

Information for Health and Social Care Professionals

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 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' 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 proforma has been sent to you by Warwickshire County Council to obtain additional information in relation to the application for a Blue Badge received from:

- **Name -**
- **Date of Birth -**
- **Address -**

In completing their application form, the applicant has granted Warwickshire 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 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.

If you have any questions about the enclosed application form, please contact Kirandeep Basra on 01926 410410 at Warwickshire County Council

Section 1 – General Information

Please provide the following information about yourself:

Title:	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms
	<input type="checkbox"/>	Other (please specify) _____								

Full name:

Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Identify in a different way
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Full job title:

Work address:

Work email address:

Daytime phone no.:

Are you registered to the Health and Care Professions Council (HCPC)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide your HCPC registration no:

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Are you registered to the General Medical Council (GMC)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, are you on the Specialists' register?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please provide your GMC registration no:

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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"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Several times a year
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<input type="checkbox"/>	Annually	<input type="checkbox"/>	Less frequently	<input type="checkbox"/>	Never
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When was the last time you saw the applicant in your professional capacity?

(MM:YYYY)			/					
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Section 2 – 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-physical' 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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure, based on my exposure to the applicant
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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 tick 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 dead-weight?					
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 of public / open / busy spaces?					
Experiencing serious harm, or causing serious harm to others?					

Other (please specify)					
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Please provide any further relevant information here:

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

The following questions are to be completed by the Professional alongside the Proforma, to further support the process of the application. You need to have regularly witnessed these behaviours ,reporting your own observations and not that of another. Person

Can you please specify the diagnosis of the Applicant?

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If the applicant is a child, please specify their approximate weight? i.e.) < or > than 16kg

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How many times is the applicant in the car accessing services/facilities in the community on a daily or weekly basis? (only one answer is required)

Daily:	Weekly:

Please list any Coping strategies below, used to support the applicant

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How do these coping strategies reduce the risk of harm or overwhelming psychological distress to the applicant?

Behaviour

Have any triggers been identified that cause challenging behaviour? Please list the triggers and the challenging behaviour.

Are there effective coping measures in place? If so what are these and do they reduce the risk?

Restraint

Does the applicant require to be restrained when in the community? Yes / No

If yes, what is the level of restraint and how often is it required, and what specifically is required?

Is this documented in a risk assessment / behaviour or care plan? Yes / No

Does the applicant require to be carried or is a wheelchair / pushchair required on a frequent / daily basis for cognitive and / or behavioural reasons?

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 tick 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.

<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Letter
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<input type="checkbox"/>	I don't wish to be contacted further
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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: _____