

Disabled Persons Parking Scheme

Application Form



Printed copies of this document are current at the time of printing.

Purpose:

The purpose of the Disabled Persons Parking Scheme is to provide equality of opportunity, to people with a disability, in the accessing of facilities and services. The scheme is administered in accordance with the VicRoads' guidelines.

To be eligible for a permit, the applicant must meet one of the following eligibility criteria:

- A permanent or temporary (not likely to improve within six months) significant ambulatory disability and cannot access a vehicle in an ordinary parking bay, or require the use of a complex walking aid that prevents access to a vehicle in an ordinary parking bay.
 - A complex walking aid is defined as an aid which has more than one contact point with the ground.
- Have a chronic illness in which minimal walking may endanger their health.
- The individual is an extreme danger to themselves and others in a public space without the assistance of a carer.
- Has a permanent or temporary (not likely to improve within six months) significant ambulatory disability or severe illness which does not affect their ability to walk, however they require rest breaks when continuous walking is undertaken.

Types of permit:

Category One (Blue Permit)

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 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 three 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 on this form.

FOR COMPLETION BY THE APPLICANT OR THE APPLICANT'S AGENT.

The applicant is the person with the disability.

Applicant details

Surname	
First name	
Date of Birth	
Address	Postcode
Phone number	

Is the label for

	Please check the box the most appropriate
Driver / Passenger	<input type="checkbox"/>
Passenger only	<input type="checkbox"/>
Temporary permit	<input type="checkbox"/>

Driver details (if driver applicant)

Drivers licence number	
Expiry date	

Applicant declaration

What is your disability?	
What walking aid or appliance do you use as an aid?	
	<i>I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge is 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 as located on www.vicroads.vic.gov.au. 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 days of notification of such return be being required. The applicant's agent may sign and take full legal responsibility on the applicant's behalf.</i>
Applicant's signature (or applicant's agent)	Date:

Applicant medical authority

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

.....
 Insert name of practitioner and 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.

Applicant's signature (or applicant's agent) **X** Date:

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

Please note: The information on this form is 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 form are complete.

Medical details to be completed by medical practitioner, please complete ALL questions		
1	What is your patient's disability?	
2	Is the significant disability permanent? If NO please continue, if YES go to question 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If no, is the significant disability likely to last longer than 6 months? If likely to last longer than 6 months, nominate a date within 12 months for a review of the application	<input type="checkbox"/> Yes <input type="checkbox"/> No Review: ____ / ____ / ____
4	Does your patient's disability require him / her to continually use an appliance for support to aid his / her mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	What mobility devise does your patient use?	
6	Does your patient require additional space to access their vehicle, either due to their aide or other? (if other please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify other _____
7	Does the nature of your patient disability / illness mean minimal walking may endanger their health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	May your patient's disability / illness result in extreme danger to themselves or others in a public place without the continuous attendance of a caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Does your patient's disability / illness affect their capacity to walk distances such that they require rest breaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional supporting information known to you:

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OVER PAGE FOR DECLARATION FOR COMPLETION BY A MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER / CLINICAL PSYCHOLOGIST.

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

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 **X** 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.

Lodgement details

Please return completed form to:

Mail

Campaspe Shire Council
PO Box 35
ECHUCA VIC 3564

Email

shire@campaspe.vic.gov.au

Web

www.campaspe.vic.gov.au

Phone

5481 2200 / 1300 666 535

Fax

5481 2290