

HDC1 form**TO BE COMPLETED BY HEALTHCARE PROFESSIONAL**

This form has been developed to assist local authorities when seeking further information from health and/or social care professionals where this is required to further and/or corroborate information provided by individuals who may be eligible to receive a Blue Badge primarily as a result of non-visible ('hidden') disabilities they experience.

Full name of applicant	
Date of birth	
Address	
Postcode	
Reference number	

The HDC1 form should be completed by a qualified Healthcare Professional such as:

- **Clinical Psychologist**
- **Educational Psychologist**
- **Neurologist**
- **Occupational Therapist**
- **Psychiatrist**

Suffolk County Council contact details

Suffolk County Council, Blue Badge Team, PO Box 258, Stowmarket. IP14 9BU

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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; E.g. Refusing to walk altogether, dropping to the floor, or becoming a dead-weight.
- Experience very considerable difficulty whilst walking, which may include very considerable psychological distress, and / or experiences very severe or overwhelming anxiety.
- 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 ('hidden') 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 Suffolk County Council permission to request supporting evidence, including medical evidence that will assist them in determining 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 Suffolk County Council to determine their eligibility to receive a Blue Badge.

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 Suffolk County Council in conjunction with information from other sources to inform their decision-making.

Section 1 – General Information													
Title:	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (Please specify)		
Full name:													
Job title:													
Work email:													
Phone no:													
Are you registered to the Health and Care Professions Council (HCPC)?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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						
<input type="checkbox"/>	Annually	<input type="checkbox"/>	Less frequently	<input type="checkbox"/>	Never								
When was the last time you saw the applicant in your professional capacity?													
(MM: YYYY)													

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 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 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-visible ('hidden') 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 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?					
Refuses 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:

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

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	<input type="checkbox"/>	Don't wish to be contacted further
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DECLARATION

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: _____