

# Disabled Persons Parking Scheme – Application



Office Use Only
No. <input type="text"/>
Expiry Date <input type="text"/>



## Applicant Details

To be completed by the Applicant or the Applicant's Agent.  
The Applicant is the person with the disability.  
Please use BLOCK letters.

1. Surname

2. Given Names

Date of Birth

3. Address

Telephone Numbers

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

**Question 5 should be completed by Driver/Passenger Only.**

5. **Driver Details**    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 then be returned with 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.*

Signature of Applicant

Date



## Practitioner Statement

THE FOLLOWING STATEMENT IS 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.**

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?

14. Is the significant disability permanent? If NO go to question 15. If YES go to question 16.

YES  NO

15. Is the significant disability likely to last less than six months? YES  NO

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? YES  NO

17. Does your patient's disability affect their capacity to walk distances such that they require rest breaks? YES  NO

18. 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

19. Is the mobility aid consistent with the applicant's disability?

20. Additional supporting information known to you.

## Disabled Persons Parking Scheme –Practitioner Statement



### Practitioner Statement (continued)

#### Declaration of Medical Practitioner /Specialist /Clinical Psychologist

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 Number

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

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**Please return application by post to: Stonnington City Council P.O. Box 58, Malvern 3144**

**OR**

In person to:

Stonnington City Centre

OR

Stonnington Services and Visitor Hub

Opposite Malvern Town Hall

Chatham Street

311 Glenferrie Road

Prahran Square

Malvern

Prahran

All enquiries regarding the Disabled Persons Parking Scheme Tel: **8290 1333**

#### Privacy Statement

Personal and health information collected in this form will only be used or disclosed for the purpose of processing this application for a Disabled Persons Parking Permit, or where required by law. If the information is not provided, the application cannot be processed. The collection and handling of personal information will be conducted in accordance with the City of Stonnington's Privacy Policy. The policy can be viewed on the City of Stonnington website or is available for inspection at its Service Centres.

To access or amend your details, withdraw your consent for future disclosure of your personal information or for further information, please contact the City of Stonnington's Privacy Officer on 8290 1333.

Stonnington City Centre  
311 Glenferrie Road, Malvern  
Stonnington Services and Visitor Hub  
Chatham Street, Prahran Square, Prahran  
Stonnington Depot (Administration Building)  
293 Tooronga Road, Malvern

PO Box 58, Malvern Victoria 3144  
T 8290 1333 F 9521 2255  
E [council@stonnington.vic.gov.au](mailto:council@stonnington.vic.gov.au)  
AUSDOC DX 30108  
[stonnington.vic.gov.au](http://stonnington.vic.gov.au)

## Disabled Persons Parking Scheme – Authorisation



**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

I hereby authorise you to complete my application for a Disabled Persons' Parking Permit and to forward it to Stonnington City Council.

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

Applicant's signature (or Applicant's Agent)

Date

Name in block letters

Date

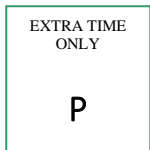


### Category One – (white permit with **BLUE** printing)



A permit holder is entitled to park a vehicle in a bay reserved for disabled motorists, for the specified time only, or may park a vehicle in an ordinary area or bay for twice the specified time (upon payment of an initial parking fee, if applicable).

### Category Two – (white permit with **GREEN** printing)



A permit holder may park a vehicle in an ordinary area or bay for twice the specified time (upon payment of an initial parking fee, if applicable). Vehicles may not be parked in a blue bay, which is reserved for Category One (Blue) Permit holders only.

### Conditions of Use of a Parking Permit for Disabled Persons

- A permit is not valid beyond its expiry date or if the expiry date or the permit number are not legible or have been altered in any way.
- Permits do not exempt vehicles from Statutory Parking Offences at any time eg: No Stopping areas, Loading Zones, Clearways, Taxi Zones, double parking, parking within 10m of an intersection, Permit Zones etc.
- The parking entitlements applicable to the permit apply anywhere in Victoria. Reciprocal arrangements between States, which have been agreed to by the Australian Transport Advisory Council, also apply.
- The permit must be clearly displayed at the left (passenger) side of the front windscreen, with the expiry date and permit number clearly visible from the outside of the vehicle. Damaged or illegible permits must be replaced.
- When requested by an authorised officer, a driver using the permit must:
  - \* state his/her name and address;
  - \* produce his/her driver's licence;
  - \* produce the relevant valid disabled person's permit;
  - \* show proof that he/she or a passenger in the vehicle is the permit holder; and
  - \* move the vehicle from the reserved place, if the officer deems that the permit is invalid or that there is insufficient proof that the driver or a passenger in the vehicle is the permit holder.
- A driver using the permit must either be the permit holder or must be parking the vehicle for the convenience of the permit holder who needs to enter or leave the vehicle. If the permit holder is not present, the permit is not valid for use.
- The permit remains the property of the issuing Council, and must be returned within seven (7) days of notification of such return being required.
- Lost or Stolen permits must be reported as quickly as possible. Permits may be replaced, at the discretion of Council, upon submission of a correctly signed and witnessed Statutory Declaration.

## Disabled Persons Parking Scheme Victoria – Conditions of Use



- A person may only hold one permit.

An organisation may hold more than one permit but must justify in writing to the Council the number of permits required or an increase in the number of permits required.

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