

CITY OF



WHITEHORSE

City of Whitehorse

DISABLED PERSON'S PARKING SCHEME

APPLICATION FORM

Please ensure that the Application Form is filled in correctly and returned to.

**City of Whitehorse
Civic Centre
379 Whitehorse Road
Nunawading**

Or

**Locked Bag 2
Nunawading Delivery Centre 3110**

Any enquires to Local Laws Department - Phone: 9262 6333

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CODE FOR THE DISABLED PERSON'S PARKING SCHEME

As published in the Victorian Government Gazette, 26 January 1995.

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1. Purpose of the Scheme

The purpose of the statewide Disabled Person's Parking Scheme is to provide people, with significant ambulatory or intellectual disabilities, with equality of opportunity to access facilities and services throughout the State. Permits issued under this Scheme are also recognised in other States under reciprocal arrangements.

The Scheme will be administered by individual municipal Council's in accordance with the guidelines in the Code, to ensure consistent administrative practices and eligibility criteria.

2. Categories of Permits

Category One – Blue

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 bay for twice the specified time (upon payment of an initial parking fee, if applicable).

Category Two – Green

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).

3. Types of Permits

The following types of Parking Permits will be issued for use under the Disabled Person's Parking Scheme (Category One or Two):

- (a) Code A for disabled driver/passenger;
- (b) Code B for passenger;
- (c) Code C for an organisation providing a transport service for people with disabilities (not applicable to Category Two); and
- (d) Code D for a temporary Permit.

4. Eligibility Criteria

Category One – Blue

- (a) A person may hold only one Disabled Person's 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, (Code A or B).

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

OR

- If a medical practitioner certifies that he/she has either an acute or chronic illness in which minimal walking may endanger his/her health acutely or in the long term. (Code A or B).

A significant permanent ambulatory disability is a disability that is not likely to improve in the person's life span. (Code A or B).

A significant long-term ambulatory disability is a disability that is not likely to improve within six months. (Code D).

OR

- If a specialist medical practitioner or a clinical psychologist indicated that he/she has a significant intellectual disability such that he/she is an extreme danger to himself/herself and others in a public place without continuous attendance by a caregiver. (Code B).
- (b) An organisation will be eligible for a Disabled Person's Parking Permit if it is recognised by a Council as providing a transport service for people with significant ambulatory or intellectual disabilities. An organisation providing transport for people with disabilities on an occasional basis (i.e. for day or weekend trip) will be eligible for a trip-specific Permit. (Code C). An organisation may hold more than one permit, but must justify in writing to the Council the number of permits required or any increase in the number of Permits required.

Category Two – Green

A person may only hold one Disabled Person's Parking Permit and will be eligible for it:

- If a medical practitioner indicated that he/she has a 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. (Code A, B or D).

5. Disputed Eligibility

A Council must consult its Medical Officer of Health, the Applicant's medical practitioner, specialist medical practitioner or clinical psychologist in the event of Council disputing an Applicant's eligibility for a Permit. When an Applicant is refused a Permit, Council must give reasons for its decision in writing and reconsider the application if the Applicant seeks a second opinion from another medical practitioner, specialist medical practitioner or clinical psychologist.

6. Confidentiality

A Council must treat with strict confidentiality any information of a medical nature supplied for the purpose of the Code, but may disclose the information in accordance with section 27(5) of the Road Safety Act 1986.

7. Form of Permits

The form of the Permits will be as shown in Appendix A. They will display the Permit number, expiry date and the name of the issuing municipality. The block for the Permit number and the expiry date must be a surface that allows for engraving.

8. Permit Application

Application Forms will be provided by Councils. To be a valid application, the Form must contain the information asked for in the sample form included in Appendix B.

If any Permit is lost/stolen/damaged or otherwise rendered unusable, the Applicant or the Applicant's agent must submit a Statutory Declaration to the Council in which the Applicant lives, giving details as to why the Permit needs to be replaced and accompanied by supportive proof wherever possible. The Council shall issue a replacement Permit on receipt of such declaration.

9. Permit Renewal

Expiry dates have been established for administration purposes as follows:

- (a) Three years from the date of issue for a Significant Permanent Ambulatory or Intellectual Disability; or
- (b) Six months from the date of issue for a Significant Long-term Ambulatory Disability; or
- (c) Twelve months from the date of issue for an organisation providing a transport service for people with disabilities.

If your permit has expired, you will be required to make a new application. However, if you contact us prior to the expiry date of the permit a replacement may be issued immediately. (This does not apply to temporary permits).

10. 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. The issuing Council will notify the Permit holder in writing of such cancellation and will require that the Permit be returned within seven (7) days.

11. Phasing in of Revised Disabled Person's Parking Scheme

The Disabled Person's Parking Permit, issued by a Council prior to 1 February 1995 to a person with a disability, is to be treated as issued in accordance with the Code until such label expires.

APPENDIX A



Category 1 Permit

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Symbol Background: Blue
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Category 2 Permit

Text Colour: Green
Symbol Background: White
Symbol Colour: Green

VICTORIA

DISABLED PERSON'S PARKING SCHEME

Conditions of Use of a Disabled Persons' Parking Permit

1. A Permit is not valid beyond its expiry date or if the expiry date or the Permit number are not legible.
2. The parking entitlements applicable to the Permit apply anywhere in Victoria. Reciprocal arrangements between States which have been agreed to by the Australian Transport Advisory Council also apply.
3. The Permit must be clearly displayed at the left side of the front windscreen, with the expiry date and permit number visible from the outside of the vehicle.
4. When requested by an Authorised Officer, a driver using the permit must:
 - State his/her name and address,
 - Produce his/her driver's licence,
 - Produce the relevant valid Disabled Person's Parking Permit,
 - Show proof that he/she or a passenger in the vehicle is the Permit holder, and
 - Move the vehicle from the reserved place, if the Officer deems that the permit is invalid or that there is insufficient proof that the driver or a passenger in the vehicle is the Permit holder.
5. A driver using the Permit must either be the Permit holder or must be parking the vehicle for the convenience of the Permit holder who needs to enter or leave the vehicle.
6. The Permit remains the property of the issuing Council and must be returned within seven (7) days of notification of such return being required.
7. A person may hold only one permit.
8. An organisation may hold more than one Permit but must justify in writing to the Council the number of Permits required or any increase in the number of Permits required. An organisation may also hold a trip specific Permit.
9. Provided no other restrictions on parking are breached, a vehicle correctly displaying a valid Disabled Person's Parking Permit may be parked either;
 - a) In a parking area or bay designated for use by people with disabilities, for the time and parking fee specified for that area or bay, if applicable, or
 - b) For twice the specified time for any parking area or bay not designated for use by classes of persons or classes of vehicle, upon payment of any parking fee, if applicable.



Disabled Person's Parking Scheme – Application

STATEMENT FOR COMPLETION BY ORGANISATION

PLEASE NOTE: A permit will not be issued unless all details on the application are completed.

<i>Office Only</i>	<i>Use</i>	<i>Date</i>
No.		/ /
Expiry Date		/ /

1. Organisation Name

2. Name of an individual who will take responsibility for the use of the parking permits

3. Address

4. Telephone number(s)

5. Types of disability experienced by the passengers regularly transported by your organisation?

6. Types of appliances used for support to aid the passengers' mobility?

7. For what purpose is the permit to be used?

NB: Should your organisation require more than one label, please justify your claim in writing.

Declaration

I make this declaration in the firm belief that all information provided on this form is, to be best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

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 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.

Applicant's signature

Date

The personal information on this form is being collected by Council to enable the processing of an Application for Disabled Persons Parking Permit and for the purpose of administration of relevant Acts, Regulations and Local Laws. The personal information will be used by Council for that primary purpose or directly related purposes only. The information will not be released unless required by law. The applicant may apply to Council for access and/or amendments of the information.

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Disabled Person's Parking Scheme – Application

* **The Applicant is the person with the disability**

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

Use BLOCK letters only

Office Only	Use	Date
No.		/ /
Expiry Date		/ /

1. Surname

2. Given / Christian Names

Date of Birth

3. Address

Telephone Numbers

4. Is the label for a: Driver/Passenger Passenger only Temporary Permit

Question 5 should be completed by Driver/Passenger only

5. **Drivers Details**

Driver's Licence No

Expiry Date

6. What is your disability?

7. What appliance to 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

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?

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?

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

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

14. Is the significant disability permanent?

If **NO** go to question 15. if **YES** go to question 16.

Yes No

15. Is the significant disability likely to last less than six (6) 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?

Yes No

17. Does your patient's disability affect their capacity to walk distances 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 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

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

The personal information on this form is being collected by Council to enable the processing of an Application for Disabled Persons' Parking Permit and for the purpose of administration of relevant Acts, Regulations and Local Laws. The personal information will be used by Council for that primary purpose or directly related purposes only. The information will not be released unless required by law. The applicant may apply to Council for access and/or amendments of the information.

NOTE: THIS AUTHORITY IS TO BE GIVEN TO THE MEDICAL PRACTITIONER / SPECIALIST / CLINICAL PSYCHOLOGIST, TO BE FILED WITH THE PATIENT'S RECORDS.

Authorisation for Medical Practitioner / Specialist / Clinical Psychologist to complete the application form.

Insert name of Practitioner

Address

I hereby authorise you to complete my application for a Disabled Persons' Parking permit and to forward it to

_____ (name of municipality)

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 requested by the authorised Council Officer.

Applicant's signature (or Applicant's Agent)

Date

Name in block letters

Date

The personal information on this form is being collected by Council to enable the processing of an Application for Disabled Persons' Parking Permit and for the purpose of administration of relevant Acts, Regulations and Local Laws. The personal information will be used by Council for that primary purpose or directly related purposes only. The information will not be released unless required by law. The applicant may apply to Council for access and/or amendments of the information.