

APPLICATION FOR ENTRY TO THE DISABLED PERSONS PARKING SCHEME

Postal Address: City of Whittlesea, Locked Bag 1, Bundoora MDC 3083

A

PART A - to be completed by the Applicant, or the Applicants Agent.

PART B - to be completed by the Medical Practitioner
Specialist Medical Practitioner / Clinical Psychologist

PART C - Read '*Conditions of Use*', before completing this form.

Office Use Only	Issue date:
No:/.....
Expiry Date: -/.....	

DETAILS OF THE APPLICANT

Note: The Applicant in this matter is the person with the disability and must reside within the City of Whittlesea.

A. Family name of applicant (BLOCK LETTERS) **First Name (BLOCK LETTERS)**

B.

Date of Birth	Male / Female	Contact Number

C. Residential address of applicant (ID must be presented-see back page) **Postcode**

Applicant must be a resident of the City of Whittlesea

D. Does the applicant drive a vehicle? YES NO

Driver's Licence Number **Expiry Date**

E. Please describe the applicant's disability?

Please describe

F. Please describe any mobility or support appliance used by the applicant.

Please describe

It is the obligation and responsibility of the Permit-holder/agent to understand the Road Safety Act and Regulations and conditions of the use of the disabled persons parking permit.

G. Declaration by Applicant (or by Agent on behalf of the applicant.)

I make this declaration in the belief that all the information provided on this form is, to the best of my knowledge, true and correct. I am aware that false declarations can result in the cancellation of the permit and may be punishable by law. I will fully comply with the "**Conditions of Use**" for the permit. **I give Whittlesea City Council permission to contact my GP to clarify any permit issues.**

If my circumstances change in any way which is likely to affect my eligibility for the permit, I will notify the City Of Whittlesea within fourteen (14) days. I further agree that the permit remains the property of the City of Whittlesea and I will return it within seven (7) days of its expiry or if notification of such return is given or posted to me or my Agent. **The applicant's agent may sign and take full responsibility on the applicant's behalf.**

Applicant or Agent's Signature _____ **Date** ____ / ____ / ____

Please print the Agents full name

Agents daytime Contact number



PART B
Statement by a Medical Practitioner /
Specialist Medical Practitioner / Clinical Psychologist

B

Family Name of applicant (BLOCK LETTERS)

First Name (BLOCK LETTERS)

Date of Birth

Male / Female

What is your patient's disability? (BLOCK LETTERS)

Please describe fully.

ALL QUESTIONS MUST BE COMPLETED WITH EITHER A "YES OR NO"

1. Does your patient have an acute or chronic medical condition in which minimal walking may endanger their health? **Yes** **No**
2. Does your patient have a significant intellectual disability that makes him/her an extreme danger to him/herself and others in a public place without the continuous attendance of a caregiver? **Yes** **No**
3. Does your patient have a significant ambulatory disability and they cannot access a vehicle in an ordinary parking bay **Yes** **No**
4. Does your patient have a significant ambulatory disability that requires the continual use of a 'complex walking aid' for mobility and/or support while moving to and from the motor vehicle? **Yes** **No**
**Complex walking aid means, a device with more than one point of contact with the ground.*
5. *List any mobility/support aid/s, including complex walking aid, used by your patient.*
6. Does your patient have a significant ambulatory disability that affects his/her capacity to walk a distance that he/she would require rest breaks while walking? **Yes** **No**
7. Does your patients have a severe illness which does not affect their ability to walk a distance , however they require rest breaks while walking **Yes** **No**
8. How long do you anticipate your patient's disability to continue?

3 months	6 months	12 months	3 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to supply any additional information that may assist in the assessment space is provided over the page.

I, _____, **(Provider Number must be provided)**
(Medical Practitioner, Please print your name)
state the information within this document is true and correct to the best of my knowledge.
I make this statement in the full understanding that the wilful inclusion of false, or, deliberately misleading information, within this document may be an offence punishable by law.

Signature of Medical Practitioner / Specialist / Clinical Psychologist
Address of Medical Practitioner/Specialist /Clinical Psychologist

Date
Telephone _____

Practitioners Business stamp must be provided

Disabled persons parking permit - conditions of use

- The driver of a vehicle using the permit, must either be the permit holder or must be parking the vehicle for the convenience of the permit holder who needs to enter or leave the vehicle at that reserved place.
- It is the obligation of the vehicle driver to ensure the permit is both valid and clearly displayed, for the whole of the time while the vehicle is parked within a disabled persons parking bay, or used within an ordinary parking bay to extend the time available for parking.
- A permit is not valid after its expiry date or if any of the details on the permit become unreadable.
- It is the obligation of the driver of the vehicle to ensure a valid permit is used; any parking infringement issued where a valid permit was not displayed on the vehicle or where the permit displayed has expired or where the permit displayed has become unreadable from outside the vehicle is unlikely to be withdrawn.
- The permit remains the property of the City of Whittlesea, and must be returned within seven (7) days if requested.
- The parking entitlements applicable to the permit apply throughout Australia.
- The permit must be clearly displayed on the left side lower corner of the front windscreen with all the permits details able to be clearly and fully read from outside of the vehicle.
- When requested by an authorised officer, or Police Officer, a driver using the permit must state his/her name and address; and
 - * produce his/her driver's licence
 - * produce the relevant valid disabled person's permit
 - * show proof that he/she, or a passenger in the vehicle, is the actual permit holder; and
 - * move the vehicle from the reserved place, if the officer deems that the permit is invalid or that there is insufficient proof that the driver or passenger in the vehicle is the actual permit holder.
- It is unlawful for a person to be the holder of more than one permit at a time.
- A charity or service organisation may hold more than one permit. Permits issued to organisations may be restricted to a trip, location or specific purpose

CATEGORY ONE:

A vehicle carrying a Category 1 Permit-holder (either driver or passenger) and displaying the Category 1 permit may be parked in a bay reserved for the use of disabled motorists, for the specified time only, or may park in any normal parking area or bay for twice the time limit shown on any parking signs (upon payment of an initial parking fee, if applicable).

****This permit has a white background and blue print with a blue 'wheelchair' logo displayed.***



CATEGORY TWO:

A vehicle carrying a Category 2 Permit-holder (either driver or passenger) and displaying the Category 2 permit may be parked in any normal parking area or bay for twice the time limit shown on any parking signs (upon payment of any initial parking fee, if applicable). The vehicle must not park in a Disabled Parking bay.

****This permit has a white background and large green printing.***



- The applicant must reside within the City of Whittlesea and proof of residency is required e.g. pension card, drivers licence, health care card, rates notice, letter from a real estate stating that the applicant lives at the address or a Statutory Declaration stating the applicant lives at the particular address.
- If the permit is lost or stolen you will need to show Council adequate proof e.g. a copy of a Police Report and/or complete a Statutory Declaration. An administration fee of \$43.00 will be charged to replace a lost or stolen permit.
- If you do not understand any information in this documentation or on the form please contact the Interpreter Service on 9679 9880 or Customer Service at the City of Whittlesea on 9217 2170.

Multilingual Telephone Service

(This is a free service)



9679 9871 خدمة الهاتف

Телефонска служба 9679 9875

电话服务 (广东人) 9679 9876

电话服务 (普通话) 9679 9857

Telefonska služba 9679 9872

Telefon servisi 9679 9877

Τηλεφωνική Υπηρεσία 9679 9873

Dịch vụ Thông dịch 9679 9878

Servizio telefonico 9679 9874

Telephone services in other languages 9679 9879

Council is collecting the information on this form for the purpose of providing the service or permit. The information will be used for administration of this service or permit, but will not be disclosed to any other party except required by law. If you fail to provide this information, the service or permit will not be processed. You may access this information by contacting Council on 9217 2170. Council address 25 Ferres Blvd, South Morang.