DISABLED PERSON'S PARKING SCHEME
APPLICATION FORM

Parking and Local Laws Services
PO Box 21
ALTONA VIC 3018

The Applicant is the person with the disability.

To be completed by the Applicant or the Applicant's Agent.

Use BLOCK letters only.

Office use only	
Category one no.	
Category two no.	
Issue date	
Expiry date	

1. Surname **Given name**

2. Address **Suburb and Postal Code**

3. Telephone numbers **Date of birth**

Daytime: After Hours:

4. Is the Disabled Permit for a:

Driver/Passenger: ❒ Passenger Only: ❒ Temporary Permit: ❒

5. What is your disability?

6. What appliance do you use as an aid?

7. Declaration by Applicant

I make this declaration that 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 fourteen (14) days. I further agree that the permit remains the property of the issuing Council and will be returned within seven (7) days of notification of such return being required. The Applicant's agent may sign and take full legal responsibility on the Applicant's behalf.

Applicant's signature (or Applicant's 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.

8. What is your patient's disability?

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

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

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

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

	YES	NO
13. Is the significant disability permanent? **If NO go to question 14. If YES go to question 15.**	☐	☐
14. Is the significant disability likely to last less than six months?	☐	☐
15. Does your patient's disability result in extreme danger to themselves or others in a public place without continuous attendance of a caregiver?	☐	☐
16. Does your patient's disability affect their capacity to walk distances such that they require rest breaks?	☐	☐
17. Does the applicant have either an acute chronic illness in which minimal walking may endanger his/her health acutely or in the long term?	☐	☐

If "Yes" please explain?

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

19. Additional supporting information known to you.

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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 **Date**

Name of Medical Practitioner/Specialist/Clinical Psychologist **Qualifications**

Address **Telephone umber**

AUTHORISATION FOR MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER/CLINICAL PSYCHOLOGIST TO COMPLETE THE APPLICATION FORM.

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

I,_____(Applicant's Name) hereby authorise you to complete my application for a Disabled Persons' Parking Permit and to forward it to Hobsons Bay City Council.

I further 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.

Statement for completion by a Medical Practitioner/Specialist Medical Practitioner/Clinical Psychiatrist

Due to an escalation in the number of requests for Disabled Parking Permits, Hobsons Bay City Council 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 disabled bays in areas such as shopping centres, it is important that the privilege available to disabled people is not abused.

CATEGORY ONE - White permit with Blue Printing

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 displayed on any parking signs (upon payment of an initial parking fee, if applicable). This permit type will only be issued to persons with physical impairment.

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CATEGORY TWO - White permit with Green Printing

Persons in this category are not permitted to park in disabled persons' parking bays. A permit holder (driver/passenger) may park a vehicle in any normal parking area for twice the time limit displayed on any parking signs (upon payment of any 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.

Some patients may have a permanent lifelong disability, whereas other patients may have a temporary ailment lasting only a couple of months or a few years. In view of Council's requirements and the differences between the two categories, could you please tick the appropriate category below.

Category ONE Permit (wide space permit)

☐ I recommend that my patient receive a "lifelong/permanent" permit (reviewed every three years).

☐ I recommend that my patient receive a "temporary" permit for six months.

Category TWO Permit (double time limit permit)

☐ I recommend that my patient receive a "lifelong/permanent" permit (reviewed every three years).

☐ I recommend that my patient receive a "temporary" permit for six months.

Privacy notification

The personal information requested on this form is being collected by Council for a Disabled Parking Permit. The personal information will be used solely by Council for that primary purpose or directly related purposes. The applicant understands that the personal information provided is for the Disabled Parking Permit and that they may apply to Council for access and/ or amendment of the information.

Signature of Medical Practitioner / Specialist / Clinical Psychiatrist

Date

Name and address of Medical Practitioner/Specialist/Clinical Psychiatrist

Registration Number

Telephone Number

HOBSONS BAY LANGUAGE LINE

9932 1212

INTERPRETER SERVICE FOR ALL LANGUAGES

AND RECORDED COUNCIL INFORMATION IN:

English العربية Ελληνικά

Italiano ကညီကျိ Tiếng Việt

粵語 Македонски 普通话

Your Council in your language

Hobsons Bay City Council

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