How to apply for a permit

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nis
or



Ref number:



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



2.2 Nominated representative details

(to be completed by nominated r	•	ng the applicant c	omplete this form	
First name				
Family name				
Relationship to the applicant	Carer	Family F	riend Other	
Email address (optional)				
Mobile number				
2.3 Outcome delivery preference				
How do you want to receive the outo	come of this application?	?		
I (or my nominated representat	ive) will pick up from loo	cal council		
Send to applicant address				
3. Current Permit Details – (rene	wal only) – Only comple	te this section if re	newing an existing permit	
Important - If you are renewing a Blu applied for your permit the Disability application process has been refined a different permit type or no longer I Permit Scheme visit www.vicroads.vi	Parking Permit Scheme your eligibility may have be eligible for a permit. T	has changed. As t e changed and wh	he eligibility criteria and en you renew you could	receive
Permit number				
Permit type				
ADP (Victoria) Doub	ole Time Cat	egory 1 (old)	Category 2 (old)	
VICXXXXXAIX Expiry: XXABCXX Australian Disability Acc	XXX-02-X XXABCXX	VICTORIA Disabled Persons ng Permit - Category 1 Permit - Category 1 I - Cate	b. VICTORIA Disabled Persons Parking Permit No. Permit	
Permit expiry date				
Issuing council				





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 I may be contacted in relation to this application. 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. I understand that I may be contacted in relation to this application.

Name	
Signature	
Date	
I am the applicant	I am the applicant's nominated representative





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 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.





7. Functional Assessment

7.1 Practitioner details

and from their vehicle?

manual wheelchair.

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 which is associated with the requirement for the continuous support of another person in order to maintain their safety, then please refer the applicant to their GP for assessment.

The practitioner is the general pract	itioner 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		
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	Yes	No

√vic roads



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

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	Yes	No		
they are unable to independently mobilise safely without the continuous support of a person (or carer)?	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.			
	rest breaks the person has a s illness that does n 100 metres but th	ignificant mobility impairment or severe ot affect their ability to walk more than ey do need to take regular rest breaks walking is undertaken.		
		o difficulty walking rment or severe illness has little impact walk		
Approximately how long will the patient's mobility impairment	Less than 6 month	6 months		
last?	12 months	2 years		
	5 years or more			





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	Yes	No
a permanent medical condition		
or disability?		

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	



