



Application for an Australian Disability Parking Permit

Applicant must be a resident of the ACT

Application type

Please select from the following: Original Renewal Change of details Replacement

Personal details

Surname	Given name	Other name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number	Driver licence number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential address		
<input type="text"/>		
Email address		
<input type="text"/>		
Current permit number (if applicable)	Permit applicant is the:	
<input type="text"/>	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger	

Statement relating to permit renewal / change of details / replacement

My current Australian Disability Parking Permit: (Select the statement that best suits your scenario)

Is currently being used and will be destroyed within 24 hours of this application Has been surrendered with this application

Has been: Lost Stolen Destroyed Other, describe below:

Medical practitioner must complete the section over the page (excluding applications for a replacement permit).

Declaration

I hereby apply for the issue of an Australian Disability Parking Permit which will be displayed in any motor vehicle used for my transportation and parking requirements. I understand that the permit may be revoked by the Road Transport Authority in the event of misuse. I understand it is an offence to use a permit once it has been reported lost, stolen, cancelled or expired. Using a permit that has been reported lost, stolen, cancelled or expired may result in an infringement notice. I understand it is an offence to use a copied, photographed, duplicated or defaced permit in any form. Using a copied, duplicated, photographed or defaced permit may result in an infringement notice.

I acknowledge that if I make a false statement in this application I am committing an offence under the *Criminal Code 2002* and criminal penalties may apply. I understand that if I make a false statement or if I withhold relevant information my parking permit may be rescinded and I may be liable for further civil penalties by individuals disadvantaged by my actions. By signing this application I declare all information provided is true and correct to the best of my knowledge.

Please note that information provided on this application may be used to assess your fitness to hold a drivers licence.

Name of applicant	Signature of applicant	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of agent (if applicable)	Signature of agent	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Privacy Statement: The personal information on this form is being collected by Access Canberra (part of the Chief Minister, Treasury and Economic Development Directorate) for processing your parking permit application as authorised by the *Road Transport (Safety and Traffic Management) Act 1999*. The information may be used for the administration of parking related legislation and enforcement. Access Canberra will include your information in its "one client record" so that it can be used in respect of any other dealings that you might have with it. Information about your identity, which forms part of your one client record, will also be used for administrative purposes, including to confirm that we are dealing with the correct individual. Your personal information may be used by or disclosed to other ACT Government Directorates, Commonwealth, State and other Territory government agencies, transport authorities, law enforcement and court agencies, authorised by law; the Motor Accident Injuries Commission; Austroads Ltd; the National Heavy Vehicle Regulator; the National Capital Authority and individuals, their agents or insurers following a report provided to the police of a motor vehicle accident. Personal information and health information related to the assessment of your compliance with the required medical standards may also be disclosed to medical professionals and driving assessors only as is needed to assess your ability to drive safely. If you choose not to provide the personal information requested on this form, we may not be able to process your request. Personal information for this application is not normally disclosed to overseas recipients unless required by law. Personal information is held and managed in accordance with the *Information Privacy Act 2014* and in the case of personal health information, the *Health Records (Privacy and Access Act) 1997*. You can get more information about Access Canberra's privacy policy which explains how it handles your personal information, including how you may access personal information about yourself, seek correction of your personal information held by Access Canberra or complain about an interference with your privacy from act.gov.au/acprivacy.

Important message to medical practitioners

The availability of disability parking spaces is limited. To ensure disability parking spaces are available to those who need them most, it is vital that permits are only granted to applicants who meet the eligibility criteria. Your valuable assistance in helping to achieve this outcome is most appreciated.

Medical practitioner to complete

This section is to be completed by a legally qualified medical practitioner or, in the case of an application based on permanent blindness by a specialist eye doctor in terms of the eligibility guidelines below.

Holders of a current pensioner concession card endorsed as disability BLIND are not required to be examined by a medical practitioner to be eligible for this permit. **The card must be presented at time of application.**

Condition

Which of the following conditions affect the applicant's ability to walk from a parked car to the door of a building?

(Please tick the appropriate box):

- (a) Requires continuous use of a wheel chair.
- (b) Has temporary or permanent loss of use of one or both legs (from paraplegia, leg amputation, etc).
- (c) Has a chronic and debilitating respiratory, cardiac, or arthritic condition that affects mobility.
- (d) Utilises walking aids.

Description of condition:

- (e) Is permanently blind (**complete section below**).

Applicants who require an Australian Disability Parking Permit due to permanent blindness must meet the following criteria:

- (e-i) Visual acuity on the Snellen Scale after correction by suitable lenses must be less than 6/60 in both eyes; or
- (e-ii) A field of vision constricted to 10 degrees of arc, 5 degrees from fixation in the better eye, irrespective of corrected visual acuity; or
- (e-iii) A combination of visual impairments resulting in the same degree of visual impairment as that occurring in (a) and (b) above.

Condition time frame

The condition is: Temporary (select time period below) | Long term, but condition may change | Permanent
 3 months 6 months 12 months

Medical Practitioner declaration

I understand the difficulty caused when eligible people cannot park in designated disability parking spaces due to ineligible people receiving an Australian Disability Parking Permit.

I have examined the above named person and I am of the opinion that they fit within the intent of the parking regulations and they are unable to walk more than 100 metres without great difficulty or pain; or meet the criterion for permanent blindness.

Medical practitioner name

Practitioner registration number

Practice name and address

Name of examined permit applicant

Contact number

Signature

Date

Applications can be returned by email to lara@act.gov.au, by mail to **PO Box 582 DICKSON ACT 2602** or submitted in person at an Access Canberra Service Centre. For Access Canberra locations, opening hours and accepted payment methods please visit act.gov.au/accessCBR or contact Access Canberra on **13 22 81**.

Office use only

CSO initials and contact number

Location issued

Permit number

National Core Functional Assessment Questions (to be completed by applicant or their agent)

This section to be completed by applicant and submitted to the doctor for consideration (applicant is NOT required to submit this page to Access Canberra when submitting application form).

Applicant name

Are you (the applicant) unable to walk and always require the use of a wheelchair? Yes No

What type of mobility or medical aid or assistance is required to help you walk? (Tick relevant box)

Type of support or mobility or medical aid used	Occasionally	Most Days	Always
Wheelchair			
Walking Frame			
Two elbow crutches			
Medical equipment e.g. oxygen			
Other mobility or medical aids or assistance, please state here:			

If you do not use any type of mobility or medical aid or receive assistance to help you walk, please identify how often you are restricted in walking:

Describe your walking (with your usual mobility or medical aid or support, if any) from a parked car to the entrance of a building:

(a) What symptoms do you experience when you walk - at the time or later in the day e.g. shortness of breath, weakness?

(b) How far can you walk in metres?

(c) Do you need to stop, how often, why and for how long?

Do you have any additional comments you wish to make about your walking?
