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Office Use Only
Date
No.
Expiry date

Disabled Persons Parking Scheme - Application

The Applicant is the person with the disability

1. Surname

2. Given / Christian Names

Date of Birth

3. Address

Telephone Number

4. Is the label for Driver/passenger Passenger Only Temporary Permit

Question 5 should be completed by Driver/Passenger only

5. Driver Details

Driver's Licence 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 with in 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 being required. The applicant's agent may sign and take full legal responsibility on the Applicants behalf.

Applicant's signature (or Applicant's Agent)

Date

**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 Persons Parking Permit.**
A permit will not be issued unless all details on the application are completed.

9. What is your patients 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** go to question 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 disability affect their capacity to walk to such an extent that it may become severely injurious (as opposed to inconvenient) to their health?

19. Is the mobility aid consistent with the applicant's disability?

20. Is 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

Name of Medical Practitioner/Specialist/Clinical Psychologist

Date

Address

Contact Number

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

NOTE: THIS AUTHORITY IS TO BE GIVEN TO THE MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER /CLINICAL PSYCHOLOGIST. TO BE FILED WITH THE PATIENT'S RECORDS.

Authorisation to be completed by the Medical Practitioner/Specialist, Medical Practitioner/Clinical Psychologist.

Insert name of Practitioner

Address

I hereby authorise you to complete my application for a Disabled Person's Parking Permit and to forward it to (Name of Municipality)

I further authorise you to provide medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably by the authorised Council officer.

Applicant's signature (or Applicants Agent)

Date

Name in Block Letters

Date

*The personal information on this form is required so as to include your permit on the Disabled Parking Register administrated by the Strathbogie Shire Council.
This information is not required to be routinely disclosed.
You may access this information by contacting the Strathbogie Shire Council on 5795 0000 or Toll Free 1800 065 993*