



# Disabled Persons Parking Scheme – Application\*



\* The Applicant is the person with the disability.

Office Use Only	Date Issued	
	Expiry Date	
	Blue Permit No.	
	Green Permit No.	

To be completed by the Applicant or the Applicant's Agent

Use **BLOCK** letters only

1. Surname (Ms/Miss/Mr/Mrs)

2. Given/Christian Name

Date of Birth

<input type="text"/>	<input type="text"/>
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3. Address

Telephone Number(s)

<input type="text"/>	<input type="text"/>
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4. Is the label for a: Driver/Passenger

Passenger

Temporary Permit

Question 5 should be completed by the Driver/Passenger Applicant only

5. Applicant's Driver Details

Applicant's Driver's Licence No.

Expiry Date

<input type="text"/>	<input type="text"/>
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6. What is your disability?

7. What appliance do you use as an aid?

8. Declaration by Applicant

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 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 on the Applicant's behalf.

Applicant's signature (or Applicant's Agent)

Date

<input type="text"/>	<input type="text"/>
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**STATEMENT FOR COMPLETION BY A MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER/CLINICAL PSYCHOLOGIST**

PLEASE NOTE: The information on this form will be used by council staff to determine the eligibility of your patient for a Disabled Persons' Parking Permit. A permit will not be issued unless all details on the application are completed.

9. What is your patient's disability? Is the disability ambulatory Yes  No

10. Does your patient's disability require him/her to continually use an appliance for support to aid his /her mobility?

11. Does your patient require additional space to access his/her vehicle due to the disability?  
If yes details please.

12. Does the use of the aid cause your patient the need to use this space? Details please.

13. What appliance does your patient use as an aid?

14. Is the significant disability permanent? YES NO  
If NO go to question 15. If YES go to question 16.

15. Is the significant disability likely to last less than six months? YES NO

16. Does your patient's disability result in extreme danger to themselves or others in a public place without the continuous attendance of a caregiver?  
**Centrelink Carer's Pension/Allowance number required on lodgement** YES NO

17. Does your patient's disability affect their capacity to walk distances 60 metres or less such that they require rest breaks? YES NO

18. Does the applicant have either an acute or chronic illness in which minimal walking may endanger his/her health acutely or in the long term?  
If 'yes' please explain? YES NO

19. Is the mobility aid consistent with the applicant's disability?

20. 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 and I am aware that false declarations may be punishable by law.

Signature of Medical Practitioner/Specialist/Clinical Psychologist	Date

Name of Medical Practitioner/Specialist/Clinical Psychologist	Qualifications

Address	Telephone Number

**THIS FORM MUST BE IMPRINTED WITH THE CLINIC STAMP**

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

**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.**

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Insert name of Practitioner

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Address

I hereby authorise you to complete my application for a Disabled Persons' Parking Permit and to forward it to Hume City Council, PO Box 119, Dallas Victoria 3047.

I further authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably by the authorised Council officer.

Applicant's signature (or Applicants Agent)	Date

Name in block letters	Date

Has the "Conditions of Use of a Disabled Person's Parking Permit" leaflet been given to you? Yes  No

*Council is collecting the information on this form for the purpose of providing the service or permit. The information will be used for administration of this service or permit, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the service or permit may not be processed. You may access this information by contacting Council on 92052200.*

**Council address: Hume City Council, PO Box 119 Dallas Victoria 3047.**



## **APPLICATION FOR A DISABLED PERSON'S PARKING PERMIT**

Disabled Person's Parking Permits may be issued only for a medical necessity that severely affects mobility. The following checklist indicates the types of disabilities that are eligible for a permit.

### **IF YOU DO NOT HAVE ONE OF THESE DISABILITIES YOU WILL NOT OBTAIN A PERMIT.**

- ✓ Permanently use a wheelchair, walking frame, crutches and walking stick with more than one point of contact with the ground. A single prong walking stick is **not** recognised as the use of the other types warrant the use of the larger disabled bays and single prong sticks do not.
- ✓ Inability to walk without the use of or assistance from a brace, crutch prosthetic device, fixed or mobile walking frames, or other assistive device, or without the assistance of another person.
- ✓ Use of an assistive device that prevents access to a vehicle in a standard sized parking bay. A single prong walking stick is not recognised.
- ✓ Have an arthritic, neurological, psychological, cardiac or orthopaedic condition that exhausts your physical capacity to walk 60 metres.
- ✓ Use oxygen therapy or cylinder.
- ✓ Breathing difficulties caused by heart / lung disease.
- ✓ Present an extreme risk to the applicant or others is likely without the constant attendance of a caregiver.

These are guidelines to help people realise that the issue of a Disabled Parking Permit does have guidelines to assist in the issue of permits to people who need them the most. The permits are a privilege to help those citizens get about socially and the abuse of permits is not taken lightly. The permit is for the use of the person to who it is issued only.

It is the permit holder's responsibility to hold a current permit at all times. Council cannot be held responsible for holders using expired permits.

**Question 4 relating to Driver/Passenger refers to an applicant who drives. The licence number required is the applicant's licence not a family member or friend. If the applicant does not drive then a passenger permit will be issued.**



A Statewide Disabled Person's Parking Scheme currently operates in Victoria.

The Scheme is owned by VicRoads and administered by Local Council's throughout Victoria. The Scheme has two categories.

### CATEGORY ONE



A permit holder (driver/passenger) is entitled to park a vehicle in a bay reserved for disabled motorists only, for the specified time only, or may park a vehicle in any ordinary area or by for twice the specified time (upon payment of an initial parking fee, if applicable).

#### ◀ WHITE PERMIT WITH BLUE WRITING

### CATEGORY TWO



A permit holder (driver/passenger) may park a vehicle in any ordinary area or bay for twice the specified time (upon payment of any initial parking fee, if applicable).

#### ◀ WHITE PERMIT WITH GREEN WRITING

## How to Apply

### CATEGORY ONE (BLUE PERMIT)

#### Eligibility

**A person may hold only one disabled persons' parking permit and be eligible for it:**

- If a Medical Practitioner indicates that he/she has significant ambulatory disability such that he/she is required to use a complex walking aid\* that prevents access to a vehicle in a standard sized parking bay, or he/she cannot access a vehicle in a standard sized parking bay (Code A or B).

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

#### OR

- If a Medical Practitioner indicates that he/she suffers from a condition which is critical or dangerous to their health, which may be either chronic or acute and affects the applicant's ambulatory ability to such an extent that walking distances is injurious (as opposed to inconvenient) (Code A or B)
- A significant permanent ambulatory disability is a disability that is not likely to improve in the person's lifespan (Code A or B)
- A significant long-term ambulatory disability is a disability that is not likely to improve within six months (code D.)
- If a Specialist Medical Practitioner or a Clinical Psychologist indicates that he/she has a significant disability such that he/she is an extreme danger to himself/herself and others in public place without continuous attendance by a care-giver (Code B).

### CATEGORY TWO (GREEN PERMIT)

#### Eligibility

**A person may hold only one disabled persons' parking permit and be eligible for it:**

- If a Medical Practitioner indicates that he/she has significant ambulatory disability or severe illness which does not affect their ability to walk distances but will require rest breaks when continuous walking is undertaken.

#### Codes A, B & D apply to both categories

Parking is not permitted in restricted location such as Clearways, No Stopping and No Parking area, Taxi Only areas, Bus Zones, Authorised Resident areas, etc.

If you are eligible for the Scheme you will receive a copy of the Conditions of Use with your permit.

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## Permit Cancellation

A permit is automatically cancelled after the expiry date and may be cancelled at any time for wilful misuse or breach of the Conditions of Use. Penalties may be imposed for misuse of the permit.

The person with the disability is the Permit Holder.

The permit may not be used by any other person and is non transferable.

Permits will only be issued to permanent residents of Hume City Council.

Application forms are available from Customer Service at Broadmeadows, Sunbury, or Craigieburn.

The first page of the application form must be completed by you or your agent. The rest of the application form should be completed by a Specialist Medical Practitioner or Clinical Psychologist for intellectual disabilities, or a Medical Practitioner for all other disabilities.

The application must be endorsed with the Clinic Stamp. You or your agent will be responsible for any fees incurred in the completion of the form.

A registered organisation, providing a transport service to the disabled, must complete a separate application form, including vehicle details associated with such transportation.

## Permit Renewal

Renewals are made by completing a new application form, available from Council Offices at Broadmeadows, Sunbury and Craigieburn. Medical certification is required for all permit renewal applications. Ten (10) working days required for processing of application.

Please ensure that your application is lodged with Council at least 2 weeks prior to the expiry date to prevent incurring an infringement notice.

Temporary permits may be issued for a disability that is likely to improve within six months.

## Travelling Interstate

Permits are recognised elsewhere in Australia. Parking concessions may differ in other States or Territories. Please check the conditions applying to the Disabled Persons Parking Scheme in the State or Territory you intend to visit.

Application forms may be obtained by visiting a Customer Service Centre or by contacting:

Hume City Council  
1079 Pascoe Vale Road,  
Broadmeadows Vic 3047

Telephone: 9205 2200  
Facsimile: 9205 2388

## HumeLink

Council's multilingual telephone information service.

**General enquiries: Ph 9205 2200**

Hume City Council is committed to providing excellent customer service. Here's how to contact us:

عربي	Arabic	9679 9815
Bosanski	Bosnian	9679 9816
Hrvatski	Croatian	9679 9817
Ελληνικά	Greek	9679 9818
Italiano	Italian	9679 9819
СРПСКИ	Serbian	9679 9820
Espanol	Spanish	9679 9821
Türkçe	Turkish	9679 9822
Việt-ngữ	Vietnamese	9679 9823
	Other languages	9679 9824
	English	9679 9839



## DISABLED PERSONS PARKING PERMIT SCHEME

A Vic Roads Scheme Administered by  
Local Councils

## INFORMATION FOR APPLICANTS



**HUME CITY COUNCIL**