



Disabled Persons Parking Scheme

Application Form – Parking in Yarra



Applications to be lodged at the City of Yarra PO Box 168 Richmond 3121. The applicant is the person with the disability. To be completed by the applicant or the applicant's agent. Use BLOCK letters only.

New Permit Renewal

Applicant Details:

Title: _____ | First name: _____ | Last name: _____

Address: _____

Suburb: _____ | State: _____ | Postcode: _____

Phone: _____ | Date of birth: _____

Is the label for a: Driver/Passenger Passenger Only Temporary Permit

To be completed by the Driver/Passenger only: | Drivers 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 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.

The personal information requested on this form is being collected by the City of Yarra for the purpose of assessing your permit application in accordance with the Local Government Act 1989. The Council will use this information only for that purpose or for directly related purposes. You may apply to Council for access to your personal information or to amend the same. If you do not provide this information your permit application cannot be processed.

Applicant's signature (or Applicant's Agent): _____ | Date: _____

Please have your Medical Practitioner / Specialist Medical Practitioner / Clinical Psychologist complete the Eligibility Statement overleaf. A permit will not be issued unless all details on the application are completed.

Website: www.yarracity.vic.gov.au

Telephone: 9205 5555

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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.

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 aid cause your patient the need to use this space? Yes No
5. What appliance does your patient use as an aid? _____
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? Yes No
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
If **YES**, provide details: _____

11. Is the mobility aid consistent with the applicant's disability? Yes No
12. Additional supporting information known to you: (please attach) _____

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: _____ Phone: _____

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

City of Yarra PO Box 168 Richmond VIC 3121 T 03 9205 5555 F 03 8417 6666 TTY 03 9421 4192
Interpreter Services 03 9280 1940 E info@yarracity.vic.gov.au W www.yarracity.vic.gov.au

Medical Practitioner's Authority

Disabled Persons Parking Permit Application – Parking in Yarra



Authorisation for Medical Practitioner / Specialist Medical Practitioner / Clinical Psychologist to complete the application form:

This Authority is to be given to the Medical Practitioner to be filed with the Patient records.

Insert name of Practitioner: _____

Address: _____

I hereby authorise you to complete my application for a Disabled Persons' Parking Permit and to forward it to _____ (name of municipality). 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 required by the authorised Council officer.

Applicant's signature (or Applicant's Agent): _____ | Date: _____

Name in block letters: _____ | Date: _____

OFFICE USE ONLY:

Number: _____ | Expiry Date: _____

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