**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**  |
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| 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 |
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| **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** |
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| 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 DandenongPO Box 200DandenongVIC 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 |  |