

Blue Badge non-visible disabilities – supporting evidence form

Information for the applicant

The attached application form is for completion by a health professional (e.g. clinical psychologist, neurologist) or educational professional (e.g. SENCO) in respect of your application under the non-visible (hidden) disabilities criteria for a Blue Badge. You will need to complete section 1 of this form and then pass it on to the relevant professional to complete. This form should not be used if you only suffer from mobility difficulties.

Information for the professional

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: This form should not be used if you only suffer from mobility issues.

- 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 individual no longer qualifies as based on the criteria above. When considering an individual's 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.

This proforma will have been sent to you by either the applicant or Cambridgeshire County Council to obtain information in support of the application for a Blue Badge. It should only be completed if the applicant suffers from very considerable psychological distress, and / or is at risk of serious harm when walking; or poses a risk of serious harm to any other person. This form should not be used if the applicant only suffers from mobility difficulties.

In completing their application form, the applicant has granted Cambridgeshire County Council permission to request supporting evidence, including medical evidence that will inform the local authority's ability to determine their eligibility for a Blue Badge. They have identified you as one of the health /social care or educational professionals involved in their diagnosis, care or ongoing treatment. Your insights into the individual's 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.

We therefore request that you kindly complete the proforma 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.

For any queries, please visit our website at www.cambridgeshire.gov.uk or contact us on 0345 045 5204.

Kind regards,

Cambridgeshire County Council Blue Badge Team

Section 1 Applicant personal details

Applicant Title:	<input type="checkbox"/> <i>Dr</i>	<input type="checkbox"/> <i>Mr</i>	<input type="checkbox"/> <i>Mrs</i>	<input type="checkbox"/> <i>Miss</i>	<input type="checkbox"/> <i>Ms</i>	<input type="checkbox"/> <i>Other (please specify)</i>
Application Full Name:						
Application Date of Birth:						

Section 2 Your Information (Professional / Carer)

Title:	<input type="checkbox"/> <i>Dr</i>	<input type="checkbox"/> <i>Mr</i>	<input type="checkbox"/> <i>Mrs</i>	<input type="checkbox"/> <i>Miss</i>	<input type="checkbox"/> <i>Ms</i>	<input type="checkbox"/> <i>Other (please specify)</i>
Full Name:						
Gender:	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Prefer not to say/other</i>					
Job Title:						
Work Address:						
Work Email:						
Contact Tel Number:						
Are you registered to the Health and Care Professions Council (HCPC)?	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>					
	If yes, please provide your HCPC registration:					
Are you registered to the General Medical Council (GMC)?	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>					
	If yes, are you on the Specialists' register?				<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	
	Please provide your GMC registration no:					
Please state your relationship to the applicant and the services you provide to them specifically						
Which of the following most accurately describes how frequently you see the applicant in a professional capacity?	<input type="checkbox"/> <i>Daily</i> <input type="checkbox"/> <i>Weekly</i> <input type="checkbox"/> <i>Monthly</i> <input type="checkbox"/> <i>Several times a year</i> <input type="checkbox"/> <i>Annually</i> <input type="checkbox"/> <i>Less frequently</i> <input type="checkbox"/> <i>Never</i>					
When was the last time you saw the applicant in your professional capacity? (MM/YYYY)						

Section 2a Corroborating Evidence

What disability/disabilities are you aware that the applicant has been diagnosed with?
Please state below and include any relevant documentation that you have as part of your submission e.g. letters of diagnosis.

What role, if any, did you play in the diagnosis of the applicant's disability/disabilities condition(s)?

Please explain which, if any, of the applicant's disability/disabilities conditions / disabilities could be described as 'enduring'?
An 'enduring' disability is defined as any disability that is likely to last for the next 3 years in a stable or deteriorating state.

Please explain which, if any, of the applicant's disability/disabilities conditions / 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 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 very considerable difficulty whilst walking between a vehicle and their destination, or been at risk of serious harm, or posed a risk of serious harm to another person, as a result of any of the disabilities described above?

- Yes
 No
 Unsure, based on my exposure to the applicant

Please explain your answer to the above:

Section 2b Corroborating Evidence Continued

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 tick as appropriate)

(Please cross one option for each of kind of difficulty experienced whilst walking)	Never (not happened before)	Occasionally (only on some journeys)	Regularly (more often than not)	Always (every journey)	Unsure / don't know
Become physically aggressive towards others, possibly without intent or awareness of the impact of their actions?					
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 an overwhelming sense of fear of public / open / busy spaces?					
Experiencing serious harm, or causing serious harm to others?					
Other (please specify below)					

Please provide any further relevant information here:

Section 2c Coping strategies

Please identify any coping strategies of which you are aware 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

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Section 2d Future Contact

Should the local authority need to discuss this individual's case with you in more detail, please identify the means through which you'd prefer to be contacted. Please circle as many as relevant.

Note that, in the majority of cases, we would not expect further contact to be necessary, but it may be, for instance, in the case of appeal.

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

Section 2e Declaration

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 e-mail this completed form to Blue.Badges@cambridgeshire.gov.uk Alternatively please return the form to the applicant or send to: Blue Badges, Box No. EAS2702, Cambridgeshire County Council, Eastfield House, 5 Latham Road, Huntingdon, PE29 6YG. Please note this is a postal address only.