Purpl Disability or Long-Term Condition Confirmation Form

Purpl supports people living with disabilities and long-term health conditions by helping reduce the extra costs of everyday life. For more information visit https://www.purpldiscounts.com.

This form confirms whether a patient meets the **Equality Act 2010 definition of disability**. **No diagnosis, medical records or clinical details are required.**

IMPORTANT – HOW TO COMPLETE THIS FORM

- **Section 1 must be completed by the Purpl applicant**
- **Section 2 must be completed by a GP or registered health professional**

Once complete, the clinician should email this form directly to: **member.support@thepurplco.com**

SECTION 1: To Be Completed by the Purpl Member

Full Name (Purpl account holder)	
Email Address (used for Purpl account)	

Applying: (mark appropriate box with an X)

☐ **For myself**

☐ **As a parent, carer or legal guardian with permission to liaise with the GP/health professional on behalf of the person named below.**

Patient Full Name	
NHS Number	

Please email this form to your GP/Surgery and request they complete section 2.

SECTION 2: To Be Completed by the GP or Health Professional

Equality Act 2010 Confirmation

Under the Equality Act 2010, a person is considered disabled if they have a disability or long-term condition that **is likely to last 12 months or more and has a substantial impact on their ability to carry out day-to-day activities**

Mark appropriate box with an X

- ☐ **YES – I confirm that the patient named above meets the Equality Act 2010 definition of disability.**
- ☐ **NO – I do not believe the patient meets the Equality Act definition of disability at this time.**

Re-Verification Recommendation - mark appropriate box with an X

- ☐ **Re-verification after 1 year**
- ☐ **Re-verification after 3 years**
- ☐ **Re-verification after 5 years**
- ☐ **No re-verification required**

Health Professional Declaration

I confirm that the information provided above is accurate to the best of my knowledge. No diagnosis or medical detail has been disclosed.

GP Practice / Surgery / Hospital Name	
GP /Health Prof. Name	
Signature	
Date	
Practice / Hospital address	

Submission Instructions (For Health Professionals)

Please return this form directly to Purpl from an NHS/hospital email: **member.support@thepurplco.com**