



FS51150



INVESTOR IN PEOPLE



BB2 The Blue Badge Scheme of Parking Concessions for Disabled and Blind People

PART 1

To be completed by the applicant BEFORE sending form to GP

Mr / Mrs / Miss / Ms / Master (please delete as appropriate) Other _____

Surname _____

First name(s) _____

Address _____

_____ Postcode _____

Date of Birth _____ Telephone Number _____

The following section of the form is for your GP to complete if you have completed parts C, D or E of the form BB1, but **NOT** if you have answered YES to any questions in Part B.

You should either take or send this part of the form to your GP including a stamped addressed envelope to:

The Accessible Transport Unit/Blue Badge Section
4 Waldegrave Road
Teddington TW11 8HT

If you do not provide your GP with a stamped addressed envelope it may delay your application.

Please note that when returning the form, the postage is more than one first class stamp if using an A4 envelope. To avoid any unnecessary delay, please weigh your envelope and use the correct postage.

Information for the medical practitioner

The Blue Badge Scheme is governed by regulations approved by Parliament. The Scheme provides a national arrangement of parking concessions for people who travel either as drivers or passengers and meet one of the following:

- People with severe walking difficulties
- People who are registered blind
- People with very severe upper limb disabilities who regularly drive a vehicle but cannot operate or have considerable difficulty in operating all or some types of parking meter
- Children under two who, due to their medical condition, require the use of bulky medical equipment or speedy access to a car.

The Scheme is intended to apply only to those people with disabilities who have permanent and severe mobility difficulties. The criteria for issue are divided into automatic and assessed eligibility categories. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close by.

This applicant is not eligible for a Blue Badge under the automatic criteria and is asking you to complete and sign this form to provide us with information about their medical condition.

Although we treat all information as confidential, the Borough has an Access to Files Policy. If the applicant requests a copy of any information you have provided, we will ask them to contact you for a copy of the report or authorisation for us to provide a copy of the report.

The following criteria are also sent to each applicant to explain eligibility for this scheme, and is the type of information needed for the Authority to assess an application for a Blue Badge. This follows Department of Transport guidance and legislation.

When completing the form it would be helpful if you could take into account the assessed eligibility criteria and give as much information as possible about the applicant's medical condition and how it affects their mobility.

ASSESSED ELIGIBILITY - WALKING

To be eligible for a badge under the assessed eligibility criteria, your degree of disability should be permanent and not just intermittent or temporary, and if you were assessed, would meet or almost meet that required for the higher rate mobility component of the Disability Living Allowance. The following descriptions and explanations are to help explain what this means.

Unable to walk

- You need to show that because of your disability you cannot put one foot in front of the other.
- If your only way of getting about is to “swing through” on crutches then you will be considered unable to walk.

Virtually unable to walk

Unable to walk very far without experiencing severe discomfort; discomfort can mean either pain or breathlessness; extreme fatigue and stress may also be taken into account. (It has been accepted that discomfort is subjective and that some people have higher pain thresholds than others).

Unless both your legs are missing, you will need to show that you experience severe discomfort even when using your artificial aid.

In assessing the above, the following factors will be taken into account:

- Distance you can walk without experiencing severe discomfort
- Speed at which you walk.
- Length of time you can walk.
- Manner in which you walk.

The question is about walking out of doors, not in your home.

Exertion required to walk

This is to establish whether walking would constitute a danger to your life or whether it would be likely to lead to a serious deterioration in your health.

- The criteria are intended for people with serious chest, lung or heart conditions.
- Some people with haemophilia may also qualify.
- Serious deterioration does not need to be permanent but it should require medical intervention for you to recover.
- People with epilepsy will need to show that any fits were brought about by the effort required to walk.

You will not be eligible for any of the following reasons:

- In all cases, entitlement depends on your walking ability, not difficulty in carrying parcels or heavy shopping.
- Your disability must be of a physical rather than a psychological nature.
- People with temporary disabilities lasting less than 12 months, e.g. a broken leg, will not qualify.

ASSESSED ELIGIBILITY – Children under two

A badge should be awarded to children under two who receive a prognosis of limited life expectancy or are diagnosed with an unstable condition which requires that:

1. They must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty

Examples of children likely to fall into this category, who require bulky essential medical equipment that must be carried or attached at all times, are children who require ventilation; children who have a tracheostomy and require suction; and oxygen dependent children who need to have oxygen cylinders carried around with them.

2. They must always be kept near a motor vehicle so that they can, if necessary, be treated for that condition in the vehicle or taken to a place where they can be so treated.

Examples of children with highly unstable medical conditions who need quick access to transport to hospital or home are set out below (this list is not designed to be exhaustive). This group may also need to stop to perform an urgent medical procedure e.g. suction of a tracheostomy tube:

- (a) children with tracheostomies
- (b) children with severe epilepsy/fitting
- (c) children with highly unstable diabetes
- (d) terminally ill children who can only access brief moments of outside life and need a quick route home

Thank you for your cooperation in completing the form overleaf.

The ultimate decision to issue a badge rests entirely with the issuing authority.

The applicant has been asked to supply you with a stamped addressed envelope to:

**The Accessible Transport Unit / Blue Badge Section
4 Waldegrave Road
Teddington
TW11 8HT**

PART 2 To be completed by a medical practitioner**Does the applicant have a permanent disability which affects walking ability at all times?**YES NO

If you have answered NO please sign and stamp this form and return in the s.a.e. provided by the applicant.

There is no need to answer any further questions.

What is the nature of the applicant's disability/illness? _____**Does the applicant regularly need to use:**

a wheelchair?

YES NO Not known

a scooter?

YES NO Not known

a walking aid?

YES NO Not known

If YES, please state the type of walking aid(s)

From your knowledge of the applicant's condition, how far can the applicant walk on flat ground without stopping, severe discomfort or help from another person?Not at all Less than 10 mts 10-50 mts 50-100mts 100-200 mts Over 200 mts Not known **How often is the applicant limited to this distance?**At all times Once a week Once or Not known

twice a month

Other (please specify) _____

Will the effect on the applicant's walking be: Permanent Temporary Intermittent

If temporary, how long is this likely to last? _____

Any additional comments you feel are relevant to this applicant: _____

Children Under Two Only

What is the nature of the child's disability / illness?

Does the child need the use of any of the following bulky equipment? Please tick boxes:

Ventilators	<input type="checkbox"/>	Syringe drivers	<input type="checkbox"/>
Suction machines	<input type="checkbox"/>	Oxygen administration equipment	<input type="checkbox"/>
Feed pumps	<input type="checkbox"/>	Continuous oxygen saturation monitoring	<input type="checkbox"/>
Casts and associated medical equipment for the correction of hip dysplasia	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		

If other, please list equipment and describe its function:

Does the child need quick access to a vehicle so that they can be treated for their condition in the vehicle or taken to a place where they can be so treated?

YES NO

Any additional comments you feel are relevant to this applicant:

GP's NAME	<input type="text"/>	PRACTICE STAMP	
SIGNATURE	<input type="text"/>		
DATE	<input type="text"/>	TEL	<input type="text"/>