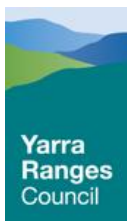


DISABLED PERSONS PARKING SCHEME – PERSONAL APPLICATION

Office Use Only



Permit No:	
Category Code	
Issue Date:	
Current Expiry Date:	
Renewal Expiry Date	

To be completed by the Applicant or the Applicant's Agent. Use BLOCK letters only. Then return to:
Yarra Ranges Council, PO Box 105, Lilydale Vic 3140

Applicant

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Postal Address

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Residential Address

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Date of Birth:	Telephone No:
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Applicant Status (tick one box)					
Passenger Only <input type="checkbox"/>	Driver/Passenger <input type="checkbox"/>	if driver – please give license no		Expiry Date	

I make this declaration in the firm belief that all the information on this form is, to the best of my knowledge, true and correct, & 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 14 days. I further agree that the permit remains the property of the issuing council, & will return within 7 days of notification of such return being required. The Applicants Agency may sign & take full legal responsibility on the Applicant's behalf.

Applicant's Signature (or Applicant's Agent)

	Date:
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Explanation of Category One & Two Type Permits (Please read)

Some patients may have a permanent disability, whereas other patients may have a temporary ailment lasting only a couple of Months or a few years. In view of Councils requirements & the differences between the two categories, could you please read the following explanations:

CATEGORY ONE: (White Permit with Blue Printing) Persons in this category genuinely require the use of additional space to use an aid (wheelchair, walking frame or caliper crutches). Disabled bays are made with extra width so that these appliances can easily be maneuvered between parking bays.

A permit holder (driver/passenger) is entitled to park a vehicle in any normal parking area or bay for twice the time limit display on any parking signs (upon payment of an initial parking fee, if applicable).

This permit type will only be issued to persons with physical impairment.

CATEGORY TWO: (White Permit with Green Printing) Category two permit holders are not permitted to park in Disabled parking bays. A permit holder (driver/passenger) may park a vehicle in any normal parking area for twice the time limit displayed on any parking signs (upon payment of any initial parking fee if applicable). This permit to be issued to people who require extra time to complete their tasks. This will provide the permit holder the opportunity for rest breaks and to generally take their time without over exerting themselves.

**STATEMENT FOR COMPLETION BY MEDICAL PRACTITIONER,
SPECIALIST MEDICAL PRACTITIONER OR 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 Person's Parking Permit as per Vicroads guidelines. A Permit will not be issued unless all details on the application are completed.

What is your patient's disability?

1. Does the patient have an acute, chronic or intellectual disability?

Please indicate: **Acute** **Chronic** **Intellectual**

2. Does minimal walking endanger their health in the long term? **Yes** **No**

3. Does the patient's disability result in an extreme danger to themselves and others without the continuous attendance of a caregiver? **Yes** **No**

4. Is the patient ambulatory? (Capable of walking / not bedridden) **Yes** **No**

5. Does the patient require additional space to access their vehicle? **Yes** **No**

6. If yes – what appliance does the patient use as an aid?

Wheelchair **4 Pronged Stick** **Walking Frame**
Crutches **Full Length Calipers** **Artificial Legs**

7. Is the patient's disability permanent? **If yes go to Q 9.** **Yes** **No**
(A 3 year ticket will be issued for permanent conditions)

8. For **Temporary** permits **only** please tick required timeframe

1 Month 3 Months 6 Months 12 Months

(Supporting Information)

9. Additional supporting evidence / information known to you:-

DECLARATION BY MEDICAL PRACTITIONER / CLINICAL PSYCHOLOGIST

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

SIGNATURE & STAMP OF MEDICAL PRACTITIONER / CLINICAL PSYCHOLOGIST

Signature:	Date:
Stamp / Qualifications:	Phone: