**Disabled Parking Permit**

**Application for Individuals**

The information on this form will be used by Council staff to assess eligibility for a disabled parking permit as per the VicRoads guidelines.

If this application is not fully completed the application is unable to be assessed.

This application is for an individual with a significant ambulatory disability that 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, or they have an acute or chronic illness where minimal walking may endanger their health.

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

| **Applicant details** | | | |
| --- | --- | --- | --- |
| First name: | | Surname: | |
| Address: | | | |
| Suburb: | | | Postcode: |
| Phone number/mobile: | | | |
| Email address: | | | |
| Date of birth:    /    / | | | |
| Driver’s licence number: | Licence expiry date:    /    / | | |
| Applicant’s disability – briefly describe: | | | |
|  | | | |

| **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 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 that is likely to affect my eligibility for the permit, I agree to notify the issuing authority within 14 days.  I further agree that the permit remains the property of the City of Greater Dandenong and will be returned within seven days of the request. | |
| Applicant’s signature (or signature of applicant’s agent) |  |
| Agent’s full name (if applicable): | |
| Date: | |

| Medical practitioner/specialist statement | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The information on this form will be used by council staff to assess the eligibility of your patient for a disabled parking permit. A permit will not be issued unless all details on the application are completed.** | | | | | | | |
| 1. What is your patient’s significant disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. Do you confirm that the patient 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? **(a complex walking aid is defined as an aid which has more than one contact point with the ground)** | | | | | Yes | | No |
| If yes, what aid does your patient use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. Does your patient have an acute or chronic illness in which minimal walking may endanger their health? | | | | | Yes | | No |
| If yes, advise how \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. Does the patient disability pose an **extreme danger** to themselves and others in a public place without assistance from carer? (**must be answered by a specialist medical practitioner or clinical psychologist**) | | | | | Yes | | No |
| If yes, advise how \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. Is the disability | 1. Permanent  or | 1. Temporary | | (Please note: a temporary permit can only be issued where walking is significantly restricted) | | | |
| 1. What type of permit is required?: | | | Driver/Passenger | | | Passenger only | |

| **Medical practitioner/specialist 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 I am aware that false declarations may be punishable by law. | |
| Medical practitioner/specialist/clinical psychologist’s signature |  |
| Medical practitioner/specialist/clinical psychologist’s name: | |
| Qualifications: | |
| Address: | |
| Suburb: | Postcode: |
| Phone number/mobile: | Date: |

| **Authorisation for medical practitioner/specialist/clinical psychologist to complete form for the applicant and provide additional supporting information to authorised council officer** | | |
| --- | --- | --- |
| **Medical practitioner please note: a copy of this authority is to be filed with the patient’s records.** | | |
| Name of practitioner: | | |
| Address of practioner: | | |
| Suburb: | | Postcode: |
| I hereby authorise you to complete my application for a disabled parking permit and submit it to the City of Greater Dandenong.  I further authorise you to provide additional information or opinion relevant to the consideration of my application as may be reasonably requested by the authorised council officer. | | |
| Applicant’s signature (or signature of applicant’s agent) | Date: | |
| Applicant’s full name: | | |
| Agent’s full name (if applicable): | | |

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| --- | --- | --- |
| **Return completed form to the City of Greater Dandenong** | | |
| **Post:**  City of Greater Dandenong PO Box 200 Dandenong VIC 3175 | **In person at a customer service centre**  **Dandenong:** 225 Lonsdale Street, Dandenong  **Springvale:** 5 Hillcrest Grove, Springvale  **Parkmore:** Shop A7, Parkmore Shopping Centre, Cheltenham Road, Keysborough | **Email:** council@cgd.vic.gov.au  **Fax:** (03)8571 5196 |

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| --- | --- | --- |
| **OFFICE USE ONLY** | | |
| Date: | CSO initials: | Processed: 🞏 YES 🞏 NO |
| Permit number: | 🞏 DNG 🞏 SPR 🞏NP 🞏PKM |  |