



# Disabled Persons Parking Scheme Application (Warrnambool residents only)

The Applicant is the Person with the Disability

**SECTION 1 - This section is to be completed by the applicant**

**PLEASE NOTE:**

Applications can take up to 7 – 10 working days to process.  
Completion of this form does not guarantee a disabled parking permit.  
The Medical Practitioner provides information on this legal document which will determine the category of the permit.  
Disabled persons' parking permits are only issued to people with a medical condition that severely affects mobility.

<b>Office use Only</b>		
Permit number:	.....	
Date:	..... / ..... / .....	
Expiry Date:	..... / ..... / .....	
Category:	1	2 (circle)

Is this Application for a: NEW permit  Existing/Replacement permit  (Please tick appropriate box)

1. Surname

Date of Birth

2. Given Name

Male  Female

3. Residential Address (You must supply a residential address if a PO Box is listed)

Telephone

4. Is the Label for a: (Please tick appropriate box)

- Driver/Passenger
- Passenger Only
- Temporary Permit

5. Driver Details

Drivers Licence Number (Driver/Passenger application only)

Expiry Date

6. 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 Council and will be returned within seven (7) days of notification of such return being required. (The applicant's Guardian/Carer may sign and take full legal responsibility on the Applicants behalf).

Applicants Signature (or Applicant's Guardian/Carer)

Date

**SECTION 2 - 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.*

7. What is your patient's disability?

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

9. Does your patient have an aid that requires additional space to access his/her vehicle due to the disability?

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

11. Is the significant disability permanent?

If NO go to Question 12. If YES go to Question 13

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

12. Is the significant disability likely to last less than six months?

<input type="checkbox"/>	<input type="checkbox"/>
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13. Does your patient's disability result in extreme danger to themselves or others in a public place without the continuous attendance of a caregiver?

<input type="checkbox"/>	<input type="checkbox"/>
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14. Does your patient's disability affect their capacity to walk distances such that they require rest breaks?

<input type="checkbox"/>	<input type="checkbox"/>
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15. 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?

<input type="checkbox"/>	<input type="checkbox"/>
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16. Is the mobility aid consistent with the applicant's disability?

17. Additional supporting information known to you.

*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.*

Does the applicant require a Lifelong Permit: Yes  No

*\*A Lifelong Permit is for a significant intellectual or ambulatory disability that is not likely to improve in an individual's lifespan*

Name and Address of Practitioner/Specialist/Clinical Psychologist

Signature of Practitioner/Specialist/Clinical Psychologist

Date