

ECC Blue Badge

PO Box 13626
Colchester
Essex
CO1 9AE



The Blue Badge (Disabled Persons) Parking Scheme

The Blue Badge 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 person.

The term enduring is defined as any disability not expected to improve within the next 3 years (the timeframe badges are awarded for) to the extent that the individual would no longer qualify based on the criteria above.

This proforma has been passed to you as the applicant has identified you as one of the professionals involved in their diagnosis, on going treatment, care or support. Your insight into the individual experiences of any disabilities or conditions will help determine their eligibility to receive a badge.

We therefore kindly request you complete the proforma honestly and based on your professional involvement with the applicant. Your responses will be reviewed along with information from other sources to inform the decision-making process.

We will also require a covering letter or email from your work address, confirming your involvement with the applicant, contact details and job title, as we may wish to contact you.

Any fees levied for supplying the information requested are the responsibility of the applicant. Essex County Council will not accept any requests for payment.

Yours sincerely,

Blue Badge Administration

Email: Blue.Badge@essex.gov.uk

Telephone: 0345 603 7630 – option 1

Blue Badge Non-Visible (Hidden) Disability Evidence Form

This form must be completed by a professional involved in your care (in line with the examples listed within the application form and guidance), along with a covering letter on headed paper, to certify that they have completed the form. Please note that in accordance with statutory guidance, we cannot accept evidence solely from your GP. Therefore, if you submit this form from your GP, you will also need to provide one from another professional.

Legal definition:

Those with 'non - visible' (hidden) disabilities may be eligible for a Blue Badge if they would experience 'very considerable difficulty whilst walking, which may include very considerable psychological distress, or be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.'

Applicant's name:

Applicant's date of birth:

Applicant's postcode:

Application reference number:

DIFFICULTY EXPERIENCED:	REGULARLY or ALWAYS? (Tick if yes)	NEVER or RARELY? (Tick if yes)	Does the applicant have any effective coping strategies in place?		Please list any coping strategies in place and the effectiveness of these (e.g. prescribed medications, therapies, treatment plans/ strategies, travelling companion)
			Yes	No	
At risk near vehicles, in traffic or car parks <i>(e.g. wandering off/run away possibly without awareness of surrounding or associated risks – consider age and developmental milestones)</i>					
Difficult or impossible to control actions and lack awareness of the impact they could have on others <i>(e.g. physical aggression towards others)</i>					
Has intense response to overwhelming situations causing temporary loss of behavioural control <i>(e.g. drop to floor, become dead weight)</i>					
Disobey, ignore or be unaware of clear instructions placing themselves or others at risk of serious harm <i>(consider age and developmental milestones).</i>					

DIFFICULTY EXPERIENCED:	REGULARLY or ALWAYS? (Tick if yes)	NEVER or RARELY? (Tick if yes)	Does the applicant have any effective coping strategies in place?		Please list any coping strategies in place and the effectiveness of these (e.g. prescribed medications, therapies, treatment plans/ strategies, travelling companion)
			Yes	No	
Experience very severe or overwhelming anxiety including psychological distress <i>(e.g. hypervigilance / struggle to plan or follow a journey)</i>					
Experience overwhelming sense of fear in public/open/busy spaces <i>(consider age and developmental milestones).</i>					

ENDURING AND SUBSTANTIAL DISABILITY	YES (Please tick)	NO (Please tick)	If Yes, please state which disability:
Are any of the above factors evidenced to be caused by an enduring and substantial disability? <i>(has lasted for or is likely to last 3 years)</i>			

ANY ADDITIONAL INFORMATION

I confirm that I have completed this form to the best of my knowledge:

Sign:

Print:

Designation/Job Title:

Date of Completion:

Contact details: