



<b>Office Use Only</b>	
Date:	_____
Permit No:	_____
Expiry:	_____

This form has two parts to be completed. Please use BLOCK LETTERS

- 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 as nominated by the applicant.

Privacy Statement

The personal information requested on this form is being collected by council for the purpose of issuing an individual disabled parking permit, in accordance with the Road Safety (Road Rules) Regulations (Vic) 1999 and associated code. The personal information will be used solely by Council for that primary purpose or directly related purposes. Council may disclose this information to other municipal councils for the purpose of confirming the existence of a valid disabled persons parking permit issued by Towong Shire Council.

**PART A**

1. Surname

2. Given Names

Date of Birth

3. Address

  

Telephone

4. Is the label for a:

Driver/Passenger  Passenger Only  Temporary Permit

Note: Question 5 should be completed by 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 anyway 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**

**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 Persons Parking Permit and to forward it to the Towong Shire Council, PO Box 55, Tallangatta, 3700.

I further authorise you to provide additional medical 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 constantly use an assistive device for support to aid his/her mobility?**

Yes  No

**11. What appliance does your patient use as an aid?**

**12. Does your patient require additional space to access his/her vehicle due to the disability or appliance?**

Yes  No

**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?**

Yes  No

**14. Does your patient have the ability to walk 60 metres without the use of their assistive device?**

Yes  No

**15. Does your patient require the use of an oxygen unit?**

Yes  No

16. Does your patient 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.

Yes  No

17. Is the significant disability permanent? If YES go to question 19. If NO go to question 18.

Yes  No

18. Is the significant disability likely to last longer than six months?

Yes  No

19. 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 are punishable by law.

**Signature of Medical Practitioner/Specialist /Clinical Psychologist**

**Date**

**Name of Medical Practitioner/Specialist/Clinical Psychologist**

**Qualifications**

**Address**

  

**Telephone**

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

**Once completed, please return this form to:**

**Disabled Parking Permits  
Towong Shire Council  
PO Box 55  
TALLANGATTA VIC 3700**