



DISABLED PERSONS PARKING SCHEME APPLICATION FORM



The only controlled copy of this document is that found on the Shire Network.
Printed copies of this document are current at the time of printing.

The applicant is the person with the disability.

This form is to be completed by the applicant or the applicants agent.

OFFICE USE ONLY	
No.	Date: / /
Expiry Date: / /	

- 1. Surname
- 2. Given / Christian Names.....Telephone number
- 3. AddressDate of Birth

4. Is the label for a:

Driver/Passenger Passenger Only Temporary Permit

Passenger / Driver – please circle.

Driver details

5. Driver Licence Number:..... Expiry Date:

6. What is your disability

7. What appliance do you use as an aid?

8. DECLARATION BY APPLICANT

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law. I will fully comply with the "Conditions of use" for the Permit. If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within 14 days. I further agree that the permit retains the property of the issuing Council and will be returned within seven (7) days of notification of such return be being required. The applicants agent may sign and take full legal responsibility on the Applicants behalf.

Applicants signature (or Applicants Agent) Date:.....



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STATEMENT FOR COMPLETION BY A MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER / CLINICAL PSYCHOLOGIST.

PLEASE NOTE: The information on this form will be used by Council staff to determine the eligibility of your patient for a Disabled Persons' Parking Permit. A permit will not be issued unless all details on the application are completed.

9. What is your patient's disability?

10. Does your patient's disability require him/her to continually use an appliance for support to aid his/her mobility?

11. Does your patient require additional space to access his/her vehicle due to the disability?

12. Does the use of the aid cause your patient the need to use this space?.....

13. What appliance does your patient use as an aid?

YES NO

14. Is the significant disability permanent? If No, please continue. If Yes go to question 16. YES NO

15. If no, is the significant disability likely to last longer than 6 months? YES NO

If likely to last longer than 6 months, nominate a date within 12 months for review of The application

__/__/__

Is the significant disability likely to last less than six months? YES NO

16. Does your patient's disability result in extreme danger to themselves or others in a public place without the continuous attendance of a caregiver? YES NO

17. Does your patients disability affect their capacity to walk distances such that they require rest breaks? YES NO

18. Does the applicant have either an acute or chronic illness, or an intellectual disability, to which minimal walking may endanger his/her health acutely or in the long term? If "yes" please explain? YES NO

.....
.....

19. Is the mobility aid consistent with the applicant's disability?

20. Additional supporting information known to you.

.....



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Information for the Medical Practitioner

Due to an escalation in the number of requests for Disabled Parking Scheme Permits, the Shire of Campaspe is seeking the assistance of all Medical Practitioners to carefully assess the needs of the applicant for either of the two types of permits used. As there are a limited number of parking bays in areas such as the shopping centre of town, it is important that the privilege available to disabled people is not abused.

Types of Permit

Category One (Blue Permit)

Persons in this category genuinely require the use of additional space to use an aid (wheelchair, walking frame or calliper crutches). Disabled bays are made with extra width so that these appliances can be easily manoeuvred between parking bays.

A permit holder (driver/passenger) is entitled to park a vehicle in a bay reserved only for disabled motorists, for the specified time, or may park a vehicle in any normal parking area or bay for twice the time limit display on any parking signs (upon payment of an initial parking fee, if applicable). This permit type will only be issued to persons with a physical impairment.

Category Two (Green Permit)

Category two permit holders are not permitted to park in a disabled persons' parking bay. A permit holder (driver/passenger) may park a vehicle in any normal parking area for twice the time limit display on any parking signs (upon payment of an initial parking fee, if applicable).

This permit is to be issued to people who require extra time to complete their tasks. This will provide the permit holder the opportunity for rest breaks and to generally take their time without over exerting themselves.

Both permit types are available for renewal on a 3 yearly basis, or if the disability is not likely to be a permanent one, a temporary permit will be issued with a review date as specified by the Medical Practitioner in question 15 on page 2 of this form.



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DECLARATION

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

Signature of Medical Practitioner/Specialist/Clinical Psychologist

Signature..... Date:.....

Name of Medical Practitioner/Specialist/Clinical Psychologist

Name:.....Qualifications:

Address.....Telephone:

Any appropriate charge for completion of this application and any necessary examination is to be borne by the applicant.

NOTE: THIS AUTHORITY IS TO BE GIVEN TO THE MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER/CLINICAL PSYCHOLOGIST TO BE FILED WITH THE PATIENT RECORDS.

Authorisation of Medical Practitioner/ Specialist Medical Practitioner/Clinical Psychologist to complete the application form.

.....
Insert name of practitioner

.....
Address

I hereby authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably requested by the Authorised Council Officer.

Applicants signature (or Applicants Agent) Date:.....

Name in block letters.....Date:.....

Please return application:
By post to : **Shire of Campaspe P.O. Box 35, Echuca 3564**

OR

In person to:
Shire of Campaspe
Cnr. Hare & Heygarth Streets
Echuca

OR

Kyabram Service Centre
Lake Road
Kyabram

All enquiries regarding Disabled Persons Parking Scheme **Tel. 1300 666 535**