



# DISABLED PERSONS PARKING SCHEME

**The applicant is the Person with the Disability.**  
The applicant must be a resident of the Gannawarra Shire.  
To be completed by the applicant or the applicant's Agent.  
**Use BLOCK Letters only**

**Office Use Only**  
Permit No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Expiry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New application  Renewal

## Personal Details

Name – Mr/Mrs/Ms/Miss \_\_\_\_\_  
Address \_\_\_\_\_  
Postal address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

## Permit Details

Is the label for a:  Driver and/or Passenger (A)  Passenger Only (B)  Temporary Permit (D)

## Applicant's Driver Licence Details – (not to be completed if Passenger only permit required)

Driver's Licence No. \_\_\_\_\_ Expiry Date \_\_\_\_\_  
What is your disability? \_\_\_\_\_  
What appliance do you use as an aid? \_\_\_\_\_

**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 Gannawarra Shire Council - Kerang Office within fourteen (14) days. I further agree that the permit remains the property of the Gannawarra Shire Council - Kerang Office 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** \_\_\_\_\_  
**If agent, please print name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please ensure you also sign this document on Page 3 (Authorisation for Medical Practitioner)**

## PRIVACY NOTIFICATION

Council is collecting the personal information requested on this form for the purpose of carrying out its functions Councils Local Law Services. This information will be used solely by Council, for the primary provision of its Disabled Parking Scheme. Council may disclose this information to other government bodies or contractor or where there is a legislative requirement. The applicant understands that the personal information provided is for the efficient running of Local Law Services, and that he or she may apply to Council for access to and / or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer.

## Gannawarra Shire Council

**Kerang Office** Patchell Plaza, 47 Victoria Street Kerang **Telephone** 03 5450 9333 **Fax** 035450 3023  
**Cohuna Office** 23-25 King Edward Street Cohuna **Telephone** 03 5456 5222  
**Mail** PO Box 287 Kerang 3579 **ABN** 98 993 182 937  
**Email** [council@gannawarra.vic.gov.au](mailto:council@gannawarra.vic.gov.au) **Website** [www.gannawarra.vic.gov.au](http://www.gannawarra.vic.gov.au)

**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. PLEASE PRINT CLEARLY.***

1. What is your patient's disability? \_\_\_\_\_
2. Does your patient's disability require him/her to **continually** use an appliance for support to aid his/her mobility?  YES  NO
3. Does your patient require **additional space** to access his/her vehicle due to the disability?  YES  NO
4. Does the use of the appliance cause your patient the need to use this space?  YES  NO
5. What appliance does your patient use as an aid?  Wheelchair  Walking frame  
 Calliper crutches  Walking stick  Other ➤ \_\_\_\_\_
6. Is the significant disability permanent? ***If NO go to question 7. If YES go to question 8***  YES  NO
7. Is the significant disability likely to last:  less than six months; or  more than 6 months?
8. 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
9. Does your patient's disability affect their capacity to walk distances such that they require rest breaks?  YES  NO
10. Does the disability affect their capacity to walk to such an extent that it may become **severely injurious** (as opposed to inconvenient) to their health?  YES  NO
11. Is the mobility aid consistent with the applicant's disability?  N/A  YES  NO
12. Additional supporting information known to you:

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 \_\_\_\_\_ 

**PLEASE PRINT CLEARLY IN SECTION BELOW OR USE STAMP**

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

**Qualifications** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone No** \_\_\_\_\_

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


## Authorisation by applicant for Medical Practitioner/Specialist Medical Practitioner/Clinical Psychologist to complete application

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 Gannawarra Shire Council - Kerang Office, PO Box 287, KERANG VIC 3579.

I further authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration of my application as may be reasonable requested by the authorised Council Officer.

**Applicant's Signature (or applicant's agent)** 

**Name in block letters**

**Date**

### Information for the Medical Practitioner

Due to an escalation in the number of requests for Disabled Parking Scheme permits, the Gannawarra Shire Council is seeking the assistance of all Medical Practitioners to carefully assess the needs of the applicant for either of the two types of permits used.

Please pay particular attention to questions 2, 5, 8 and 10.

As there are a limited number of parking bays it is important that the privilege available to disabled people is not abused.

#### Types of permit

##### Category 1 (Blue permit)

Persons in this category genuinely require the use of the additional space to use an aid (wheelchair, walking frame or calliper crutches). Disabled bays are made with extra width so that these appliances can be easily manoeuvred between parking bays.

A permit holder (driver/passenger) is entitled to park a vehicle in a bay reserved only for disabled motorists, for the specified time, or may park in any standard parking area or bay for twice the time limit displayed on any parking signs (upon payment of an initial parking fee if applicable). This permit type will only be issued to persons with a physical impairment.

##### Category 2 (Green permit)

Category 2 permit holders are not permitted to park in a disabled persons' parking bay. A permit holder (driver/passenger) may park a vehicle in any standard parking area for twice the time limit displayed on any parking signs (upon payment of an initial parking fee if applicable).

This type of permit will be issued to people who require extra time to complete their tasks. This will provide the permit holder the opportunity for rest breaks and to generally take their time without over exerting themselves.

Both permit types are available for renewal on a three yearly basis, or if the disability is not likely to be a permanent one, a temporary permit will be issued.

# Victorian Disabled Persons Parking Scheme

## Permanent Disability Parking Permits



**Category One**



**Category Two**

To be eligible for a category one permit:

- a Medical Practitioner must confirm that an individual has a significant ambulatory disability and they cannot access a vehicle in an ordinary parking bay, or they are required to use a complex walking aid\* that prevents access to a vehicle in an ordinary parking bay, or
- a Medical Practitioner must confirm that an individual has either an acute or chronic illness in which minimal walking may endanger their health, or
- a Specialist Medical Practitioner or Clinical Psychologist must confirm that an individual is an extreme danger to themselves and others in a public place without assistance by a carer.

\*A complex walking aid is defined as an aid which has more than one contact point with the ground.

To be eligible for a category two permit:

- A Medical Practitioner must confirm that an individual has a significant ambulatory disability or severe illness which does not affect their ability to walk, however they require rest breaks when continuous walking is undertaken.

Temporary permits will be issued to an individual ability to walk is significantly restricted on a temporary basis and is not likely to improve within six months.

Organisations transporting individuals who meet the eligibility criteria are required to complete a separate application form. Eligible organisations will receive a permit for 12 months.