



Disabled Persons Parking Scheme – Application

LIC NO:

\$5.00 Fee

The Applicant is the person with the disability.

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

Use BLOCK Letters only.

<p>1. Surname/Given/Christian Names</p> <p>M / F Please Circle</p>	<p>Address:</p>
---	-----------------

2. Date of Birth 3. Telephone Number

4. Is the Label for a: (Please tick) Driver/Passenger Temporary Permit
 Passenger Only

5. Drivers Details (Question 5 should be complete by Drive/Passenger only)
 Drivers License No Expiry Date

6. What is your disability ?

7. What appliance do you use as an aid ?

8. 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 be 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

Office Use Only Issue Date: Expiry Date: CSO:

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 Person's Parking Permit. A permit will not be issued unless all details on the application are completed.

- 9. What is your patient's disability?
- 10. Does your patient's disability require him/her to continually use an appliance for support to aid his/her mobility?
- 11. Does your patient require additional space to access his/her vehicle due to the disability ?
- 12. Does the use of the aid cause your patient the need to use this space?
- 13. What appliance does your patient use as an aid?
- 14. Is the significant disability permanent ? Yes No
If NO go to question 15. If yes for to questions 16
- 15. Is the significant disability likely to last less than six months? Yes No
- 16. 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
- 17. Does your patient's disability affect their capacity to walk distances such that they require rest breaks? Yes No
- 18. Does the applicant have either an acute or chronic illness in which minimal walking may endanger his/her health acutely or in the long term? Yes No
- 19. Is the mobility aid consistent with the applicant's disability ?
- 20. Additional Supporting Information known to you.

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
<input type="text"/>	<input type="text"/>
Name of Medical Practitioner/Specialist/Clinical Psychologist	Qualifications
<input type="text"/>	<input type="text"/>
Address	Telephone Number
<input type="text"/>	<input type="text"/>

An appropriate charge for completion of this application and any necessary examination is to be borne by the applicant.

DISABLED PERSON'S PARKING SCHEME – VICTORIA

Categories of Permits

Category One – (White permit with blue printing).

A permit holder (driver/passenger) is entitled to park a vehicle in a bay reserved for disabled motorists only, for the specified time only or may park a vehicle in any ordinary area or bay (i.e. parking meter) for **twice** the specified time (upon payment of an initial parking fee, if applicable).

Category Two – (White permit with green printing).

A permit holder (driver/passenger) may park a vehicle in any ordinary area or bay (i.e. parking meter) for **twice** the specified time (upon payment of an initial parking fee, if applicable).

Category two permit holders are not permitted to park in disabled persons' parking bays.

Conditions of use of a Disabled Person's Parking Permit

- A permit is not valid beyond its expiry date or if the expiry date or the permit number are not legible;
- The parking entitlements applicable to the permit apply anywhere in Victoria. Reciprocal arrangements between States which have been agreed to by the Australian Transport Advisory Council also apply;
- The permit must be clearly displayed at the left side of the front windscreen, with the expiry date and permit number visible from the outside of the vehicle;
- When requested by an authorised officer, a driver using the permit must:
 - state his/her name and address;
 - 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 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 a passenger in the vehicle is the permit holder.
- A driver 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.
- The permit remains the property of the City of Ballarat, and must be returned within seven (7) days of notification of such return being required.
- A person may only hold one permit.
- An organisation may hold more than one permit but must justify in writing to the Council the number of permits required or any increase in the number of permits required. An organisation may also hold a trip specific permit.