



Disabled Persons' Parking Scheme

Information on making an application

A statewide Disabled Persons' Parking Scheme currently operates in Victoria. The Scheme provides for two permit categories with varying parking concessions, based on the applicant's need for assistance.

Under category one, permit holders with significant intellectual or ambulatory disabilities who meet the eligibility criteria are entitled to park a vehicle in a special bay reserved for people with a disability 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 any initial parking fee, if applicable).

Under category two, permit holders who require rest breaks when walking may park a vehicle in any ordinary area or bay for twice the specified time (upon payment of any initial parking fee, if applicable). Category two permit holders are not permitted to park in special disabled persons' parking bays.

Types of permits

Code A – for a driver / passenger who has a disability;

Code B – for a passenger who has a disability;

Code C – for an organisation providing a transport service for people with disabilities;

Code D – for a temporary permit.

Who is eligible?

Category One

A person may hold only one disabled persons' parking permit.

A person is eligible for a permit:

- if a Medical Practitioner indicates that he / she has a significant ambulatory disability such that he / she is required to use a complex walking aid that prevents access to a vehicle in a standard sized parking bay, or he / she cannot access a vehicle in a standard sized parking bay (Code A or B).
* A complex walking aid is defined as an aid which has more than one contact point with the ground.

OR

- if a Medical Practitioner certifies that he / she has either an acute or chronic illness in which minimal walking may endanger his / her health acutely or in the long term (Code A or B).
- A significant permanent ambulatory disability that is not likely to improve in the person's lifespan (Code A or B).
- A significant long-term ambulatory disability is a disability that is not likely to improve within six months (Code D);

OR

- if a Specialist Medical Practitioner or a Clinical Psychologist indicates that he / she is an extreme danger to himself / herself and others in a public place without continuous attendance by a caregiver (Code B).

Category Two

A person may only hold one disabled persons' parking permit and be eligible for it:

- if a Medical Practitioner indicates that he / she has a significant ambulatory disability or severe illness which does not affect their ability to walk distances but will require rest breaks when continuous walking is undertaken.

Codes A, B and D apply to both categories.

Parking is not permitted in restricted locations such as Clearways, No Standing and No Parking Areas, Taxi Only Areas, Bus Zones, Authorised Resident Areas etc.

If you are eligible for the Scheme you should receive a copy of the "Conditions of Use" with your permit.

How to apply

Application forms are available from municipal councils. Permits will only be issued to established residents of a municipality. The first part of the application form must be completed by you or your agent. The rest of the application form should be completed by the Specialist Medical Practitioner or Clinical Psychologist for intellectual disabilities and the Medical Practitioner for all other disabilities. The completed form must then be returned to the council in which you reside. Please return completed applications to the Customer Service counter at The Wangaratta Government Centre or post to:

The Rural City of Wangaratta
Records Department
P O Box 238
Wangaratta Vic 3676

You or your agent is responsible for any fees incurred in the completion of the form. Your authority for the Medical Practitioner / Specialist Medical Practitioner / Clinical Psychologist to release medical information, is to be signed and given to him / her. An organisation providing a transport service to the disabled is required to complete a separate application form.

Permit renewal

If you have a permanent disability you will be issued with a permit for three years. Temporary permits will be issued for a disability that is not likely to improve within six months and a further medical certificate must be presented for renewal of the permit. Organisations will receive a permit for 12 months.

Permit cancellation

A permit is automatically cancelled after the expiry date and may be cancelled at any time for wilful misuse or breach of the Conditions of Use. Penalties may be imposed for misuse of the permit. Further information may be obtained by your local council.

Refusal of an application

Where an application is refused, the council must give reasons for its decision in writing and reconsider your application if you seek a second opinion from another Medical Practitioner or Clinical Psychologist.

Travelling interstate

Permits are recognised elsewhere in Australia. Parking concessions may be different in other States and Territories and you should check the conditions applying to the Disabled Persons Parking Scheme in the State or Territory you intend to visit. For a brochure giving some details regarding interstate schemes, please contact Customer Service on 5722 0888

Further information

If you are unclear as to your eligibility or require further information please contact Council's Community Compliance Unit on 5722 0888.

Disabled Persons' Parking Scheme - Application

Part A - must be completed by the Applicant (the person with the disability) or the Applicant's Agent.

Part B - must be completed by a Medical Practitioner/Specialist Medical Practitioner/Clinical Psychologist

Please PRINT with BLOCK LETTERS.

Office Use Only

Received:

Permit No:

Date Issued: / /

Expiry Date: / /

Reissue? Y/N Blue / Green

PART A

1. Surname Title (please circle)
 Mr / Mrs / Ms / Miss

2. Given/Christian Name Date of Birth
 / /

3. Address Post Code Telephone Number

4. Is the label for a:
Driver/Passenger Passenger only Temporary Permit

Question 5 should be completed by the Driver/Passenger only

5. Driver details Driver's Licence No. Expiry Date

6. What is your disability?

7. What appliance do you use as an aid?

8. 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 the issuing council and will be returned within seven (7) days) of notification of such return being required. The Applicant's agent may sign and take full legal responsibility on the Applicant's behalf.

Applicant's signature (or Applicant's Agent)

Date

An appropriate charge for completion of this application and any necessary examination is to be borne by the applicant.

NOTE: THIS AUTHORITY IS TO BE GIVEN TO THE MEDICAL PRACTITIONER/SPECIALIST MEDICAL PRACTITIONER/ CLINICAL PSYCHOLOGIST, TO BE FILED WITH THE PATIENT'S RECORDS.

Authorisation for Medical Practitioner/Specialist Medical Practitioner/ Clinical Psychologist to complete this application form.

Insert name of Practitioner

Address

I hereby authorise you to complete my application for a Disabled Person's Parking Permit for the Rural City of Wangaratta. I further authorise you to provide additional information or opinion relevant to the consideration or any reconsideration of my application as may be reasonably requested by the authorised Council officer.

Applicant's signature (or Applicant's Agent)

Date

Name in BLOCK letters

PART B – 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.

9. What is your patient's disability?

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

11. Does your patient require additional space to access his/her vehicle due to the disability?

12. Does the use of the aid cause your patient the need to use this space?

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

	YES	NO
14. Is the significant disability permanent? If NO go to question 15. If YES go to question 16	<input type="checkbox"/>	<input type="checkbox"/>

15. Is the significant disability likely to last less than six months?	<input type="checkbox"/>	<input type="checkbox"/>
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16. 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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17. Does your patient's disability affect their capacity to walk distances such they require rest breaks?	<input type="checkbox"/>	<input type="checkbox"/>
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18. 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"/>
<input style="width: 100%; height: 20px;" type="text"/>		

19. Does your patient have a condition or impairment which would cause them to suffer significant symptoms with more than minimal walking?	<input type="checkbox"/>	<input type="checkbox"/>
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20. Is the mobility aid consistent with the applicant's disability?	<input type="checkbox"/>	<input type="checkbox"/>
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21. Additional supporting information known to you.

Declaration

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.

Signature of Medical Practitioner/Specialist Medical Practitioner/Clinical Psychologist	Date
<input style="width: 100%; height: 20px;" type="text"/>	

Name of Medical Practitioner/Specialist/Clinical Psychologist	Qualifications
<input style="width: 100%; height: 20px;" type="text"/>	

Address	Telephone No.
<input style="width: 100%; height: 20px;" type="text"/>	