



Glen Eira City Council PO Box 42, Caulfield South, 3162  
Phone: 9524 3333 Fax: 9523 0339 mail@gleneira.vic.gov.au

# Disabled person's parking scheme application

Office use only

Date: \_\_\_\_\_ No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Old permit no: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**The applicant is the person with the disability. Incomplete application will not be processed. To be completed by the applicant or the applicant's agent. Only one permit per person is permitted. Use BLOCK letters only.**

New  Renewal

1. Surname: \_\_\_\_\_

2. Given name: \_\_\_\_\_

3. Date of Birth:      Gender  Male  Female

4. Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

5. Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

6. Is the disabled person;

Driver/Passenger  Passenger only  Temporary

**Note:** If permit is for Driver/Passenger or Temporary - please attach a **copy of the applicants current Drivers Licence** (If no copy is received, a passenger only permit will be issued)

7. What is your disability?

8. Please describe any mobility or support appliance you use?

## 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 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.

Applicant's signature or your nominee: \_\_\_\_\_ Date: \_\_\_\_\_

If application has been submitted by another person;

Name and address of your nominee or power of attorney: \_\_\_\_\_

## Note: Please attach a written authorisation of nominee/copy of power of attorney

The personal information on this form is required to enable you to acquire a Disabled Parking Permit. The information is required under the provisions of the *Road Safety Act 1986* and the Road Rules — Victoria. Failure to provide the information may result in Council not granting your application. You may access any personal information by contacting Council's information privacy officer on 9524 3333.

Bentleigh, Bentleigh East, Brighton East, Carnegie, Caulfield, Elsternwick, Gardenvale,  
Glen Huntly, McKinnon, Murrumbeena, Ormond, St Kilda East

# 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 Person's Parking Permit. A permit will not be issued unless all details on the application are completed.

**Name of the patient:** ..... **Date of Birth:** ...../...../.....

9. Are you the patient's usual treating medical practice/practitioner? \_\_\_\_\_

10. What is your patient's disability?  
\_\_\_\_\_  
\_\_\_\_\_

11. Does your patient's disability require them to **continually** use an appliance for support in mobility?  
 Yes  No If Yes, specify type of aid \_\_\_\_\_

12. Does your patient require additional space to access his/her vehicle due to the disability?  
 Yes  No

13. Is the significant disability permanent?  Yes  No  
If no, what is the expected duration of condition? \_\_\_\_\_

14. Does your patient's disability result in extreme danger to themselves or others  
in a public place without the continuous attendance of a care giver?  Yes  No

15. 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

16. 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: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Rubber Stamp*

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

Bentleigh, Bentleigh East, Brighton East, Carnegie, Caulfield, Elsternwick, Gardenvale,  
Glen Huntly, McKinnon, Murrumbeena, Ormond, St Kilda East

**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 the application form.

Insert name of practitioner:

\_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

I hereby authorise you to complete my application for a Disabled Persons' Parking Permit and forward it to the Glen Eira City Council, PO Box 42 Caulfield South Vic 3162.

I further authorise you to provide additional medical information or opinion relevant to the consideration or any reconsideration by an authorised Council Officer.

Applicant's signature (or applicant's agent): \_\_\_\_\_

Date: \_\_\_\_\_

Name in BLOCK letters: \_\_\_\_\_