Please could you complete the proforma honestly and based upon your professional involvement with the applicant. Your responses will be reviewed by the local authority in conjunction with information from other sources to inform their decision-making.
If you have any questions about the enclosed pro forma, please contact Sutton Council on 020 8770 4578 or by email: concessionarytravel@sutton.gov.uk ,
Please provide the following information about yourself:-
Full Name inc Title:
Full Job Title:
Work address:
Daytime phone no:
Work email address:
Are you registered to the Health and Care Professions Council (HCPC)? Yes/No
If yes, please provide your HPC Registration:
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 Number:
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?

Blue Badge form for:

Name:

Date of Birth: Address:

Daily/Weekly/Monthly/Several times a year/Annually/Less Frequently/Never				
When was the last time you saw the applicant in your professional capacity?				
Month:	Year:			
What disability/disabilities are you aware that Please state below and include any relevant of submission e.g. letters of diagnosis				
What role, if any, did you play in the diagnosis condition(s)?	s of the applicant's disability/disabilities			
Please explain which, if any, of the applicant's could be described as 'enduring'? An 'enduring' disability is defined as any disal the next 3 years (the life of a Blue Badge) to a longer qualifies for a badge.	bility that is not expected to improve within			
Please explain which, if any, of the applicant's could be described as 'substantial'? A 'substantial' disability is defined as any disa	•			

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? Yes/No/Unsure based on my exposure to applicant
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?					
Refusal to walk, dropping to the floor, becoming a dead-weight?					
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 below					

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.
Note, that in the majority of cases , we would not expect further contact to be necessary. Please circle all that apply:
Telephone - Email - Letter - I don't wish to be contacted further (Please circle all that apply)
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.
Signed: Date: