**Blue Badge Health and Social Care Professionals Form**

**Please attempt to provide as much information as possible about your disability or condition before considering whether is form is required.**

**Only use this form to collect additional information from a Health and/or Social Care professional if you are unable to provide sufficient evidence. Using this form may delay your application.**

**Blue Badge Scheme Information**

The Blue Badge (Disabled Persons) Parking Scheme is a national scheme – administered by local authorities – that allows disabled people in England to maintain their independence by enabling them to park as close as possible to their destination.

A badge can be awarded to any individual who has an **enduring and substantial disability**

which causes them to:

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

The term ‘enduring’ is defined as any disability that is not expected to improve within the next 3 years (the life of a Blue Badge) to an extent that would mean the person no longer qualifies as based on the criteria above.

When considering the applicants eligibility for a Blue Badge, local authorities in England holistically consider the impact that both physical and non-physical ('hidden') disabilities have upon an individual when they are walking during the course of a journey.

In all cases, to award a badge, **local authorities must be able to satisfy themselves that a badge would enable the applicant to undertake a journey that would not have otherwise been possible**, or **only possible with very considerable difficulty**. A local authority should only award a badge if they are satisfied that the individual meets the Scheme criteria.

**Why have you received this request?** This form has been sent to you to by the Blue Badge applicant (or the person supporting them with their application, to request supporting information for their application to South Tyneside Council for a Blue Badge by:

**(Applicants please add details below before providing the form to your identified professionals)**

* [Name of applicant]
* [D.O.B. of applicant]
* [Address of applicant]
* Date of Request DD/MM/YY

Your insights into their experience of any disabilities or conditions they have been diagnosed with, or which are in the process of being diagnosed, will help the local authority to determine their eligibility to receive a Blue Badge.

Please complete the information honestly and based upon your professional involvement with the applicant.

Your responses will be reviewed by the local authority in conjunction with information from other sources to inform their decision making.

 General Information

**As a Health or Social Care professional involved with the applicant, please provide the following information about yourself:**

|  |  |
| --- | --- |
| **Title** | **Dr Mr Mrs Miss Ms Other (please specify)** |
| **Full name:** |  |
| **Full job title:** |  |
| **Work address:** |  |
| **Work email address:** |  |
| **Daytime phone no.:** |  |
| **Relationship to the applicant and the services you provide**  |  |

Should the local authority need to discuss the applicant with you in more detail, please identify preferred contact method:

Phone **** Email **** Letter **** I don’t wish to be contacted further****

|  |
| --- |
| **Which of the following most accurately describes how frequently you see the applicant in a professional capacity?** |
| **Daily Weekly Monthly Several times a year Annually Less frequently Never** |
| **When was the last time you saw the applicant in your professional capacity?**  |
| **(MM:YYYY)** |
| **What disability/disabilities are you aware that the applicant has been diagnosed with?****Please state below and include any relevant documentation that you have e.g. letters of diagnosis** |
|  |
| **What role, if any, did you play in the diagnosis of the applicant’s disability/condition(s)?** |
|  |
| **Please explain which, if any, of the applicant’s disability/conditions / could be described as ‘enduring’? (An ‘enduring’ disability is defined as any disability that is not expected to improve within 3 years)** |
|  |
| **Please explain which, if any, of the applicant’s disabilities/ could be described as ‘substantial’?****A ‘substantial’ disability is defined as any disability that causes the applicant, 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 other non-visible ('hidden') disabilities, and/or;**
* **be at a risk of causing serious harm to themselves or to any other person when walking**
 |
|  |
| **Are you aware of any instance where the applicant has experienced any very considerable difficulties, or been at risk/risk to others, whilst walking between a vehicle and their destination, as a result of any of their described disabilities? Yes  No  Unsure  based on my contact with the applicant****Please explain your answer:** |
|  |
| **Based on your knowledge of the applicant’s disability, to what extent do you think they are likely to experience the following difficulties whilst walking between a vehicle and their destination?****(Please use the ratings 1-6 in the box below to indicate the frequency)** |
| 1. **Never (not happened before)**
2. **Occasionally (only on some journeys)**
3. **Regularly (more often than not)**
4. **Always (every journey)**
5. **Unsure / don’t know**
6. **Become physically aggressive towards others, possibly without intent or awareness of the impact of their actions?**
 |
| **Walking Difficulties** | **Add relevant number (1-6) to indicate likelihood of the difficulty** |
| Refusal to walk, dropping to the floor, becoming a deadweight? |  |
| Wandering off, or running away, possibly without awareness of surroundings or their associated risks?  |  |
| Disobeying, ignoring and/or being unaware of clear instructions? |  |
| Experiencing very severe or overwhelming anxiety (e.g.through hypervigilance)? |  |
| Experiencing an overwhelming sense of fear ofpublic / open / busy spaces? |  |
| Experiencing serious harm, or causing serious harm to others? |  |
| Other (please specify) |  |
| **Please provide any further relevant information here:** |
|  |
| **Please identify any coping strategies you are aware of that the applicant uses to manage / mitigate their symptoms or problematic behaviours and explain their effectiveness or likely effectiveness?** **Coping strategies could include e.g. travelling with a companion, prescribed medication, cognitive techniques** |
|  |
| **I hereby certify that the information I have provided is:*** Based on upon my professional insights into the applicant’s condition.
* Given in good faith, and to the best of my knowledge.
* Provided independently of any interest in the applicant’s receipt of a Blue Badge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE RETURN THIS FORM TO THE APPLICANT TO BE SUBMITTED AS PART OF THEIR APPLICATION AND SUPPORTING INFORMATION** |