

# Disabled Parking Permit Application

KINGSTON DISABLED PERSONS PARKING SCHEME



City of  
**KINGSTON**

Please note that the applicant needs to be either the person with the disability or their agent providing transport for the disabled.

Please use block letters

## 1. Applicant Details

<b>Surname</b>			
<b>First name</b>			
<b>Address</b>			
<b>Phone number</b>			
<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Applicant status</b>	<input type="checkbox"/> Driver / passenger <input type="checkbox"/> Passenger only		

## 2. Briefly describe your disability

## 3. Please specify what walking aids you use, if any

## 4. Applicant declaration

I make this declaration in the firm belief that all the information 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 within 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 of the applicant's behalf.

Applicant OR Agent Signature	Date
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# Assessment and Statement

To be completed by a Medical Practitioner/Specialist Medical Practitioner or Clinical Psychologist

## PLEASE NOTE:

As your patient's medical practitioner, you are in the best position to determine the needs of your patient and thus their eligibility in relation to the Disabled Persons Parking Scheme, as per VicRoads guidelines. Please take the time to advise the applicant of the permit they will be receiving, if eligible. PLEASE INDICATE ACCURATELY

### 1. Please tick one of the following statements relevant to the individual:

- The individual has a significant ambulatory disability and they cannot access a vehicle in an ordinary parking bay, or they are required to use a complex walking aid\* that prevents access to a vehicle in an ordinary parking bay.
- The individual has either an acute or chronic illness in which minimal walking may endanger their health acutely or in the long term.
- The individual has a significant intellectual disability and is an extreme danger to themselves and others in a public place without assistance by a caregiver.
- The individual has a significant ambulatory disability or severe illness which does not affect their ability to walk distances but they will require rest breaks when continuous walking is undertaken.
- None of the above – if an applicant does not fit into one of the above categories, they are not eligible for a Disabled Parking Permit. Please advise your patient if this is the case.

\*A complex walking aid is defined as an aid which has more than one contact point with the ground.

### 2. What is the applicant's disability?

3. Is the applicant ambulatory?  Yes  No

4. Does the applicant require additional space to access a vehicle?  Yes  No

5. Does the applicant require an aid continuously to support their mobility?  Yes  No

If so, please indicate which one:

- Wheelchair
- Scooter
- Four legged frame
- Full length caliper
- Two crutches
- Artificial leg
- Four-pronged walking stick
- Walking stick – please note this is not defined as a 'complex walking aid'

6. Does the applicant have a significant intellectual disability which could result in extreme danger to themselves or others in a public place without continuous attendance by a caregiver?  Yes  No

7. Is the disability chronic, acute or intellectual?  Yes  No

8. Is the disability permanent?  Yes  No

If no, please indicate the expected number of months a permit would be required:  3  6  9  12

9. Does the applicant require additional time for rest breaks?  Yes  No

**10. Please provide any additional, relevant information**

To remove ambiguity in Council assessing applications under the Disabled Persons Parking Scheme, we request that you, as your patient's medical practitioner, discuss with the applicant their needs and consequentially their eligibility for the various permits available under the VicRoads guidelines.

Council would like to highlight how imperative it is that designated Disabled Parking Bays and Permits are available to the intended cohort. Only your assessment and recommendation can achieve this accurately and consistently. Please see the following explanations and in light of the answers already indicated, recommend which permit would be most appropriate for the applicant

**Category 1 (blue permit)**

- provides the applicant with a wide car parking space, which is designed to allow for complex walking aids to be unpacked and repacked into a vehicle in a safe manner.
- allows for those persons with an acute or chronic illness in which minimal walking may endanger their health acutely or in the long term.
- allows for those persons with a significant intellectual disability such that they and is an extreme danger to themselves and others in a public place without assistance by a caregiver

**Category 2 (green permit)**

- does not allow for extra space, but does allow for double the indicated time limit to ensure the permit holder can take regular breaks and not exert themselves.

**Please review the following options and make your recommendations:**

**I have assessed my patient, the applicant under the Disabled Persons Parking Scheme, and recommend the following permit be issued:**

- Not Eligible for a permit
- Eligible for a temporary Category 2 (green) permit
- Eligible for a three year Category 2 (green) permit
- Eligible for a temporary Category 1 (blue) permit
- Eligible for a three year Category 1 (blue) permit

**11. Declaration by Medical Practitioner / Specialist Medical Practitioner / Clinical Psychologist**

I make this declaration in the firm belief that all the information 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	Practitioner & practice stamp:	Date
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