How to apply for a permit

Renewing an existing permit or male online at www.accessibleparking.vito do in Section 1 and then completed of existing permits require a function occupational therapist (OT) (section	ic.gov.au o te the relev onal assessi	r by com ant sect	npleting this forn ions. Application	n. Start by selecting what you wish as for new permits and renewal
If you are seeking a permit on the b be assessed by your GP (not an occ Once this application form is comp compete your application.	upational t	herapist), who may refer	you to a specialist practitioner.
Allow 10 to 15 days to receive the opermit.	outcome of	your ap	plication via mail	. If successful it will include a
This application form is for applicar Accessible Parking Permit for an or				
To find out more about the Accessil	ble Parking	Permit :	Scheme visit ww	w.vicroads.vic.gov.au/app.
OFFICE USE: Once the information has I should be imaged and securely destroye or archived in hard copy. 1. I want to (select one)				nd checked for accuracy, this form ords requirements. It should not be filed
Apply for an Accessible Parking Permit			Complete sections 2 and 4 and have your GP or OT complete section 7	
Renew an existing Accessible Parking or Disabled Parking Permit			Complete sections 2, 3 and 4 and have your GP or OT complete section 7	
Data entry sequence key: council administra	ation only			
New application	2, 4, 7			
Renewal	3, 2, 4, 7			
2. Personal details				
2.1 Applicant details – this section mus representative. <i>The applicant is the part of t</i>	-	-		r nominated
First name				
Middle name(s) (optional)				
Family name				
Date of birth				
Sex	M (Ma	ale)	F (Female)	X (Indeterminate/Intersex/Unspecified)



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	s, not a PO Box. It must be located in Victoria.
Street address	
Suburb	
Postcode	
Mailing address (if different from residential add Mailing address can be a PO Box or Lock	
Street address	
Suburb	
Postcode	
Hold driver's licence or learner permit?	Yes No
How do you want to receive the outcome of this application?	I (or my nominated representative) will pick up from local council Send to applicant address Send to applicant mailing address





The nominated representative is the person who is assisting the applicant complete this form

2.2 Nominated representative details -

(to be completed by nominated re	representative).	
First name		
Family name		
Relationship to the applicant	Carer Family Friend Other	
Email address (optional)		
Mobile number		
2.3 Outcome delivery preference How do you want to receive the outc		
Send to applicant address	ative) will pick up from local council	
3. Current Permit Details — (rer	enewal only) – Only complete this section if renewing an exist	ing permit
you applied for your permit the Disab and application process has been refi	ue (Category 1) or Green (Category 2) permit please note that bility Parking Permit Scheme has changed. As the eligibility cr fined your eligibility may have changed and when you renew younger be eligible for a permit. To find out more about the Accroads.vic.gov.au/app.	riteria you could
Permit number		
Permit type		
ADP (Victoria) Doub April Milan Parking Permit	ble Time Category 1 (old) Category 2 (d	old)
Permit expiry date		
Issuing council		





4. Declaration

Applicant

By proceeding with this application, you consent to Council and the Department of Transport collecting your personal or medical information provided in and with the application ('data'). The data may be used to determine your eligibility for an Accessible Parking Permit. There may be a circumstance where your medical practitioner or occupational therapist submits data on your behalf for which you give consent.

Nominated representative

If you are applying on behalf of the applicant, by proceeding with this application, you warrant that: you have legal authority to act on the applicant's behalf; and you can produce evidence of this if required.

On behalf of yourself and the applicant, you consent to Council and the Department of Transport collecting personal or medical information provided in and with this application ('data'). The data might be used to determine the applicant's eligibility for an Accessible Parking Permit. There may be a circumstance where the applicant's general medical practitioner or occupational therapist submits data on the applicant's behalf for which you give consent on the applicant's behalf.

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:

Australian Disability Parking 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.

Victorian 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?

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 practi	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

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 manual wheelchair.





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 they are unable to independently mobilise safely without the continuous support of a person (or carer)? An occupational therapist cannot assess 'Yes' for a client.	Yes I am an OT and have r cognitive impairment	No not assessed my client's		
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.			
	Walking is slow and the patient may require frequent rest breaks the person has a significant mobility impairment or severe illness that does not affect their ability to walk more than 100 metres but they do need to take regular rest breaks when continuous walking is undertaken.			
	The patient has no difficulty walking the mobility impairment or severe illness has little impact on their ability to walk			
Approximately how long will the patient's mobility impairment last?	Less than 6 months	6 months		
	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

Date

- 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.

assessment by their air or t	J1.		
Based on the above definiti does your patient or client a permanent medical condi or disability?	have	No	
7.4 Practitioner Declar	ation		
	ne firm belief that all informa ct. I am aware that false decl		•
purpose of applying for an provided in and with this ap	ting personal and medical in Accessible Parking Permit. I oplication will be used by co ermit. I have read and under	understand that the person uncil in determining my pat	al and medical information ient's or client's eligibility
Name [
Signature			



