



# APPLICATION FOR ENTRY TO THE DISABLED PERSONS PARKING SCHEME

Moyne Shire Council, PO Box 51, Port Fairy 3284

## **PART A – To be completed by the Applicant, or the Applicant’s Agent.**

As from the 1<sup>st</sup> July 2017, Council will be charging a \$10.00 fee for all permits including new, renewal & replacements.

<b>Office Use Only</b>	Issue Date
No.....	..... / ..... / .....
Expiry Date: ..... / ..... / .....	
Code:	

**Read ‘Conditions of Use’, on page 2, before completing this form.**

## **DETAILS OF THE APPLICANT**

Note: The Applicant in this matter is the person with the disability.

A. Family name of applicant (BLOCK LETTERS)

B. First name of applicant (BLOCK LETTERS)

Date of Birth

C. Male  Female

D. Residential Address of applicant (BLOCK LETTERS)

Daytime phone No.

Post Code:

E. Does the applicant drive a vehicle? NO  YES

Driver’s Licence No \_\_\_\_\_ Driver’s Licence Expiry date \_\_\_\_\_

F. Please describe the applicant’s disability.

Please describe

G. Does the applicant need continual use of a support aid for their mobility in moving to and from a vehicle? Yes No

H. Please describe any mobility or support appliance used by the applicant.

Please describe

**It is the obligation and responsibility of the Permit- holder / agent to understand the Road Safety Act and Regulations and conditions of the use of the disabled persons parking permit.**

I. **Declaration by Applicant** (or by Agent on behalf of the applicant.)

I make this declaration in the belief that all the information provided on this form is, to the best of my knowledge, true and correct. I am aware that false declarations can result in the cancellation of the permit and 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 will notify the Moyne Shire Council within fourteen (14) days. I further agree that the permit remains the property of the Moyne Shire Council and I will return it within seven (7) days of its expiry or if notification of such return is given or posted to me or my agent.

**Applicant or Agent’s Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## APPLICANT / AGENT HAS THE RESPONSIBILITY TO READ CAREFULLY CONDITIONS OF USE

- The parking entitlements applicable to the permit apply anywhere in Victoria. Reciprocal arrangements between states which have been agreed to be the Australian Transport Advisory Council also apply;
- The permit **MUST** be hung from the rear view mirror with expiry date and permit number clearly visible from the out side of the vehicle. **NOTE: For your own safety please ensure that the permit is removed from the rear vision mirror BEFORE driving the vehicle;**
- 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 disabled persons' permit;
  - Show proof the 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.
- 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.
- The permit remains the property of the issuing council, and must be returned within seven (7) day upon;
  - Change of disability status;
  - Death of the permit holder;
  - Notification of such return being required.
- A person may only hold one permit.
- An organisation may hold more than one permit but must justify in writing to the council the number of permits required or any increase / decrease in the number of permits required. An organization may also hold a trip specific permit.



**CATEGORY ONE** 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).  
(White permit with **blue** printing)

**P  
X 2**

**CATEGORY TWO** a permit holder (driver / passenger) may park a vehicle in any ordinary area or bay for twice the specified time (upon payment of an initial parking fee, if applicable).  
(White permit with **green** printing)

### DRIVER PLEASE NOTE

- Category Two Permit Holders are **NOT PERMITTED** to park in disabled persons' parking bays / areas.
- As it is the obligation of the driver of the vehicle to ensure a valid Permit is used; any Parking Infringement Notice issued in respect of a vehicle where a valid permit was not displayed on the vehicle, or where the permit displayed is expired, or, where the Permit displayed has become unreadable from the outside of the vehicle is **unlikely to be withdrawn**.
- If the permit is lost or stolen, you must show Council adequate proof, eg a copy of the Police Report and/or complete a Statutory Declaration.

**If you do not understand any information in this document or on the form please contact  
Customer Service on 55680555**



# APPLICATION FOR ENTRY TO THE DISABLED PERSONS PARKING SCHEME

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## **PART B – To be completed a Medical Practitioner / Specialist Medical Practitioner / Clinical Psychiatrist**

### 1. What is your patient's disability?

Please describe fully

2. Does your patient's disability require continual use of a complex walking aid for mobility and/or support while moving to and from the motor vehicle? Yes No  
 (NB: Complex walking aid means, a device/s with more than one point of contact with the ground)

3. Does your patient require a wider than normal parking bay in order to gain access to the parked vehicle with a complex walking aid? Yes No

### 4. List any mobility / support aid/s, including complex walking aid, used by your patient.

Describe here (more space over page if required)

5. Does your patient's physical disability require a wider than normal parking bay in order for them to get into, or out of, the parked motor vehicle? Yes No

6. Is your patient's disability diagnosed to persist for 12 months or longer? Yes No  
 (If you answered 'YES' please go to question 8. If 'NO' please answer question 7)

7. Is your patient's disability likely to continue for less than six months? Yes No

8. Does your patient have a significant intellectual disability that makes them an extreme danger to themselves and others in a public place without the continuous attendance of a caregiver? Yes No

9. Does your patient's disability affect their capacity to walk a distance of 60 metres, such that they would require a rest break while walking? Yes No

10. Does your patient's disability affect their capacity to walk a distance of 60 metres, such that it may be severely INJURIOUS to their health? Yes No

11. Is the mobility or support aid consistent with the applicant's level of disability? Yes No

12. If you wish to supply any additional information that may assist in the assessment, space is provided over the page.

I, (Medical Practitioner, please print your name) \_\_\_\_\_  
 state the information within this document is true and correct to the best of my knowledge. I make this statement in the full understanding that the willful inclusion of false, or deliberately misleading, information within this document may be an offence punishable by law.

Signature of Medical Practitioner / Specialist / Clinical Psychiatrist

Date

Address of Medical Practitioner / Specialist / Clinical Psychiatrist:

Provider Number

Telephone