

APPLICATION FOR A PERMIT UNDER THE DISABILITY PARKING PERMIT SCHEME



GLEN EIRA
CITY COUNCIL

Office use only

Date: _____ No.: _____ Expiry date: _____

Old permit no.: _____ Expiry date: _____

Please use BLOCK letters. Only one permit per person is permitted. Incomplete applications will not be processed.

The applicant is the person with the disability. To be completed by the applicant or the applicant's agent. If this application is urgent, please contact Council on 9524 3333. Please note that Council will assess each application on a case by case basis.

NEW RENEW

1. Surname: _____

2. Given name _____

3. Date of birth: / /

4. Residential address: _____

Suburb: _____ Postcode: _____

5. Phone: (H) _____ (W) _____ (M) _____

6. Email: _____

7. The applicant is: driver/passenger passenger only applying for a temporary permit

Please note: if permit is for driver/passenger or temporary, please attach a **copy of the applicant's current drivers licence**. If no copy is received, a passenger only permit will be issued.

8. Please describe the disability relevant to this application:

9. Please describe any mobility or support appliance used by the applicant which is relevant to this application:

Declaration by applicant

The information provided on this form is, to the best of my knowledge, true and correct. 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 Council within fourteen (14) days. I further agree that the permit remains the property of Council and will be returned within seven (7) days on request.

Signature of applicant or applicant's agent: _____

Date: _____

Note: please attach a written authorisation of nominee/copy of power of attorney.

The personal information on this form is required to enable you to acquire a disability parking permit. The information is required under the provisions of the *Road Safety Act 1986* and the *Road Safety Road Rules 2017 (Vic)*. Failure to provide the information may result in Council not granting your application. Council has comprehensive privacy and health records policies and advice on how to access your personal information on its website at www.gleneira.vic.gov.au/Privacy

Glen Eira City Council | PO Box 42, Caulfield South 3162 | P 9524 3333 | F 9523 0339 | mail@gleneira.vic.gov.au

STATEMENT FOR COMPLETION BY A MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER/CLINICAL PSYCHOLOGIST



GLEN EIRA
CITY COUNCIL

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

Name of the patient: _____ Date of birth: ____/____/____

1. Are you the patient's usual treating medical practice/practitioner?

2. What is your patient's disability relevant to the application for a parking permit?

3. Does your patient's disability require them to continually use an appliance for support in mobility?

Yes No If yes, specify type if aid: _____

4. Does your patient require additional space to access his/her vehicle due to the disability?

Yes No

5. Is the significant disability permanent? Yes No

If no, what is the expected duration of condition? _____

6. Does your patient require a caregiver to be with them in order to access public places? Yes No

7. Does the disability severely limit your patient's capacity to walk or is walking injurious to your patient?

Yes No

8. 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.

Signature: _____

Date: _____

Name: _____

Qualifications: _____

Address: _____

Phone: _____

Rubber stamp

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

AUTHORISATION FOR MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER/ CLINICAL PSYCHOLOGIST TO COMPLETE THE APPLICATION FORM



GLEN EIRA
CITY COUNCIL

Please 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 for medical practitioner/specialist medical practitioner/clinical psychologist to complete the application form.

Insert name of practitioner: _____

Address: _____

Suburb: _____ Postcode: _____

I hereby authorise you to complete my application for a disability parking permit and forward it to Glen Eira City Council, PO Box 42, Caulfield South, Vic 3162.

I further authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration by an authorised Council officer.

Applicant's/applicant's agent signature: _____

Date: _____

Name in BLOCK letters: _____