

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 Fax: (02) 6022 9322 Email: info@wodonga.vic.gov.au

To be completed by the applicant or the applicant's agent (the applicant is the person with the disability)	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss							
	Given name:		Middle name:					
	Surname:							
	Address:							
	Suburb:		State:	Post code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone (work):		Phone (home):					
	Mobile:							
	Email:							
	Date of birth:							
Type of permit	Your disability:							
	Do you use an aid?							
	Type of aid used:							
	Type of permit required: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger only							
	Licence number:			Expiry date:				
Privacy statement	<p>Collection of personal and health information from applicants for a disabled persons' parking permit</p> <ul style="list-style-type: none"> • 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 <i>Code for the Disabled Persons' Parking Scheme</i>, which is made under the Road Rules Victoria; and • You have the right to access the personal and health information that Wodonga Council collects about you by phoning (02) 6022 9300. 							
<p>Declaration</p> <p>This form must be signed by the person making the request.</p> <p>Remember it is against the law to provide false or misleading information, which could result in a fine.</p>	<p>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 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 property of Wodonga City Council and will be returned within seven (7) days of notification of such permits being required.</p> <p>The applicant's agent may sign and take full legal responsibilities on the applicant's behalf.</p>							
	Name:							
	Signature:							
	Date: / /							

Office use only Renewal New application

Expiry date:

Label number:

Practitioner's statement

For medical practitioners, specialist medical practitioners and clinical psychologists.

The information on this form will be used by council staff to determine the eligibility of your patient for a disabled persons' parking permit. Completion does not guarantee a permit will be issued. A permit may not be issued unless all details on the application are completed.

What is your patient's disability? _____

Is this disability permanent? Yes No

If no, is this disability likely to last longer than six months? Yes No

Does your patient's disability require him/her to continually use aid for support to assist his/her mobility? Yes No

If yes, what type of aid does your patient use due to their disability _____

Is the mobility aid consistent with the applicant's disability? Yes No

Does your patient require additional space to access his/her vehicle due to the disability? Yes No

Does your patient's disability result in extreme danger to themselves or others in a public place with the continuous attendance of a caregiver? Yes No

Does your patient's disability affect their capacity to walk distances, where they require rest breaks? Yes No

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

Long term prognosis Lifelong condition that will NOT improve over time
 Lifelong condition which MAY improve over time

Permit recommendation

Some patients may have a permanent lifelong disability, whereas other patients may have a temporary ailment lasting only a couple of months or a few years. In view of council's requirements and the differences between two categories, could you please tick the appropriate category below.

Category one permit - wide space



The holder 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 wheelchair 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 as that he/she is an extreme danger to himself/herself and others in a public place without continuous attendance by a carer

I recommend a lifelong/permanent permit for three years I recommend a temporary permit for six months

Category two permit - extra time



The holder may park a vehicle in an ordinary parking area for twice the specific time, but is not entitled to park in the reserved bay for disabled motorists only. This is for a person who has significant ambulatory disability or severe illness which does not affect their ability to walk distances but will require rest breaks when continuous walking is undertaken.

I recommend a lifelong/permanent permit for three years I recommend a temporary permit for six months

Practitioner's declaration

I make this declaration in the firm belief that all the information provided on this form, to the best of my knowledge, is true and correct and I am aware that false declarations may be punishable by law.

Name: _____ Registration number: _____

Signature: _____ Date: _____

Address: _____ Phone (work): _____