

# PEOPLE WITH DISABILITIES PARKING PERMIT

## INFORMATION FOR APPLICANTS

Please ensure that both pages of the form are completed and returned to:

**BY MAIL:** Maroondah City Council  
PO Box 156  
Ringwood 3134

**IN PERSON:** REALM  
179 Maroondah Highway, Ringwood

Croydon Service Centre, Croydon Library, Civic Square, Croydon  
7 Civic Square Croydon

For Further information please contact Council by:

- Email: [maroondah@maroondah.vic.gov.au](mailto:maroondah@maroondah.vic.gov.au)
- Phone: 1300 88 22 33 or (03) 9298 4598
- SMS: 0480 020 200
- Live Chat: [www.maroondah.vic.gov.au](http://www.maroondah.vic.gov.au)

**Contact us**

**Phone** 1300 88 22 33 or 9298 4598 **Fax** 9298 4345

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**Visit us**

**City Offices** Braeside Avenue, Ringwood **Realm** 179 Maroondah Highway, Ringwood **Croydon** Civic Square, Croydon

ABN 98 606 522 719

# PEOPLE WITH DISABILITIES PARKING PERMIT INFORMATION FOR APPLICANTS

## WHAT IS THE PURPOSE OF THE PEOPLE WITH DISABILITIES PARKING SCHEME?

The state-wide Disabled Persons' Parking Scheme currently operates in Victoria 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 bay reserved for disabled motorists only, for a specified time (upon payment of an 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 disabled persons' parking bays.

## TYPES OF PERMITS

Code A for a disabled driver/passenger;

Code B for a disabled passenger;

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 person's parking permit and be eligible for it:

- if a Medical Practitioner indicates that he/she has 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 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 indicates that he/she suffers from a condition which is critical or dangerous to their health, which may be either chronic or acute, and affects the applicant's ambulatory ability to such an extent that walking distances is injurious (as opposed to inconvenient) (Code A or B).

*A significant permanent ambulatory disability is a 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 has a significant intellectual disability such 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.

## **WHAT CONCESSIONS ARE AVAILABLE?**

You are entitled to one permit only which allows you to park your vehicle:

⇒ **Category One**

- in a special area or bay for people with disabilities, for the time and parking fee specified for that area or bay, if applicable;

OR

- for twice the specified time for any ordinary parking area or by, upon payment of any initial parking fee, if applicable.

⇒ **Category Two**

- for twice the specified time for any ordinary parking area or by, upon payment of any initial parking fee, if applicable.

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

Councils provide a mix of wide and ordinary size disabled parking bays depending on the facilities to be accessed. To assist people with disabilities who require additional space when entering and leaving a vehicle, permit holders who are able to do so, should use ordinary parking bays, leaving the wide bays for those who need the space.

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 permanent residents of a municipality. You or your agent must complete the first part of the application form. The Specialist Medical Practitioner or Clinical Psychologist for intellectual disabilities and the Medical Practitioner for all other disabilities should complete the rest of the application form. 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 a 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.

**The onus is on the applicant/applicant's agent to reapply for a renewal permit, when current permit expires.**

## **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. Such cancellation shall be notified in writing. Penalties may be imposed for misuse of the permit. Further information may be obtained from 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 can be used anywhere in Australia. Parking concessions may be different in other states or territories and you should check the conditions applying to the Disabled Persons Parking Scheme in the state or territory you intend to visit. A brochure giving some details regarding interstate Schemes is available from your local council.

## DISABLED PERSONS PARKING SCHEME - APPLICATION (Individual)

### HOW TO COMPLETE THIS FORM

1. Read the 'Conditions of Issue and Use' section before completing this form
2. Fill out all fields correctly and in block letters
3. Submit the completed form by mail, email, fax or in person

**Please note: The application will not be processed unless all details are completed.**

To be completed by the Applicant or the Applicant's Agent. Please use BLOCK letters only

1. Surname

	Title    Mr    Mrs    Ms
--	--------------------------

2. Given / Christian Names

Date of Birth

3. Address

  


Telephone Numbers

  


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

5. Driver Details (Applicant's Driver's Licence No for Driver/Passenger Permit only)

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

### 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.

#### Contact us

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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?
- |                                                                                                                                                                                   |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                   | <b>NO</b>                | <b>Yes</b>               |
| 14. Is the significant disability permanent?<br>If <b>NO</b> go to question 15. If <b>YES</b> 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"/> |
| 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"/> |
| 17. Does your patient's disability affect their capacity to walk distances such that they require rest breaks?                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>If <b>YES</b> please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>                                                                                                                                                              |                          |                          |
| 19. Is the mobility aid consistent with the applicant's disability?                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Additional supporting information known to you?<br><input type="text"/>                                                                                                       |                          |                          |

**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/Clinical Psychologist

Date

Name of Medical Practitioner/Specialist/Clinical Psychologist

Qualifications

Address

  


Telephone Numbers

  


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

*Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - [privacy@maroondah.vic.gov.au](mailto:privacy@maroondah.vic.gov.au)*