

**BLUE BADGES
ISLE OF WIGHT COUNCIL
PO Box No: 237
NEWPORT
PO30 9FN**



Tel: 01983 823340
Email: blue.badge@iow.gov.uk

<p>Telephone Enquiry Hours: 8:30am to 5:00pm Monday to Thursday 8:30am to 4:30pm Friday</p>
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ADDRESSEE ONLY

Date:

Additional form for Health, Education and Social Care Professionals

Dear Sir/Madam,

I have received an application for a Blue Badge for

- DOB
- Addressⁱ

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.

In completing their application form, the applicant has granted Isle of Wight 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.

Please complete and return this form to us within one month of this letter. The sooner this information is received, the sooner we can determine the customer's eligibility for a badge.

Once completed, please return this form to Blue Badges, PO Box 237, Newport, Isle of Wight, PO30 9FN

If you have any queries regarding this matter, please telephone the office on 01983 823340 or email blue.badge@iow.gov.uk

Yours Sincerely,

Blue Badge Team

The Isle of Wight Council, as the data controller, will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. The council's Data Protection Officer is the Head of Legal Services and Monitoring Officer and can be contacted by email at dpo@iow.gov.uk or by writing to County Hall, High Street, Newport, Isle of Wight, PO30 1UD.

Personal information which you supply to the Isle of Wight Council is used to administer Blue Badge applications. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. Further information on how the council uses your personal information can be found on the Isle of Wight Council's website www.iwight.com/nfi

To read the full privacy notice and to find out whom we share information with, please visit www.iow.gov.uk/documentlibrary/view/your-information

Section 1 – General Information

Please provide the following information about yourself:

Title:

Full Name:

Gender:

Full Job Title:

Work Address:

Work Email Address:

Daytime Telephone no:

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

Yes

If 'yes', please provide your HCPC registration number:

No

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

Yes

No

If 'yes', please provide your GMC registration number:

If 'yes', are you on the Specialists' register?

Yes

No

Please state the applicants full name and date of birth, confirm 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"/> Annually |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Less frequently |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Never |
| <input type="checkbox"/> Several times a year | |

When was the last time you saw the applicant in your professional capacity?
Please give the month and the year:

Section 2 – Corroborating Evidence

What disability/disabilities/conditions 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 disabilities/condition(s) could be described as 'enduring'?

An enduring disability 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 for a badge.

Please explain which, if any, of the applicant's disabilities/condition(s) 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 risk of causing significant harm to themselves or to any other person when walking.

Are you aware of any instances 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/condition(s) described above?

Yes

Unsure, based on my exposure to the applicant

No

Please explain your answer and given examples of any instances you are aware of or have witnessed:

Based on your knowledge of the applicant's disabilities/condition(s), 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 box for each kind of difficulty experienced whilst walking	Never (not happened before)	Occasionally (only on some journeys)	Regularly (more often than not)	Always (every journey)	Unsure or don't know
Become physically aggressive towards others, possibly without intent of 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 in public/open/busy spaces?					
Experiencing serious harm, or causing serious harm to others?					
Travelling with a companion (e.g. carer/family)?					
Struggling to plan or follow a journey?					
Avoiding journeys due to the effects their condition/disability has whilst undertaking a journey?					
Something else?	Please use the 'further information' box below to tell us.				

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 travelling with a companion, prescribed medication, cognitive techniques.

Section 3 – Contact and Declaration

Should the local authority need to discuss this individual's case with you in more detail, please identify the means through which you would prefer to be contacted.

Please tick as many as relevant.

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

Phone

Email

Letter

I do not wish to be contacted further

I hereby certify that the information I have provided is:

Based on 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.

Signed:

Date: