



DISABLED PARKING SCHEME APPLICATION FORM

Applicant Details

The applicant is the person with the disability. To be completed by the applicant or the applicant's agent & relevant Medical Practitioner.

New Renewal

Mr Mrs Ms Other

Surname: _____ Given Names _____

Address: _____ Town: _____

Phone: _____ Postcode: _____

Date of Birth: _____

Is the label for a: Driver Passenger Temporary Permit

What is your disability? _____

What appliances do you use as an aid? _____

TO BE COMPLETED BY THE DRIVER ONLY

Drivers Licence Number: _____ Expiry Date: _____

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 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 Applicants agent may sign and take full legal responsibility on the Applicants behalf.

Applicant or Applicants Agent Signature: _____ Date: _____

Statement for completion by a Medical Practitioner/Specialist

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.

1. What is the patient's disability? _____
2. Does your patient's disability require him/her to continually use an appliance for support to aid his/her mobility? Yes No
3. Does your patient require additional space to access his/her vehicle due to the disability? Yes No
4. Does the use of the aid cause your patient the need to use this space? Yes No
5. What appliance does your patient use as an aid? _____
6. Is the disability permanent? Yes No
If NO go to question 7. If YES go to question 8.
7. Is the significant disability likely to last less than six months? Yes No
8. 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
9. Does your patient's disability affect their capacity to walk distances such that they require rest breaks? Yes No
10. Does the disability affect their capacity to walk to such an extent that it may become severely injurious to their health? (as opposed to inconvenient) Yes No
11. Is the mobility aid consistent with the applicant's disability? Yes No
12. Additional supporting information known by you: _____

Please tick

Category 1 Permit

Category 2 Permit

As per VicRoads definition www.vicroads.vic.gov.au/safety-and-road-rules/road-rules/parking-and-clearways/disability-parking

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.

Signature Medical Practitioner/Specialist: _____ Date: _____

Name of Medical Practitioner/Specialist: _____ Date: _____

Address: _____ Town: _____ Post Code: _____

Qualifications: _____

Victorian Disabled Persons Parking Scheme

A state-wide Disabled Persons' Parking Scheme currently operates in Victoria. The current scheme provides for two permit categories with varying parking concessions based on the applicant's need for assistance. 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. Permits must be clearly displayed so the permit number and expiry date are visible from the exterior of the vehicle.

Parking is not permitted in restricted locations such as Clearways, No Stopping, No Parking Areas, Taxi Only Areas, Bus Zones, and Authorised Resident Areas. An individual is entitled to hold only one disability parking permit.

Permanent Disability Parking Permits

Category One

To be eligible for a category one permit:

- a Medical Practitioner must confirm that an individual has a significant ambulatory disability and they cannot access a vehicle in an ordinary parking bay, or they are required to use a complex walking aid* that prevents access to a vehicle in an ordinary 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.



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

Category Two

To be eligible for a category two permit:

- 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.



Temporary disability parking permits

Temporary permits will be issued to an individual whose ability to walk is significantly restricted on a temporary basis and is not likely to improve within six months.