



Hartlepool Borough Council Blue Badge Service

Name of applicant	
Date of birth of applicant	
Address of applicant	

Section 1 - General Information

Please provide the following information about yourself:

Title	
Full name	
Full job title	
Work Address	
Work email address	
Daytime telephone number	

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

YES / NO

If yes, please provide your HCPC registration number

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

YES / NO

If yes, are you on the Specialists' register?

YES / NO

Please provide your GMC registration number

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?

Daily	
Weekly	
Monthly	
Several times a year	
Annually	
Less frequently	
Never	

When was the last time you saw the applicant in your professional capacity?

M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---

Section 2 - Corroborating Evidence

What disability / disabilities are you aware that the applicant has been doagnosed 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 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 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-physicla' disabilities; and/or

- be at 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	

If yes, 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?

	Never (not happened before)	Occasionally (only on some journeys)	Regularly (more often than not)	Always (every journey)	Unsure / dont 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?					
Experience serious harm, or causing serious harm to others?					
Other (please specify)					

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 or cognitive techniques.

Section 3 - Declaration

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 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.

Please tick as many as relevant.

Phone	
-------	--

Email	
Letter	
I do not wish to be contacted further	

I hereby certify that the information I have provided is:

- Based 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

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---