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Contact: **www.leicestershire.gov.uk/contact-information**

Alternatively, **scan our QR code** to reach our contact form directly.



Blue Badge Supplementary Information Form Non-visible (hidden disabilities)

This form is to be completed by applicants who have applied online and declared that they experience very considerable psychological distress or are a risk of serious harm to themselves or others whilst walking. These questions may be similar to some of the ones already seen as part of the online form, however this form gives the applicant an opportunity to give more detailed information as to the impact on the applicant when making a journey.

Before you start

Please read all the questions carefully and answer them as fully as you can. Disabilities and health conditions are very wide ranging and the same condition can affect people differently. In this application form, the following terms are used:

- “journey” refers to the part of any journey between a vehicle (e.g. car) and your destination, e.g. into a shop, hospital, doctor’s surgery etc. It does not refer to the part of the journey undertaken in the vehicle.
- It is noted that the term “disability” may not be appropriate for everyone, therefore the term “condition” may be used to cover a range of terms including (but not limited to) “disability”, “health condition” (physical and/or non-visible (hidden)), “learning disability”, “medical condition” and “long term illness”.
- “care giver” may be used describe someone who is with the applicant when making a journey who may actually be their parent, spouse, partner, sibling, son or daughter, friend, carer or personal assistant of the applicant.

Information about the applicant

Please enter the applicant’s details below, including the reference number from the online application so that we correctly match this form to the application.

Title (Mr, Mrs, Miss, Ms, Mx, other):	<input type="text"/>
First names (in full):	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth (DD/MM/YYYY):	<input type="text"/>
Applicant’s current address and contact details: Your full postal address including postcode:	<input type="text"/>

If you are applying on behalf of someone else, please provide your contact details here.

Contact’s name and address:	<input type="text"/>
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Questions for ‘subject to further assessment’ applicants with non-visible (hidden) disabilities and health conditions

Please note that you will only qualify for a Blue Badge if the applicant is three years of age or above and has been certified by an expert assessor as having an enduring and substantial disability which causes them, 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**
- **Be at risk of serious harm when walking; or pose, when walking, a risk of serious harm to any other person.**

Describe any health conditions that affect your ability to walk or complete a journey

This information will be used, along with your answers to the rest of the questions, to help us make a decision about this application. The more information you provide, the more we can understand how your condition affects you. Please list any diagnoses that you have, however **eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition** but the information that you give will be used by our assessors to understand all the conditions that affect you. You may wish to add brief information as to how these conditions affect you, however you will be asked further questions about how your health condition affects your ability to walk or complete a journey later in the form. If you require further space for your response, please upload an additional document, clearly labelled with the section you are completing.

Try to use the correct medical terms, if you know them.

Disability/ diagnosis	Has this been formally diagnosed by a doctor/ specialist? Yes/No	How does it affect you (particularly with regard to walking or completing a journey)	How often does it affect you i.e. how many “good days” versus “bad days”, how frequently do you have flare ups and how long does each episode last?

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Disability/ diagnosis	Has this been formally diagnosed by a doctor/ specialist? Yes/No	How does it affect you (particularly with regard to walking or completing a journey)	How often does it affect you i.e. how many “good days” versus “bad days”, how frequently do you have flare ups and how long does each episode last?

How does your health condition make walking or completing a journey difficult for you?

Please tick all those that apply.

I may be a risk to myself or others near vehicles, in traffic or in car parks

I find it difficult or impossible to control my actions and lack awareness of the impact they could have on others

I have intense and overwhelming responses to situations causing temporary loss of behavioural control

I can become extremely anxious or fearful in public/open spaces

Something else

Give a description

Describe how your health conditions mean that your ability to walk or to complete a journey is different to that of someone of the same age without those health conditions. If you are applying for a child or young person, please also describe what developmental achievements have been met if different to someone of a similar age, for example the age at which they learned to walk. If you require further space for your response, please upload an additional document, clearly labelled with the section you are completing.

Please give further details as to how you are a risk to yourself or others near vehicles, in traffic or car parks. The harm may be accidental or self-harm such as biting or hitting. Please list the risks giving further information. If you require further space for your response, please upload an additional document, clearly labelled with the section you are completing.

Risk	To whom (self/others)	Likelihood (how often does it occur)

Please explain how your health condition affects your ability complete a journey in terms of the experiences emotions and behaviours and how often this affects you. This may include experiences, emotions or behaviours such as anxiety, agitation, disorientation, psychosis, fatigue, agoraphobia, impulsiveness, seizures. If you require further space for your response, please upload an additional document, clearly labelled with the section you are completing.

Experience, emotion or behaviour:	Frequency: e.g. Occasionally/once a month/once a week/every day/every journey	What happens/has happened	Are there any specific triggers?

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Government guidance states that local authorities need to be satisfied that such difficulties cannot otherwise be managed through reasonable coping strategies, therefore we need to understand what coping strategies you or your care giver use to help you (the applicant) manage these feelings, emotions or behaviours.

What coping mechanisms have you tried so far?

Please state how effective these coping strategies are and/or how often they help the situation. This may include behavioural coping strategies or medication. If you require further space for your response, please upload an additional document, clearly labelled with the section you are completing.

Coping Strategy	How effective is it?	How often does it help the situation?

Additional information

How would having a Blue Badge improve making a journey between a vehicle and your destination? Remember, when we are referring to “you” this is the applicant, and not your care giver/person accompanying you. Government guidance states that a Blue Badge should not be issued for any purpose other than to assist the **recipient** when undertaking journeys. In what way would a Blue Badge improve journeys for you.

Please provide any additional information that you feel is relevant that has not been covered by the questions above, for example, if you have been offered a treatment or surgery to help your condition but you are unable to have this for some reason. **You may also use this space to describe in your own words what happens when you make a journey.** Try to focus on the part of the journey between the vehicle and destination. What happens? What do you try to do to help make it better?

Please enclose photocopies (not originals) of documentation you wish to submit in support of your application (if you have not already done so), these may include:

- Repeat prescriptions
- Summary medical record
- Diagnosis letters
- Recent regular clinic attendance (e.g. memory clinic, physiotherapy etc.)
- Letters from doctors/specialists confirming how the condition affects your ability to complete a journey (e.g. how far you can walk, frequency of behavioural issues, the impact etc.)
- Social care plan
- Education and Health Care Plan (EHCP)
- Psychological reports.

Please note that eligibility for the Blue Badge scheme is not solely determined by the presence or absence of any particular diagnosis or condition; it is the impact of that condition on the applicant's ability to make a journey from a vehicle to a destination that we need to assess and therefore documents that explain the impact and frequency of behaviours etc. due to the condition are most helpful. Letters that simply state that a professional supports the application are not sufficient to prove eligibility; information that demonstrates what happens is better.

Applicants **MUST** have consent from any third parties (such as Doctors) whose information is used to support the application **BEFORE** it is submitted to the County Council.

Please note that this information will form part of the Blue Badge application and therefore must be as complete and accurate as possible; action can be taken if false information has been provided as part of the application.

Completed by:

Please print your name here:

Date (DD/MM/YYYY):

If you are signing on behalf of the applicant, please state your relationship to the applicant here: