

DISABLED PARKING PERMIT APPLICATION 2020/2021

Completing this form

- Complete all fields in **BLOCK LETTERS**
 - Section One – Applicant Details - Applicant to complete
 - Section Two – Medical Practitioner or Clinical Psychologist to complete
 - Section Three – Payment – Applicant to complete
- Application forms can be submitted in the following ways:
 - Post: Golden Plains Shire Council, PO Box 111, Bannockburn, Victoria 3331
 - Email: enquiries@gplains.vic.gov.au
 - In Person: 2 Pope Street, Bannockburn, Victoria 3331
19 Heales Street, Smythesdale 3351

Please ensure you have read the terms and conditions below prior to submitting your application.

Terms & Conditions

- Please note that completion of this form does not guarantee that a disabled label will be issued. Disabled person's parking permits are only issued to people with a medical condition that severely affects mobility.
- Processing of this application will be in accordance with MAV/VicRoads guidelines for disabled parking. www.vicroads.vic.gov.au. This includes the type of permit that is issued.
- The applicant understands that failure to provide the required information may result in Council not approving the application.
- Permit renewal: A new application form (including medical check performed by a medical practitioner/specialist medical practitioner or clinical psychologist) must be completed before a new permit will be issued.

Permit Fees & Charges

- The cost for a new or renewal disabled parking permit is **\$10.20**
- If a permit is lost or stolen please contact Customer Service to organise a replacement. Please note that a fee may be charged.

What Happens Next?

- If successful, your permit will be **posted** within 10 business days. If you submit **in person**, the permit will be issued immediately.

Office Use Only:

<i>Permit Number</i>		<i>Issuing Officer</i>		<i>Receipt Number</i>	
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Section One

APPLICANT* OR AGENT** TO COMPLETE

* The applicant is the person with the disability and resides within Golden Plains Shire.

** The agent is the authorised person acting on behalf of the applicant.

Please tick one of the boxes			
New (first time) Permit	<input type="checkbox"/>		
Renewal of expired permit	<input type="checkbox"/>	Current Permit number	<input type="text"/>

APPLICANT DETAILS

Title:	Surname:	First Name:
Residential Address:		
Postal Address (if different):		
Phone:	Date of Birth:	
Driver's Licence Number:	Expiry Date:	

PERMIT DETAILS

Please provide details of your disability.	
Type of Aid used:	<input type="text"/>

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 are liable to the penalties of perjury.

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 authorise my Medical Practitioner/Specialist/Clinical Psychologist to complete the application form.

I authorise my Medical Practitioner/Specialist/Clinical Psychologist to provide additional medical information or opinion relevant to the consideration of any reconsideration of my application.

I further agree that the permit remains the property of the issuing council and will be returned within (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 signature)		Date	
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Please have your doctor complete the reverse side of this application form before returning it to the Golden Plains Shire Council for processing.

You will be notified of the outcome of your application in due course.

Please Note: if the relevant sections of the application form are not completed there may be delays in processing and the application may be returned to the applicant.

Section Two

MEDICAL PRACTITIONER/CLINICAL PSYCHOLOGIST SECTION

Medical practitioner/specialist medical practitioner/ clinical psychologist to complete.

PATIENT DETAILS

Name:		
Date of birth:		
Patients disability:		
<i>Please select what type of permit you recommend</i>		
Driver/ Passenger:		Passenger only: <input type="checkbox"/>

<i>Is the disability permanent? (please tick one box)</i>	
YES: It will not improve over time	<input type="checkbox"/>
NO: It will last longer than 6 months	<input type="checkbox"/>
NO: It will NOT last longer than 6 months	<input type="checkbox"/>
<i>What type of aid does your patient use due to the disability?</i>	
<input type="text"/>	
<i>Please tick the box if the answer is "yes" for the following questions</i>	
Does the aid prevent your patient from accessing their vehicle in an ordinary parking bay?	<input type="checkbox"/>
Does your patient require additional space to access their vehicle?	<input type="checkbox"/>
Has their ability to walk been significantly restricted?	<input type="checkbox"/>
Does the patient have a condition/ impairment which would cause them to suffer significant symptoms with more than minimal walking?	<input type="checkbox"/>
Does your patient's disability result in extreme danger to themselves?	<input type="checkbox"/>
Does your patient's disability affect their capacity to walk distances such that they require rest breaks?	<input type="checkbox"/>

Additional supporting information known to you

DECLARATION BY MEDICAL PRACTITIONER/SPECIALIST/ CLINICAL PSYCHOLOGIST

I acknowledge that this declaration is true and correct and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Signature		Date	
Name:			
Qualification/s and rubber stamp:			
Address:			
Contact number:			

An appropriate charge for completion of this application and any necessary examination is to be borne by the applicant. Patient declaration authority to complete the application form and provide additional medical information as requested by Golden Plains Shire Council on page 1. Please copy for your records.

Section Three

Applicant to complete.

PAYMENT

Please select one of the following payment methods by ticking the appropriate box

Cheque/ Money Order		In Person		Call me for payment	
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SUBMITTING YOUR APPLICATION

Please submit your application either in person, via email or post.

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- Email: enquiries@GPLAINS.VIC.GOV.AU
- In Person:
 - 2 Pope Street, Bannockburn, Victoria 3331
 - 19 Heales St Smythesdale 335

Privacy Collection Statement

Personal information collected on this form shall be used by Council's customer service and local laws departments to provide you with a disabled parking permit. Council may disclose your information to other internal departments in order to provide this permit to you and will not disclose to any external party without your consent, unless required to do so by law. If you do not provide us with all required information Council will not be able to issue a disabled parking permit to you.

You have the right to access your personal information and make any necessary corrections. If you have any queries or wish to gain access to amend your information please contact Golden Plains Shire Council's Privacy Officer on (03) 5220 7111 or enquiries@GPLAINS.VIC.GOV.AU Council will comply with its Privacy Policy and Information Privacy Principles in schedule 1 of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001* in relation to the use, storage and disclosure of information.

If you have any queries regarding this Privacy Statement, please contact the Privacy Officer in writing to enquiries@GPLAINS.VIC.GOV.AU or PO Box 111, Bannockburn 3331.

