

Disabled Persons Parking Scheme

Application Form - Individual



How to complete this form

1. Read the 'Conditions of Use' section on **page 2** before completing this form
2. Complete Section A using BLOCK letters
3. Have your Doctor complete Section B - (*a medical practitioner, specialist medical practitioner or clinical psychologist*)
4. Submit the completed form to Wellington Shire Council

How to lodge this form

In person	Sale Service Centre 18 Desailly Street, Sale Monday-Friday 8:30am – 5:00pm Telephone 1300 366 244	Yarram Service Centre 156 Grant Street, Yarram Monday, Tuesday, Thursday, Friday 10:00am – 2:00pm (closed Wednesday)
By Post	Wellington Shire Council PO Box 506, Sale Victoria 3850	
By Email	enquiries@wellington.vic.gov.au	
By Fax	(03) 5142 3501	

What happens next?

If successful, your permit will be issued to you in person **or** posted to you within 10 business days of receiving the completed application.

If unsuccessful, you will be notified of the decision.

Privacy

The personal information provided on this form will be used by Wellington Shire Council for the purpose of maintaining our Disabled Persons Parking Scheme register. The personal information will be used solely by Council for that primary purpose or directly related purposes and may be disclosed if required to do so by law. The applicant may apply to Council for access and/or amendment of their personal information.

Categories of Permit

Category One



A category one permit holder **can**;

- park in reserved disability parking bays displaying the International Symbol of Access (ISA), to which permissive parking sign applies
- park for twice as long as indicated by permissive parking sign in any non-reserved disability parking bay. *e.g. in a 2P parking bay permit holder may park for up to 4 hours.*

A category one permit holder **cannot**;

- park without paying any appropriate fees
- park for longer than indicated in a reserved disabled parking bay
- park for longer than twice the designated time in a non-reserved disabled parking bay
- park where there is a red restrictive parking sign

Category Two



A category two permit holder **can**;

- park for twice as long as indicated by permissive parking sign in any non-reserved disability parking bay. *e.g. in a 2P parking bay permit holder may park for up to 4 hours.*

A category two permit holder **cannot**;

- park in a reserved disabled parking bay
- park without paying any appropriate fees
- park for longer than twice the designated time in a non-reserved disabled parking bay
- park where there is a red restrictive parking sign

Conditions of Use

1. The permit must be clearly displayed on the left side of the front windscreen with the expiry date and permit number visible from the outside of the vehicle.
2. 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.
3. A permit is not valid beyond its expiry date or if the expiry date or the permit number is not legible (for replacement of damaged permits contact your local Council for information).
4. A person may only hold one permit.
5. The parking entitlements applicable to the permits apply anywhere in Victoria. Reciprocal arrangements between States which have been agreed to by the Australian Transport Advisory Council also apply.
6. The permit remains the property of the issuing Council and must be returned within seven days of notification of such return being required.
7. When requested by an authorised officer, a driver using a permit must:
 - State his/her name and address
 - Produce his/her driver's licence
 - Produce the relevant valid disabled persons 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, if an authorised officer believes there is insufficient proof that the driver or passenger in the vehicle is the permit holder.

For **category one**:

8. Provided no other parking restrictions are breached, a vehicle correctly displaying a valid disabled persons parking permit may be either in a parking area or bay designated for use by people with disabilities for the time and parking fee specified for that area, if applicable,

Or

For twice the specified time for any parking area or bay designated for use by classes of persons or classes of vehicles upon payment of the initial parking fee if applicable.

For **category two**:

8. Provided no other parking restrictions are breached, a vehicle correctly displaying a category two valid disabled persons parking permit may be parked for twice the specified time for any parking area or bay designated for use by classes of persons or classes of vehicles upon payment of the initial parking fee if applicable.

▼ Section A: To be completed by the applicant or agent

Applicants Details

Given Name/s _____ Surname _____

Date of Birth _____ Business Ph. _____

Home Ph. _____ Mobile _____

Residential Address _____

Postal Address
(If different to above) _____

Email _____

Permit Details

Is this permit for a: ☐ Driver/Passenger - (please complete driver's licence details below)

☐ Passenger only

☐ Temporary Permit

Driver's Licence No. _____ Driver's Licence Expiry _____

Disability Details

What is the nature of the disability? _____

Do you use an appliance as an aid? ☐ Yes Please specify _____

☐ No

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.

- I will 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 authorise my Medical Practitioner/Specialist/Clinical Psychologist to complete Section B of this application form
- I authorise my Medical Practitioner/Specialist/Clinical Psychologist to provide additional medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably required by the authorised Council Officer.
- I further agree that the permit remains the property of the issuing authority and will be returned within seven (7) days of notification.

If eligible, the applicant's agent may legally sign on behalf of the Applicant.

Applicant's Name (or Applicant's Agent) _____ Applicant's Signature (or Applicant's Agent) _____ Date _____

OFFICE USE ONLY

LABEL NO:	COLOUR:	CATEGORY:
ISSUE DATE:	EXPIRY DATE:	CSO:

▼ Section B: To be completed by a Medical Practitioner

PLEASE NOTE: The information on this form will be used by Council staff to determine the eligibility of your patient for a disabled parking permit. A permit will not be issued unless all details on this application are completed.

Patient Details

1. What is your patient's name?

2. What is your patient's disability?

3. Does your patient have any of the following:

>> Does your patient have 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? ☐ Yes ☐ No

>> A significant ambulatory disability requiring a complex walking aid (with **more than one** contact point on the ground), that prevents access to a vehicle in an ordinary parking bay? ☐ Yes ☐ No

If yes, what mobility aid does your patient use?

>> A significant ambulatory disability requiring additional space without the use of an aid due to the disability? ☐ Yes ☐ No

If yes, please explain:

>> Present an extreme danger to themselves or others in a public place without continuous attendance of a caregiver? ☐ Yes ☐ No

>> An acute or chronic illness in which minimal walking may endanger their health? ☐ Yes ☐ No

4. Is the Applicant's condition a permanent, life-long disability or temporary?

>> ☐ Permanent ☐ Temporary, **more** than 6 months ☐ Temporary, **less** than 6 months

If yes, how long:

5. Is there any additional comments you would like to include with this application?

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Medical Practitioner 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.

Name & Address of Medical Practitioner, Specialist or Clinical Psychologist

(Please use official stamp to verify)

.....
Signature

.....
Date