

East Gippsland Shire Council

273 Main Street (PO Box 1618)
Bairnsdale Vic 3875
Website www.eastgippsland.vic.gov.au
Email feedback@egipps.vic.gov.au
Follow us on Twitter @egsc



Telephone: (03) 5153 9500
Fax: (03) 5153 9576
National Relay Service: 133 677
Residents' Information Line: 1300 555 886
ABN: 81 957 967 765



Disabled Persons Parking Scheme Application

This form is for a Disabled Parking Permit



You will need to complete this form with your doctor.

Please use a black pen and write in capitals.

Name:						
Home address:			Postcode			
Postal address:			Postcode			
Phone number: Home:		Work:		Mobile:		
Email address:						
This application is for: (please tick the correct box/s)						
Person with a disability who drives		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Person with a disability who is the passenger		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Temporary permit		Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Declaration by person with disability:

I agree that

- The information on this form is correct.
- I must **not** give wrong information. I can get in trouble with the law.
- I will follow the rules for the Disabled Parking Permit.
- I will tell Council if my disability changes within 14 days.
- The Disabled Parking Permit belongs to Council.
- I can be asked to give the permit back. If asked I will give the permit back to Council in 7 days.
- If you have a person who acts on your behalf, they can sign for you.

I agree my Doctor or Psychologist can

- Fill in the forms
- Write about my disability
- Send other medical information needed
- To send the forms to East Gippsland Shire Council

Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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Name of your doctor:					
Address of your doctor:			Postcode		
Phone number of your doctor:					
Your signature:					
Your name:			Date: ____/____/____		

Please note that any charges for **completion** of this **application** and any necessary examination are to be paid by the **applicant**.

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This section needs to be completed by your Doctor or Psychologist

This information will help Council decide if your patient can have a Disabled Parking Permit.

1. What is your patient's disability?

2. What equipment does your patient use? _____

3. Does your patient need more space to get to their car because of the disability?

YES NO

4. Is the mobility aid consistent with the patient's disability?

YES NO

5. Does your patient need more space because of their equipment?

YES NO

6. Does your patient always use equipment for mobility?

YES NO

7. Does your patient have a significant ambulatory disability preventing them from accessing a vehicle in an ordinary parking bay?

YES NO

8. Is the disability permanent?

YES NO

If you answer NO, go to question 9.

If you answer YES, go to question 10.

9. Will the disability last less than six months?

YES NO

10. Is your patient a danger to themselves or others in public without support from a carer?

YES NO

11. Does your patient need to have a break when walking long distance?

YES NO

12. Does your patient have either an acute or chronic illness in which walking may endanger their health acutely or in the long term?

YES NO

If YES, please explain _____

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Statement for **completion** by a Medical Practitioner/Specialist Medical Practitioner or Clinical Psychologist.

Due to an escalation in the number of **requests** for Disabled Parking Permits, East Gippsland 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 available. As there are a limited number of disabled parking bays in areas such as shopping precincts, it is important that the privilege available to disabled people is not abused.

CATEGORY ONE

Persons in this category genuinely **require** the use of additional space to use an aid (wheelchair, walking frame or calliper crutches) or have a significant ambulatory disability preventing them from accessing a vehicle in an ordinary parking bay. A permit holder (driver/passenger) is entitled to park a vehicle in a bay reserved only for disabled motorists, for a specified time, or may park a vehicle in any normal parking area or bay for twice the time limit displayed on parking signs (upon payment of an **initial** parking fee, if applicable).

CATEGORY TWO

Persons in this category are not permitted to park in disabled persons' parking bays. They may park a vehicle in any normal parking area or bay for twice the time limit displayed on parking signs (upon payment of an **initial** parking fee, if applicable). This permit is to 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.

Medical Practitioner 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: _____

Name of Medical Practitioner: _____

Qualification: _____

Address: _____

Phone Number: _____

Date ____/____/____

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Hard Words in this Form:

Appropriate: Suitable or proper in the circumstances

Applicant: A person who applies for or seeks something

Assistance: help or support (someone or something) in the achievement of something

Completion: the action or process of completing or finishing something

Initial: occurring at the beginning

Request: an act of asking politely or formally for something

Provide: make available for use or supply

Specified: identify clearly and definitely

Submitting your Application:

Mail	Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875.	
Electronic	Fax to 03 5153 9576 Email to feedback@egipps.vic.gov.au	
In Person	Bring the completed form and supporting documents to any of the following locations;	
	Service Centre Opening Hours: 8:30am to 5:00pm. Monday to Friday.	Bairnsdale Corporate Centre: 273 Main Street. Bairnsdale Service Centre: 24 Service Street. Bairnsdale Business Centre: 34 Pyke Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade.
	Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm	Mallacoota Service Centre: 70 Maurice Avenue

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