

## Information for Health and Social Care Professionals

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 and substantial' is defined as any disability or condition 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?**

#### *Information for the Blue Badge applicant*

This form has been provided by Oxfordshire County Council in relation to your application for a Blue Badge. This is to enable you to obtain the additional information required from a medical professional. This additional information will form part of the assessment of your Blue Badge application to Oxfordshire County Council.

#### *Information for the Medical Professional*

This form is being given to you by a Blue Badge applicant of Oxfordshire County Council who require this information in support of their application.

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 Oxfordshire County Council to determine their eligibility to receive a Blue Badge.

## Expert Assessment Form

We, therefore, request that you kindly complete the form honestly and based upon your professional involvement with the applicant. Your responses will be reviewed by Oxfordshire County Council in conjunction with information from other sources to inform their decision-making.

### *Next Steps*

- Fields marked with an Asterisk (\*) are mandatory.
- Please complete this form so that your responses are legible and in capital letters.
- Please return the completed form to the applicant. They need to provide this as supporting evidence with their application for a Blue Badge.

### *Queries*

If you have any questions about the enclosed application form, please contact Blue Badge Administration,  
Oxfordshire County Council,  
PO Box 873,  
Oxford,  
OX1 9NY

Email – [bluebadgeadmin@oxfordshire.gov.uk](mailto:bluebadgeadmin@oxfordshire.gov.uk)  
Website – [www.oxfordshire.gov.uk/disabledparking](http://www.oxfordshire.gov.uk/disabledparking)

## Expert Assessment Form

<b>Section 1 – Applicant Details</b>			
Name of applicant *			
D.O.B. of applicant *	DD/MM/YYYY		
Address of applicant 1 *			
Address of applicant 2			
Address of applicant 3 *			
Post Code of Applicant *			
<b>Section 2 – Professional Details</b> Please provide the following information about yourself:			
Full name *			
Full job title *			
Work address 1 *			
Work address 2			
Work address 3			
City *		Post Code *	
Work email address			
Daytime phone no. *			
Are you registered to the Health and Care Professions Council (HCPC)? * - Yes/No			
If yes, please provide your HCPC registration no.			
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 no:			
If neither of the above apply – please provide your qualifications and details of your governing body			

<b>Section 3 – Your relationship to the applicant</b>						
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? *					(MM:YYYY)	
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. *						
Phone:	Email:	Letter:		I don't wish to be contacted further		
<b>Section 4 – Corroborating Evidence *</b>						
What disability/disabilities are you aware that the applicant has been diagnosed with? *						
What role, if any, did you play in the diagnosis of the applicant's disability/disabilities condition(s)? *						

Expert Assessment Form

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? \*

Yes	No	Unsure, based on my exposure to the applicant
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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. \*

Expert Assessment Form

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 mark the relevant response with a cross(X) *					
<b>(Please mark one option for each of kind of difficulty experienced whilst walking) *</b>	<b>Never (not happened before)</b>	<b>Occasion-ally (only on some journeys)</b>	<b>Regularly (more often than not)</b>	<b>Always (every journey)</b>	<b>Unsure / don't know</b>
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 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)					
Please provide any further relevant information here:					

<b>Section 5 – Declaration *</b>	
<p>I confirm that the information I have provided is:</p> <ul style="list-style-type: none"> <li>• Accurate and to have covered all relevant issues which I have been asked to address,</li> <li>• Insofar as the facts stated above are within my own knowledge, I have made clear which they are and I believe them to be true and that my opinions I have expressed represent my true and complete professional opinion,</li> <li>• Given in good faith, and to the best of my knowledge,</li> <li>• Provided independently of any interest in the applicant’s receipt of a Blue Badge.</li> </ul>	
Signature *	
Date *	DD/MM/YYYY