Temporary disability parking permit application

Please use this form if you have a temporary disability and require a temporary disability parking permit. People whose sole disability is blindness or intellectual are not eligible for a permit.

Please print

Title | Given Name/s

Surname | Date of Birth / /

Unit/Street No | Street

Suburb | State | Postcode

Postal Address (if different from street address)

Suburb | State | Postcode

Phone H | B | M

Email

Have you been issued with a temporary disability parking permit before?

❑ YES
$5.50 renewal fee applies

❑ NO
$22.00 new application fee applies

Applicant Declaration

I hereby declare that all the information given by me is correct to the best of my knowledge and I authorise the health care professional (e.g. Physiotherapist, Occupational Therapist, Medical Practitioner, etc.) who completes the medical questionnaire overleaf to disclose to the Managers of this scheme or a Medical Referee any information relevant to this application.

Your Signature _____ Date / /

Please ensure a qualified health care professional completes the medical questionnaire section of this form (overleaf) in support of your application.

MEDICAL QUESTIONNAIRE

This section needs to be completed by a qualified Health Care Professional
(e.g. Medical Practitioner, Physiotherapist, Occupational therapist etc.)

This questionnaire is to ensure that the number of people who are issued with a temporary disability parking permit is not excessive to the point where the available car parking spaces are overloaded while at the same time ensuring that people with disabilities and the greatest need to use these spaces are issued with a permit.

It is intended that temporary disability permits be issued for a maximum period of 12 months (or up to an additional six months if reviewing eligibility for a permit) to people who have a significant mobility disability that results in them being unable to walk or only able to walk short distances, i.e. those people with disability with the greatest need to park close to doctors, shops and other necessary services.

People whose sole disability is blindness or intellectual are not eligible for a permit.

Details of Qualified Health Care Professional completing this Questionnaire:

Title | Given Name/s

Surname

Practice

Unit/Street No | Street

Suburb | State | Postcode

Phone B | M

Questionnaire (Please print and answer <u>all</u> questions

1. Does the applicant currently hold a temporary disability parking permit

   Please tick Yes ❑ No ❑

2. (a) Describe the relevant ambulatory disabilities of the applicant

2. (b) Will the applicant be totally reliant on a complex walking aid as a consequence of their disability?

No ❑ Yes ❑ (If Yes please tick appropriate box below)

❑	❑	❑	❑	❑	❑
Wheel Chair	Walking Stick	Walking Frame	Four Point Stick	White Cane	Other

3. Do you consider that as a result of the described ambulatory disabilities the applicant is, for a minimum period of 6 months from the date of this application, or in the case of a person who is reliant on a wheelchair a minimum period of 3 months from the date of this application:

(a) Unable to walk; or Yes ❑ No ❑

(b) Only able to walk very short distances Yes ❑ No ❑

i.e. 50 metres or less within five minutes without the assistance of another person, or the use of a complex walking aid.

4. Only answer this question if you answered NO to Question 1

Please advise the length of time the applicant is expected to meet the above criteria.

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
3 mths	4 mths	5 mths	6 mths	7 mths	8 mths	9 mths	10 mths	11 mths	12 mths

5. Only answer this question if you answered YES to Question 1

Please advise the length of time the applicant's current permit should be extended by:

❑	❑	❑	❑	❑	❑
1 mths	2 mths	3 mths	4 mths	5 mths	6 mths

I hereby certify that the information given by me is correct and that I have no objection to this report being referred to an independent medical referee for assessment.

Your Signature _____ Date / /

OFFICE USE: Approved Permit No. _____

Refused Date:

Personal Information Protection Statement

As required under the *Personal Information Protection Act 2004*

1.	Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates, on request to Launceston City Council.
2.	Information can be used for other purposes permitted by the Local Government Act 1993 and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of Launceston City Council, in accordance with Council's Personal Information Protection Policy (17-Plx-005).
3.	Failure to provide this information may result in your application not being able to be accepted or processed.