

To: Medical Practitioner  
Specialist Medical Practitioner  
Clinical Psychologist  
Occupational Therapist

Dear Sir/Madam

The disabled persons' parking scheme provides for the issue of one of two labels.

**CATEGORY ONE (Blue and white label)**

A permit holder (driver/passenger) is entitled to park a vehicle in a bay reserved for disabled motorists only, 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.

This is for use of a person in a wheel chair or who is required to use a complex walking aid (more than one contact point on the ground) and cannot access a vehicle in a standard size parking bay;

OR

An acute or chronic illness in which minimal walking may endanger his/her health.

OR

A significant intellectual disability such that he/she is an extreme danger to himself/herself and others in a public place without continuous attendance by a carer.

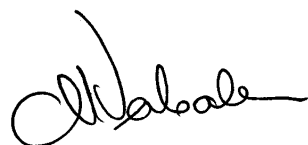
**CATEGORY 2 (Green and white label)**

A permit holder (driver/passenger) may park a vehicle in an ordinary area or bay for twice the specified time upon payment of any initial parking fee, if applicable but may not park in a parking bay specified for disabled motorists only.

This is for a person who has a significant ambulatory disability or severe illness which does not effect their ability to walk distances but will require rest breaks when continuous walking is undertaken.

Prior to the implementation of the category two label, every person was issued with a category one label. After the expiration of that label, several people have been dissatisfied with the issue of the category two label. If your patient warrants a category one label, could you please ensure the correct details are submitted or a return consultation could see them requiring further details.

Yours faithfully



Mark Verbaken  
MANAGER ENVIRONMENT AND COMMUNITY PROTECTION

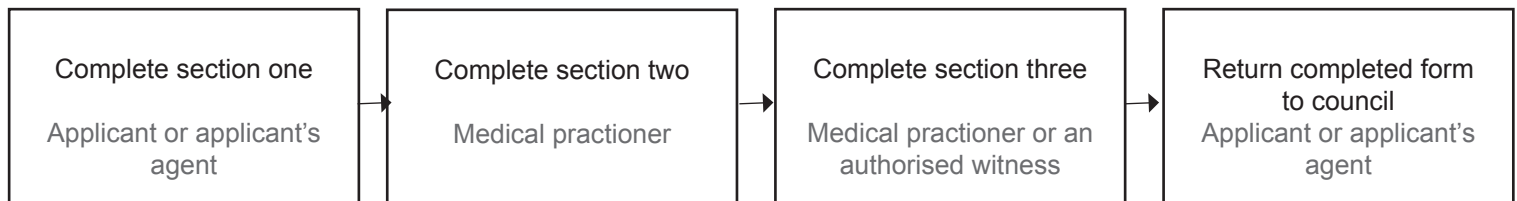
## Application for a disabled persons' parking permit

Disabled persons' parking permits may be issued only for a medical necessity that severely affects mobility. The following check list indicates whether you may be eligible for a permit. Please tick one of the following situations.

- Requires the on-going use of a wheelchair, motorised scooter, or similar assistive device.
- Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, fixed or mobile walking frames, or other assistive device, or without the assistance of another person.
- Use an assistive device that hinders access to a vehicle in a parking bay.
- Have an arthritic, neurological, psychological, cardiac or orthopaedic condition that exhausts their physical capacity to walk 60 metres.
- Use of an oxygen unit.
- Breathing difficulties caused by lung disease.
- Present an extreme risk to the applicant or others is likely without the constant attendance of a caregiver.

This form should be filled in prior to presenting it to your doctor or occupational therapist. The completion of this form may be subject to cost by your doctor or occupational therapist that may not be recoverable.

**A fee of \$5 is payable to Wodonga Council for issuing this label.**



### Collection of personal and health information from applicants for a disabled persons' parking permit

- Wodonga Council collects personal and health information about you to assess whether you are entitled to hold a disabled persons' parking permit and for the purpose of administering and enforcing the disabled persons' parking scheme.
- If you do not provide the information requested, Wodonga Council will not be able to assess your application or grant a permit.
- Wodonga Council may disclose this information to other municipal councils, police and VicRoads, including by printing coded information on the permit, for the purposes of administering the disabled persons' parking scheme and assessing whether the permit is being used in accordance with the permit conditions.
- Wodonga Council is required to collect this information under the *Code for the Disabled Persons' Parking Scheme*, which is made under the Road Rules Victoria.
- You have rights to access the personal and health information that Wodonga Council collects about you. Phone (02) 6022 9218.

#### Consent to be completed by applicants for a disabled persons' parking permit

I have read the statement titled Collection of personal and health information from applicants for a disabled persons' parking permit.

I consent to Wodonga Council collecting personal and health information about me and disclosing such information to any other municipal councils, police and VicRoads in any manner for the purposes described in the statement.

.....  
Signed

.....  
Printed name

**DISABLED PERSONS' PARKING PERMIT APPLICATION FORM**  
**(For City of Wodonga residents only)**



<b>SECTION ONE</b>				
<b>To be completed by the applicant or the applicant's agent (the applicant is the person with the disability)</b>				
Name				
	<i>Title</i>	<i>First name</i>	<i>Middle name</i>	<i>Surname</i>
Address				
Phone number	(Home)		(Mobile)	
Date of birth	_ _ / _ _ / _ _		Sex: (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Type of permit:</b>				
Are you applying for a permit as a driver OR a passenger? <input type="checkbox"/> Driver <input type="checkbox"/> Passenger				
If driver, please provide the applicant's driver's licence no. and expiry date.				
Licence no.		Expiry date	_ _ / _ _ / _ _	
Are there any restrictions on this licence related to the applicant's disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the applicant's disability?				
What assistive device does the applicant use as an aid?				
Why do you believe you require a disabled persons' parking permit?				
<b>Declaration</b>				
<ul style="list-style-type: none"> <li>I make this declaration in the belief that it is true and that a person making a false declaration is liable to the penalties of perjury.</li> <li>I will fully comply with the conditions of use for the permit.</li> <li>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.</li> <li>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.</li> <li>I also understand that the issuing council has the right to advise VicRoads upon the issue of a disabled persons' parking permit to me.</li> </ul>				
The applicant's agent may sign and take full legal responsibility on the applicant's behalf.				
Applicant's signature (or applicant's agent's signature)				
Date	_ _ / _ _ / _ _			

<b>Office use only</b>			
Renewal <input type="checkbox"/>		New application <input type="checkbox"/>	
Receipt no.		Prepayment no.	
Expiry date		Label number	

## SECTION TWO

To be completed by the the medical practioner. Please include any supporting comments in the relevant sections. Please note: The information on this form will be used by Wodonga Council staff to determine the elegibility of your patient for a disabled persons' parking permit. A permit will not be issued unless all details on the application form are completed.

*Please circle answers*

### Use of assistive devices

Does the applicant require the use of assistive devices?

Yes

No

If yes, please specify the assistive device:

### Inability to walk without the use of assistive devices

Does the applicant require the use of an assistive device to walk?

Yes

No

### Physical capacity to walk 60 metres

Is the applicant able to walk 60 metres without the aid of their assistive device?

Yes

No

### Breathing difficulties

Does the applicant require the use of an oxygen unit?

Yes

No

### Additional space

Does the applicant require additional space to access his/her vehicle due to the disability?

Yes

No

### Psychological conditions

Is there extreme risk to the applicant, or others, likely without the constant attention of a care giver?

Yes

No

### Acute or chronic illness

Does the applicant have either an acute or chronic illness in which minimal walking may endanger his/her health acutely or in the long term? If yes, please explain:

Yes

No

### Duration

Is the disability permanent?

Yes

No

If no, is the disability likely to last longer than six (6) months?

Yes

No

If yes, please nominate a date within 12 months for a review of the application

\_\_ / \_\_ / \_\_

## 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.

Signature of medical practitioner/specialist/psychologist/occupational therapist.

Date

\_\_ / \_\_ / \_\_

Name of medical practitioner/specialist/psychologist/occupational therapist.

Qualifications

Address

Phone number

## SECTION THREE

This declaration must be witnessed by a member of the Police Force, Doctor, Barrister or Solicitor, Accountant, Pharmacist, School Principal, Justice of the Peace, Bank Manager, prescribed Public Servant or any other person authorised to witness Statutory Declarations under s. 107(1) of the Evidence Act 1958.

Witness's signature

Date

\_\_ / \_\_ / \_\_

Witness's name

Role