

Application Form – New & Renew

	Ref number:
How to apply fo	or a permit
This application f	orm is for individuals who are unable to fill in the online form.
_	ng an application for an Accessible Parking Permit for an organisation can be made leparking.vic.gov.au.
	ion form. Once completed, mail, email, or deliver it in person to your local council for 10 to 15 days to receive the outcome of your application via mail. If successful it will
for new permits a	what you wish to do in Section 1 and then complete the relevant sections. Applications and renewal of existing permits require a functional assessment to be completed by a er (GP) or occupational therapist (OT) (section 7).
To find out more o	about the Accessible Parking Permit Scheme visit accessibleparking.vic.gov.au.
	information has been entered into the online platform and checked for accuracy, this form should be imaged d, consistent with applicable public records requirements. It should not be filed or archived in hard copy.
1. I want to (se	lect one)
Renew an existi Complete section	ons 2 and 4 and have your GP or OT complete section 7.  In Accessible Parking or Disabled Parking Permit  In Sand 4 and have your GP or OT complete section 7.
	key: council administration only
New application: Renewal:	2, 4, 7 3, 2, 4, 7
2. Personal de	tails
	st be completed by the applicant or their nominated representative.  the person with impaired mobility.
First name	
Middle name(s) (opt	ional)
Family name	
Date of birth	
Sex	Male 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).
Home phone number
Residential address This must be your current home address, not a PO Box. It must be located in Victoria.
Street address
Suburb
Postcode
Mailing address (if different from residential address) Mailing address can be a PO Box or Locked bag.
Street address
Suburb
Postcode
Hold driver's licence or learner permit?
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
Email address (optional)
Mobile number







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2.3 Outcome delivery pe How do you want to r	rformance eceive the outcome of this application?	
I (or my nominated re	presentative) will pick up from my local council	
Send to applicant res	idential address	
Send to applicant mo	siling address	
If a nominated represent	ullecting the permit from the council, the applicar ative is picking up the permit on the applicant's l that they have been authorised by the applicant sibleparking.vic.gov.au.	behalf, they must also provide proof
3. Current permit of Only complete this se	details (renewal only) action if renewing an existing permit	
Permit type	Australian Disability Parking Permit (ADP) Victoria  ABC123  VICXXXXXX-01-X Expiry: XXABCXX  Australian Disability Parking Permit  DEPLATTHIS SIDE	Victorian Double Time Accessible Parking Permit (PX2)  Vicxxxxxx-02-X Expiry: XXABCXX  Victorian Double Time Accessible Parking Permit
Permit number		
Permit expiry date		
Issuing council		







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#### 4. Declaration

#### **Applicant**

By proceeding with this application, you consent to Council and the Department of Transport and Planning collecting your personal or medical information provided in and with the application ('data'). The data may be used to determine your eligibility for an Accessible Parking Permit. There may be a circumstance where your medical practitioner or occupational therapist submits data on your behalf for which you give consent.

#### Nominated representative

If you are applying on behalf of the applicant, by proceeding with this application, you warrant that:

- you have legal authority to act on the applicant's behalf; and
- you can produce evidence of this if required.

On behalf of yourself and the applicant, you consent to Council and the Department of Transport collecting personal or medical information provided in and with this application ('data'). The data might be used to determine the applicant's eligibility for an Accessible Parking Permit. There may be a circumstance where the applicant's general medical practitioner or occupational therapist submits data on the applicant's behalf for which you give consent on the applicant's behalf.

Name		
Signature		
Date		
I am the applicant	I am the applicants nominated representative	







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#### 5. Condition 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 including the QR code, 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, QR code, 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:

#### Australian Disability Parking 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, QR code 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.

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- 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.

#### Victorian 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, QR code 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 and Planning or Council may use or disclose personal or medical information it collects from you, 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.









device (e.g. motorised scooter or wheelchair) and manual wheelchair.

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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 needs a permit due to cognitive, behavioral, neurological impairments, or being legally blind, and requires continuous support from another person for safety, please refer the applicant to their GP for assessment.

<ul><li>7.1 Practitioner details</li><li>The practitioner is the general pra</li></ul>	ctitioner or occupational therapist who is assessing the applicant.
Practitioner first name	
Practitioner family name	
AHPRA registration number	
Practice name	
Practice address	
Practice phone number	
Practice email address (optional)	
7.2 Assessment questions The practitioner is the general pra	ctitioner or occupational therapist who is assessing the applicant.
How have you verified the patient's ide	entity?
They are regular patient I ha	ve viewed appropriate photo identification
Is the patient legally blind?  If yes, go to 7.3  No	
Does the patient have a significant mo	obility impairment such that:
They are required to use a mobility aid	or device?
Yes No	
· · · · · · · · · · · · · · · · · · ·	hich has more than one contact point with the ground, such as a pair of walking frame, a walking stick with three or more feet, motorised mobility







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A parking bay (not designed for people with disabilities) is insufficient in size to allow them access to and from their vehicle?
Yes No
If yes, which mobility aid does the patient use?
Callipers Crutches Scooter Walking frame Wheelchair
Other (please specify)
Does the patient require the continuous supervision of a carer to help them get in and out of a vehicle?
Yes No
An occupational therapist cannot assess 'Yes' for a client. Refer patient to a GP for cognitive impairment assessment.
I am an OT and have not assessed my client's cognitive impairment
The patient is unable to move safely without the continuous support of a person or carer due to a significant cognitive, behavioural or neurological impairment, they are a danger to themselves or others, and/or they are a minor.
Select the option that best describes the patient's ability to walk
Walking up to 100 metres causes the patient to stop several times.  The person has either an acute or chronic medical condition associated with a mobility impairment such that 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.
The patient can walk more than 100 metres and requires rest breaks.  The person has a significant mobility impairment or severe illness that does not affect their ability to walk more than 100 metres AND does require rest breaks when continuous walking is undertaken.
The mobility impairment or severe illness has little impact on the patient's ability to walk.
Approximately how long will the patient's mobility impairment last?
Less than 6 months 6-12 month 1-2 years 2-5 years
More than 5 years and the patient's condition is permanent
Note: Permanent means a medical condition or disability that is considered to have a permanent or irreversible impact on mobility.
Selecting 'permanent' means an applicant eligible for an accessible parking permit would not be required to return to their medical practitioner/occupational therapist for assessment on renewal of their permit.







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#### 7.3 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			

Accessible Parking Permits are issued by Victorian local governments using the Accessible Parking Permit Scheme. The Victorian state government, through Department of Transport and Planning, provides technology support to councils to coordinate permits at a state level. All applications must be made to your local municipal council.







