, and other individuals about whom the Agency may have personal information, may be processed for statistical and research purposes.

Security Measures

The Agency undertakes to keep all personal data secure and preserve and protect its confidentiality and integrity. It adopts a rights-based access control approach for its electronic database, while physical files are kept securely within the respective units. Internal processes are designed to ensure that only the required data to meet the objective sought is processed. All professionals and other employees of the Agency are subject to professional secrecy.

Retention of Data

The personal information held by the Agency is essential for assessing each applicant's submission and ensuring that approved applicants receive the correct benefits. The personal data that has been collected in order to process this application can be retained by Aġenzija Sapport for a period of two (2) years following the termination of service or death. Copies of Identity Documents are used only for verification purposes, and therefore are destroyed immediately upon completion of the application process.

Fairness and Transparency

Applicants, beneficiaries, and other individuals about whom the Agency may have personal information can request to be informed of which information about them is held by the Agency, to have access to such information, and to obtain other information about how that information is being processed. A request can also be made to rectify factually incorrect information or request that unlawfully held information be deleted. A demand may also be made to restrict the use of personal data for specific reasons justified by law.

Any such request has to be addressed to the Data Protection Officer of the Agency, who may be contacted through the following channels:

Address: Aġenzija Sapport, Patri Ġwann Azzopardi Street, Santa Venera SVR 1614

Telephone: Freephone Servizz.gov 153 (ext. 05)

Email: dpo.sapport@gov.mt

These rights may be restricted for those reasons permitted by the law according to circumstances.

Other information about the type of personal data processed by the Agency, including how the information is processed, for what purposes, and for how long such data is retained, is detailed in the Agency's Data Protection and Records Policy, which is available on its website www.sapport.gov.mt.

To be filled in and signed by the applicant/the person applying on behalf of the EU Disability Card and/or Blue Badge applicant:

Please complete using BLOCK letters –

I, _____

[name and surname] with ID Card number _____

am filling in and submitting this document – *Processing of Personal Data: EU Disability Card and Blue Badge services* – in relation to the EU Disability Card and/or Blue Badge application form:

on my own behalf

or

on behalf of another person, whose name and surname are

and whose ID Card number is _____.

I confirm that I have read, understood and agree to the above information regarding the Processing of Personal Data related to the EU Disability Card and Blue Badge services. I also hereby give my consent to Aġenzija Sapport to process this application in accordance with the terms and conditions outlined in this document.

I confirm that the information provided is correct and I will inform Aġenzija Sapport if there is any change in the data provided.

In the event that I am completing and submitting the EU Disability Card and/or Blue Badge-related form on behalf of another individual, I declare that I have made every reasonable effort to inform the individual whose application I am submitting on their behalf of all relevant aspects of this application, and that I have obtained their consent to submit this application on their behalf, to the extent reasonably possible.

Signature

Date

MEDICAL CERTIFICATE FORM – EU DISABILITY CARD AND/OR BLUE BADGE APPLICATION

General guidance for medical practitioners:

- **Medical practitioners who are consultants within the Maltese public health sector should complete the applicant's details (below), Part A, Part B, and Part C of this form.**
- **All other medical practitioners should complete the applicant's details (below), Part A and Part C of this form. Part B should *not* be completed. It is important that copies of *relevant* medical documentation (e.g., images, reports, case summaries, etc.) are also submitted.**
- **Incomplete medical certificate forms will *not* be accepted. All certificates must be fully completed, signed, stamped, and dated. The date of issue must not be older than one (1) year from the date of submission.**

Applicant's details – Please complete using **BLOCK** letters:

Applicant's ID card number: _____

Applicant's name & surname: _____

Applying for: New EU Disability Card ONLY Renewal of EU Disability Card
(You may select more New EU Disability Card **AND** New Blue Badge
than 1 option) New Blue Badge Renewal of Blue Badge

Part A (to be filled in by all medical practitioners):

The applicant's medical condition(s) is/are:

Physical Impaired vision (Sensory) Impaired hearing (Sensory)
 Intellectual Mental (Psychological)

The applicant's medical condition(s) started:

At birth, or
 When the person was _____ years old.

Applicant can sign on own behalf: Yes No

Applicant's diagnosed medical condition(s), listed in order of their impact on day-to-day functioning, if applicable:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Provide details of the applicant's medical condition(s):

Describe how the applicant's diagnosed medical condition(s) impact their ability to function in daily activities, if applicable:

Part B (to be filled in by medical practitioners who are consultants within the Maltese public health sector only):

Section B. 1 – To be filled in if applying for an EU Disability Card. Tick (✓) as applicable:

<i>I certify that the applicant has:</i>	Yes	No
A long-term physical impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.		
A long-term mental impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.		

A long-term intellectual impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.		
A long-term sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.		
None of the above.		

If you are certifying that the applicant has a long-term physical, mental, intellectual, and/or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, please specify the expected duration of the impairment(s):

<i>At least one (1) year</i>	
<i>Two (2) years</i>	
<i>Three (3) to four (4) years</i>	
<i>Five (5) years</i>	
<i>Six (6) to nine (9) years</i>	
<i>Ten (10) years or more – lifelong, permanent</i>	

Section B. 2 – To be filled in if applying for a Blue Badge. Tick (✓) as applicable:

<i>I certify that the applicant has:</i>	Yes	No
A long-term visual impairment resulting in a visual acuity not exceeding 6/60 in the better eye with correction, or a limit in the field of vision that is less than a 20° angle (tunnel vision).		
A long-term severe impairment in both upper limbs.		
A long-term substantial physical impairment resulting in an inability to walk or very considerable difficulty in walking or as a result of which the effort of walking could be life-threatening.		
A long-term severe mental impairment and with severe behavioural problems and needs help and supervision frequently throughout the day and during the night.		
None of the above.		

If you are certifying that the applicant has one or more of the four long-term severe impairments listed in the table immediately above, please specify the expected duration of the impairment(s):

At least one (1) year	
Two (2) years	
Three (3) years	
Four (4) years	
Five (5) years	
Lifelong and permanent	

<i>I certify that the applicant:</i>	Yes	No
Is able to use a motor vehicle on a regular basis (as a driver or as a passenger).		
Is able to go outside of their home regularly.		

Is the applicant expected to have, or develop, a condition that may result in them being unable to leave their home in the coming years?

Yes No

Part C (to be filled in by all medical practitioners):

Medical doctor's details and declaration – Please complete using BLOCK letters:

Medical doctor's name and surname: _____

Medical doctor's registration number: _____

Medical doctor's grade: _____

Medical doctor's field of practice: _____

Medical doctor's email address: _____

Doctor's official stamp:

By signing this EU Disability Card and/or Blue Badge medical certificate form, I,

_____ [name and surname]

hereby confirm that all information provided in this medical certificate form is true, complete, and accurate.

Doctor's signature:

Date:
