

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 temporary 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 in the past 12 months?

☐

YES

\$5.50 renewal fee applies

☐

NO

\$27.00 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 and **stamped** 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	<input type="text"/>	Given Name/s	<input type="text"/>		
Surname	<input type="text"/>				
Practice	<input type="text"/>				
Unit/Street No	<input type="text"/>	Street	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	B	<input type="text"/>	M	<input type="text"/>	

Questionnaire (Please print and answer **all** 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 Walking Walking Four Point White
Chair Stick Frame Stick 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.

☐ ☐

6 mth 12 mth

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:

☐

6 mth

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 <i>Personal Information Protection Act 2004</i> 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.

PURPOSE:

An application form to apply for a temporary disability parking permit.

SCOPE:

Applies to all eligible persons applying for a temporary disability parking permit.

RELATED POLICIES & PROCEDURES:

- TechOne RM (Parking - PtempDisab)
- [32-Rfx-012 Temporary Disability Parking Permit Factsheet](#)

DOCUMENT INFORMATION:

Reference number	32-Fmx-003
Version	01/07/2025
Review	01/06/2026
Key function	Traffic Management
System	Parking
Document type	High Level or Detail Procedure
Responsible Directorate	Connections and Liveability
Approved by	Team Leader Customer Service
Action Officer	Kate Woodland
Text search key words	Temporary disability parking permit application

To be communicated to <i>(To be identified by Approver)</i> (Insert ✓ in relevant row)		Department/Area only
		Directorate via Director and Managers
	✓	Specific Areas: <ul style="list-style-type: none"> • Customer Service • Parking Department • Colin - CS Knowledge Base
		Organisation-wide
	✓	Website
		Intranet (via a link)
	✓	CSC KB (Colin)

Hard copy distribution	Customer Service Centre
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