

# Application Form

## PARKING PERMIT FOR PEOPLE WITH DISABILITIES



### **SECTION 1: APPLICANT DETAILS**

- To be completed by the applicant or agent on behalf of the applicant.
- The completion of this form does not guarantee that a permit will be issued. Disabled Parking Permits are only issued to people with a medical condition that severely affects mobility.
- Please use BLOCK LETTERS.
- The permit must only be displayed when the vehicle is being used to transport the individual to whom the permit was issued. It cannot be used if the permit holder is not travelling in the vehicle.
- Processing of this application will be in accordance with MAV/VicRoads guidelines for disabled parking [www.vicroads.vic.gov.au](http://www.vicroads.vic.gov.au)

<b>Applicant Details</b> (the applicant is the person with the disability)			
Surname	First Name	Middle Name	Date of Birth
			DD / MM / YYYY
<b>Residential Address</b> (this address must be within the Mornington Peninsula Shire)			
Street			
Suburb		Post Code	
<b>Postal Address</b> - if different (If not within the Mornington Peninsula Shire please explain why in the notes)			
Street			
Suburb		Post Code	
Notes			
Home Phone	Work Phone	Mobile Phone	
Email Address			

<b>Licence Details</b>	
Does Applicant hold a current driving licence?	
<b>Only complete the below details if the applicant holds a current driver's licence.</b>	
Licence Number	Expiry Date

<b>Permit Details</b>							
Your Disability							
Type of Aid Used - please select the most appropriate appliance from the list below							
Wheelchair	Walking Stick	2 x Crutches	Artificial Leg	Portable Oxygen			
Scooter	Walking Frame	Leg Braces	Leg Calipers	Back Brace			

### **\*PLEASE SIGN DECLARATION OVER PAGE**

The application will not be processed unless all details are completed by both the applicant and the medical practitioner.

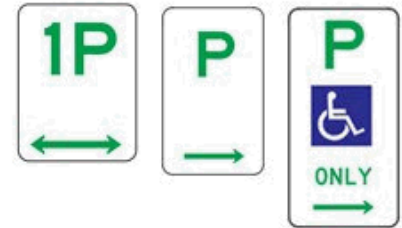
Applications can take up to 10 working days to be processed. No Permits will be issued on the spot.



# INFORMATION for DISABILITY PARKING PERMIT

## PARKING PERMIT HOLDERS

A disability parking permit does not entitle the permit holder to free parking. Parking can differ from one local council to another and permit holders should always check the permissive parking sign. A disability parking permit allows permit holders to park wherever there is a green or blue permissive parking sign. Parking is not permitted in restricted locations such as Clearways, No Stopping and No Parking Areas, Taxi Only Areas or Bus Zones.



## TYPES OF DISABILITY PARKING PERMITS

**\* A complex walking aid is defined as an aid which has more than one contact point with the ground**

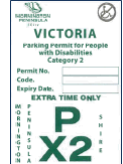
### Category 1 Blue Permit: to be eligible

- A Medical Practitioner must confirm that an individual has a significant ambulatory disability and they cannot access a vehicle in a standard parking bay, or they are required to use a complex walking aid that prevents access to a vehicle in standard parking bay, or
- A Medical Practitioner must confirm that an individual has either an acute or chronic illness in which minimal walking may endanger their health, or
- A Specialist Medical Practitioner or Clinical Psychologist must confirm that an individual is an extreme danger to themselves and others in a public place without assistance by a carer.



### Category 2 Green Permit: to be eligible

- A Medical Practitioner must confirm that an individual has a significant ambulatory disability or severe illness which does not affect their ability to walk, however they require rest breaks when continuous walking is undertaken



### Category Codes

- Code A – for a driver or passenger who has a significant intellectual or ambulatory disability
- Code B – for a passenger who has a significant intellectual or ambulatory disability
- Code C – for organisations transporting individuals with a disability
- Code D – for a temporary permit

### Temporary Permit: to be eligible

- To obtain a temporary Disabled Persons Parking Permit a medical practitioner will be required to certify that you have a significant long-term ambulatory disability which is not permanent and is not likely to improve within 12 months
- Interstate and overseas permits will be recognised throughout Australia, subject to local regulations being followed.

## Applicant Declaration

I make this declaration in the firm belief that all the information provided on this form is to 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 a 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 Mornington Peninsula Shire 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/Agent Name

Date DD / MM / YYYY

Applicant/Agent Signature

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## PARKING PERMIT FOR PEOPLE WITH DISABILITIES



### **SECTION 2: PRACTITIONERS STATEMENT & ASSESMENT**

To be completed by a Medical Practitioner/Specialist or Clinical Psychologist - not the applicant.

As your patients practitioner you are in the best position to determine the needs of your patient and thus the information supplied on this statement will be used by Council staff to determine the eligibility of your patient receiving a Disabled Parking Permit.

Completion of this statement does not guarantee a permit will be issued.

Patients Full Name <b>Surname</b> _____ <b>First Name</b> _____ <b>Middle Name</b> _____										
What is your patient's disability? (Please use block letters) _____										
Is your patient's disability permanent?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If no please indicate the number of months anticipated the permit will be required.							3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>
Does your patient have a significant ambulatory disability or severe illness where as they cannot access a vehicle in a standard parking bay, or they are required to use a *complex walking aid that prevents access to a vehicle in a standard parking bay?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Does the disability require the patient to continuously use an aid to support their mobility?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Please indicate the mobility aid that is being used by your patient.										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Wheelchair</b>	<b>Walking Stick</b>	<b>2 x Crutches</b>	<b>Artificial Leg</b>	<b>Portable</b>	<b>Back Brace</b>	<b>Calipers</b>	<b>Braces</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Scooter</b>	<b>Walking Frame</b>	<b>Braces</b>	<b>Calipers</b>	<b>Back Brace</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Does your patient have a significant intellectual disability that may result in extreme danger to themselves or others in a public place?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Does your patient have either an acute or chronic illness in which minimal walking may endanger their health acutely or in the long term. <b><u>If YES please Note why</u></b>							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Does your patient have a significant ambulatory disability or severe illness which does not affect their ability to walk distances but they will require rest breaks?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		

# Application Form

## PARKING PERMIT FOR PEOPLE WITH DISABILITIES



Council would like to highlight how imperative it is that designated Disabled Parking Bays and Permits are available to the intended cohort. Only your assessment and recommendation can achieve this accurately and consistently.

### Declaration by Medical Practitioner / Specialist Medical Practitioner / Clinical Psychologist

I make this declaration in the firm belief that all the information 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.

Practitioner's Name (please use block letters): \_\_\_\_\_

Signature of Medical Practitioner/Specialist/Clinical Psychologist: \_\_\_\_\_

Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Return Completed Application to:



#### **In Person**

**Rosebud Office:** 90 Besgrove Street, Rosebud  
**Mornington Office:** 2 Queen Street, Mornington  
**Hastings Office:** 21 Marine Parade, Hastings  
**Somerville Office:** 14 Edward Street Somerville



#### **Mail**

Private Bag 1000  
ROSEBUD VIC 3939



#### **Email**

[DPPA@mornpen.vic.gov.au](mailto:DPPA@mornpen.vic.gov.au)

#### **Fax**

03 5986 6696