

Accessible Parking Permit Application Form - New & Renew

Ref number:

How to apply for a permit

Renewing an existing permit or making an application for an Accessible Parking Permit can be made online at www.accessibleparking.vic.gov.au or by completing this form. Start by selecting what you wish to do in Section 1 and then complete the relevant sections. Applications for new permits and renewal of existing permits require an assessment to be completed by a general practitioner (GP) or occupational therapist (OT) (section 7).

If you are seeking a permit on the basis of a cognitive, behavioural or neurological impairment you must be assessed by your GP (not an occupational therapist), who may refer you to a specialist practitioner.

Once this application form is complete, mail, email or deliver it in person to your local council who will complete your application. Allow 10 to 15 days to receive the outcome of your application via mail. If successful it will include a permit.

This application form is for applicants who are individuals only. Renewing or making an application for an Accessible Parking Permit for an organisation, can be made online at www.accessibleparking.vic.gov.au.

To find out more about the Accessible Parking Permit Scheme visit www.vicroads.vic.gov.au/app.

1. I want to (select one)

Apply for an Accessible Parking Permit	<input type="checkbox"/>	Complete sections 2 and 4 and have your GP or OT complete section 7
Renew an existing Accessible Parking or Disabled Parking Permit	<input type="checkbox"/>	Complete sections 2, 3 and 4 and have your GP or OT complete section 7

Data entry sequence key: council administration only	
New application	2,4,7
Renewal	3,2,4,7

2. Personal Details

2.1 Applicant details – this section must be completed by the applicant or their nominated representative. *The applicant is the person with impaired mobility.*

First name

Middle name(s) (optional)

Family name

Date of birth

Gender M (Male) F (Female) X (Indeterminate / Intersex / Unspecified)



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Contact details

Updates relating to your application will be sent to the mobile number you provide.

Email address (optional)

Mobile number

(mobile numbers are used for SMS communication regarding your application)

Landline

Residential address

This must be your current home address, not a PO Box. It must be located in Victoria.

Street address

Suburb

Postcode

Driver or passenger

Driver

Passenger

Driver & Passenger

Driver licence number



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2.2 Nominated representative details –

*The nominated representative is the person who is assisting the applicant complete this form.
(to be completed by nominated representative)*

First name

Family name

Relationship to the applicant Carer Family Friend Other

Email address (optional)

Mobile number

2.3 Outcome delivery preference

How do you want to receive the outcome of this application?

I (or my nominated representative) will pick up from local council

Send to applicant address

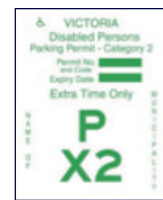
3. Current Permit Details – (renewal only) – Only complete this section if renewing an existing permit

Important - If you are renewing a Blue (Category 1) or Green (Category 2) permit please note that since you applied for your permit the disability parking permit scheme has changed. As the eligibility criteria and application process has been refined your eligibility may have changed and when you renew you could receive a different permit type or no longer be eligible for a permit. To find out more about the Accessible Parking Permit Scheme visit www.vicroads.vic.gov.au/app.

Permit number

Permit type

ADP (Victoria) Double Time Category 1 (old) Category 2 (old)



Permit expiry date

Issuing council



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4. Applicant/Nominated Representative Declaration

I declare that I am the applicant and that the details provided in this application are true and complete. I consent to council and Department of Transport collecting personal and medical information provided in and with this application for the purpose of applying for an Accessible Parking Permit. I understand that the personal and medical information provided in and with this application will be used by council in determining my eligibility for an Accessible Parking Permit. I understand that any Accessible Parking Permit issued as a result of this application, will only be used as set out in the Conditions of Use set out in section 5 of this form. I have read and understood the Privacy Statement. There may be a circumstance where my medical practitioner/occupational therapist submits this form on my behalf for which I give consent.

Nominated representative

I declare that I have legal authority to act on the applicant's behalf. I can produce evidence of this if required. I declare that the details provided in this application are true and complete. On behalf of the applicant I consent to the council and Department of Transport collecting the applicant's personal and medical information provided in and with this application, for the purpose of applying for an Accessible Parking Permit. I understand that the applicant's personal and medical information provided in and with this application will be used by council in determining the applicant's eligibility for an Accessible Parking Permit. I declare that the applicant is aware that any Accessible Parking Permit issued as a result of this application, will only be used as set out in the Conditions of Use set out in section 5 of this form. I declare that in instances where cognitive impairment impairs ability to comply with or understanding of the Conditions of Use the person likely to drive the applicant will be aware of the Conditions of use. I have read and understood the Privacy Statement (section 6). As nominated representative, I consent to the applicant's medical practitioner/occupational therapist submitting this Accessible Parking Permit application on their behalf. I consent to my own 'personal information' being collected as the nominated representative of the applicant for an Accessible Parking Permit.

Name

Signature

Date

I am the applicant

I am the applicant's nominated representative



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5. Conditions of Use

The following Accessible Parking Permits are issued subject to the general conditions and permit-specific conditions outlined below:

- Australian Disability Parking Permit (for individuals)
- Victorian Double Time Accessible Parking Permit (for individuals)

General conditions

These general conditions apply to all Accessible Parking Permits:

- The permit may be attached to the vehicle by any method that does not obscure any of the permit details or the vision of the driver when the vehicle is in motion.
- The permit is valid until the end of the date of expiry, unless it is cancelled.
- The permit must not be transferred, reproduced, copied, defaced, altered or destroyed.
- The details on the permit (e.g. permit number, expiry date, People with Disabilities Symbol) must be legible and unaltered.
- The permit may be confiscated by an authorised officer and/or cancelled by council for misuse or breach of any of the Conditions of Use.

Permit-specific conditions

Permit-specific conditions apply to Accessible Parking Permits as follows:

ADP permit (for individuals)

- A person is only entitled to one permit.
- The permit must only be displayed when the permit holder is using (parking) the vehicle.
- The permit must be clearly displayed so the expiry date and permit number are visible from the exterior of the vehicle.
- The permit entitles the permit holder to park in a parking bay marked with the People with Disabilities Symbol.
- The permit entitles the permit holder to park for up to twice the maximum allowable time on a length of road, or in an area, to which a permissive parking sign applies.
- When displaying the permit and parked on a length of road, or area, where a fee applies, the fee must be paid according to the duration of the intended stay, up to the maximum amount payable.
- The permit can be used in another State or Territory, in accordance with the relevant local parking rules.

Double Time permit (for individuals)

- A person is only entitled to one permit.
- The permit must only be displayed when the permit holder is using (parking) the vehicle.
- The permit must be clearly displayed so the expiry date and permit number are visible from the exterior of the vehicle.
- The permit only entitles the permit holder to park for up to twice the maximum allowable time on a length of road, or in an area, to which a permissive parking sign applies.
- When displaying the permit and parked on a length of road, or area, where a fee applies, the fee must be paid according to the duration of the intended stay, up to the maximum amount payable.
- The permit can only be used in the State of Victoria.
- The permit does not entitle the permit holder to park in a parking bay marked with the People with Disabilities Symbol.

6. Privacy Statement

The Department of Transport may use or disclose personal or medical information it collects from you on behalf of your council, but only as permitted by law, including the Road Safety Act 1986, the Privacy and Data Protection Act 2014, and the Health Records Act 2001.

This may include disclosing the information to the Department's or the council's employees or contractors, other councils, medical experts, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to use the personal or health information.

The most likely use of your information will be to assess your application for an accessible parking permit, or in the context of a parking infringement or the administration of the Accessible Parking Permit Scheme.

Failure to provide the information could result in your application not being processed, or records not being properly maintained.



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7. Functional Assessment

This section must be completed by a general practitioner or occupational therapist.

Occupational therapist please note: If your client is seeking a permit on the basis of a cognitive, behavioural or neurological impairment please do not complete this assessment. Your professional qualifications do not allow you to make this determination and you should refer them to their GP.

7.1 Practitioner details

The practitioner is the general practitioner or occupational therapist who is assessing the applicant.

Practitioner first name	<input type="text"/>
Practitioner family name	<input type="text"/>
AHPRA registration number	<input type="text"/>
Practice name	<input type="text"/>
Practice street address	<input type="text"/>
Practice phone number	<input type="text"/>
Practice email address (optional)	<input type="text"/>

7.2 Assessment questions

How have you verified the patient's identity? They are a regular patient I have viewed appropriate photo identification

Does the patient drive a vehicle or are they a passenger only? Driver and passenger Passenger only

Does the person have a significant mobility impairment such that they are required to use a mobility aid or device and that a parking bay (not designed for people with disabilities) is insufficient in size to allow them access to and from their vehicle? Yes No

Mobility aid means an aid which has more than one contact point with the ground, such as crutches (used in both upper limbs), a walking frame, a walking stick with three feet, motorised mobility device (e.g. motorised scooter or wheelchair) and manual wheelchair.



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If yes, which mobility aid does the patient use?

Callipers

Crutches

Scooter

Walking frame

Wheelchair

Other (please specify)

Does the patient's significant cognitive, behavioural or neurological impairment mean they are unable to independently mobilise safely without the continuous support of a person (or carer)?

Yes

No

I am an OT and have not assessed my client's cognitive impairment

An occupational therapist cannot assess yes for a client.

Select the option that best describes the patient's ability to walk

Walking endangers the patient's health

the person has either an acute or chronic medical condition associated with a mobility impairment such that minimal walking (up to 100 metres) causes them to stop several times due to any severe pain, extreme fatigue or balance disturbance, which may endanger their health acutely or in the long term.

Walking is slow and the patient may require frequent rest breaks

the person has a significant mobility impairment or severe illness that does not affect their ability to walk more than 100 metres but they do need to take regular rest breaks when continuous walking is undertaken.

The patient has no difficulty walking

the mobility impairment or severe illness has little impact on their ability to walk

Approximately how long will the patient's mobility impairment last?

Less than 6 months

6 months

12 months

2 years

5 years or more



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7.3 Permanent Medical Condition or Disability Classification

A permanent medical condition or permanent disability impacting on mobility means a medical condition or disability which you have assessed as meeting one of the following eligibility criteria and which is considered to have a permanent and irreversible impact on mobility.

- You have functionally assessed the person as having a significant mobility impairment such that they are required to use a mobility aid or device and that a parking bay (not designed for people with disabilities) is insufficient in size to allow them access to and from their vehicle; or
- You have functionally assessed the person as having either an acute or chronic medical condition associated with a mobility impairment such that minimal walking (up to 100 metres) causes them to stop several times due to any of the following - severe pain, extreme fatigue or balance disturbance - which may endanger their health acutely or in the long term; or
- You have assessed that, due to a significant cognitive, behavioural or neurological impairment, the person is unable to independently mobilise safely without the continuous support of a person (or carer).

If a person is assessed as having a medical condition or disability that will permanently and irreversibly impact on their mobility, they will be able to renew their Accessible Parking Permit without undergoing an assessment by their GP or OT.

Based on the above definition does your patient or client have a permanent medical condition or disability?

Yes

No

7.4 Practitioner Declaration

I make this declaration in the firm belief that all information on this form for the applicant is, to the best of my knowledge, true and correct. I am aware that false declaration may be punishable by law.

I consent to council collecting personal and medical information provided in and with this application for the purpose of applying for an Accessible Parking Permit. I understand that the personal and medical information provided in and with this application will be used by council in determining my patient's or client's eligibility for an Accessible Parking Permit. I have read and understood the Privacy Statement in section 6 of this form.

Name

Signature

Date