

Australian Disability Parking Permit Application (Individual)



Transport Operations (Road Use Management) Act 1995

This form is to be used to apply for the grant or replacement of a Disability Parking Permit for an individual.

Once completed, please lodge at a: Department of Transport and Main Roads Customer Service Centre, or mail to: Department of Transport and Main Roads, Disability Parking Permit Scheme, PO Box 525, Fortitude Valley Qld 4006

Tick the type of permit requested:

Australian Disability Parking Permit (ADPP) Are you:

- A new applicant which includes:
 - interstate issued permits
 - 5 year ADPP expired more than 3 months
 - 5 year Red permit expired more than 3 months Complete sections 1 and 2 and pay application fee
- A 6-12 month permit holder Complete sections 1 and 2 and pay application fee
- An existing 5 year ADPP holder Complete section 1 only
- An existing 5 year Red permit holder Complete sections 1 and 2 only

Red 5 year permit Are you:

- An existing 5 year Red permit holder Complete sections 1 and 2 only
- An existing 5 year Red permit holder whose permit has expired more than 3 months See ADPP a new applicant above

Replacement permit Reason for permit replacement:

Damaged Destroyed Lost Stolen Complete section 1 only

NOTE: Expired permits cannot be used.

Section 1. Applicant details

Mr Mrs Ms Miss Other

CRN (The CRN is your Qld Driver Licence/

Adult Proof of Age card number, or your reference number issued by the department)

Given name/s Family name

Residential address

Postcode

Postal address (if different)

Postcode

Male Female Date of birth / / Contact number () Mobile number

Declaration

I declare that the information provided in this application is complete, true and correct in every detail and that I may be prosecuted for giving false or misleading information. I understand that I must supply this information in accordance with the *Transport Operations (Road Use Management) Act*; failure to complete the application in full and sign the declaration below may result in the application not being considered; a departmental officer may contact my Health Professional/agent/carer or other government agency for clarification; if this permit is no longer required or has expired, I must return the permit to the department within 14 business days; any permit issued as a result of this application, may only be used in accordance with the conditions of use; and I have read and consent to the privacy statement on this application.

If applicant is over 18 years of age state why applicant is unable to sign application form.

Applicant's signature

OR

Signature of applicant's legal agent/parent/carer

Date

/ /

Relationship to applicant/contact number

Privacy Statement: The Department of Transport and Main Roads collects the information on this form to assist in assessing the eligibility of applicants requesting a Disability Parking Permit in accordance with the *Transport Operations (Road Use Management) Act*. The department may use this information to contact/clarify the information with the agent/carer, health professional or other relevant government agency for cross matching purposes, such as Births, Deaths and Marriages. The information will be registered in the department's Disability Parking Permit register, accessible only by authorised departmental officers. Access to the department's Transport Registration and Integrated Licensing System database may occur to confirm or verify information provided within this application. Where necessary, information may also be referred to the department's Medical Condition Reporting Unit for a driving assessment. Where a review is required, all information relating to this permit may be released to the Queensland Civil and Administrative Tribunal. Your personal information will not be disclosed to any other third party without your consent unless required or authorised to do so by law.

Section 2: To be completed by a Medical Practitioner or Occupational Therapist only

The Medical Practitioner or Occupational Therapist verifying this application must not be the applicant or an immediate family member.

Eligibility Criteria and Assessment

In Queensland, the Disability Parking Scheme is a mobility scheme. The eligibility criteria are based on a person's functional impairment to their ability to walk. It is not based on intellectual, psychiatric, cognitive or sensory impairment, unless in addition to this impairment, the person also has a severe impairment to their ability to walk.

To be eligible for a permit the applicant must be a Queensland resident and:

- Be unable to walk and always require the use of a wheelchair; or
- Have their ability to walk severely restricted by a permanent medical condition or disability; or
- Have their ability to walk severely restricted by a temporary medical condition or disability.

A temporary medical condition or disability must be of at least six (6) months' duration, as certified by a doctor or occupational therapist.

Applicant's name

Condition duration is: Permanent Condition (5 year Permit) Temporary/Recovering Condition (6 to 12 month Permit) Expected duration

Primary condition that affects applicant's ability to walk Secondary condition that affects applicant's ability to walk

Please complete the following by providing detailed information regarding the applicant's functional ability to walk and demonstrate clearly how the applicant meets the eligibility criteria.

1. Are you the applicant's usual Health Professional? Yes No How long has the applicant been a patient?
2. Does the applicant use any mobility aids? No Yes What type: Wheelchair Walking frame Walking stick
Lower limb protheses Quad cane Crutches Other
3. How often are mobility aid/s used? Rarely (less than 3 times a week) Sometimes (4 days out of 7) Mostly Always
4. What total distance, with or without mobility aid/s, do you expect the applicant to walk?
5. How many times would you expect the applicant to stop/rest over a distance of 60 metres?
6. When walking why does the applicant stop/rest?
7. Is the vehicle door required to be fully open to allow the applicant to enter or exit the vehicle? No Yes
8. Comments: Are there any additional comments you wish to make in relation to the applicant?

Medical Practitioner/Occupational Therapist's Verification

I certify that I have seen the applicant in a professional capacity and my signature below verifies ALL of the following:

- I understand that the Department of Transport and Main Roads collects the information on this form to assist in assessing the eligibility of the applicant requesting a Disability Parking Permit in accordance with the *Transport Operations (Road Use Management) Act*.
- The information supplied within this application is correct to the best of my knowledge and I agree to be contacted to verify this.
- Where a review is requested, this information may be released to the Queensland Civil and Administrative Tribunal.
- The personal information collected will not be disclosed to any other third party without my consent unless required or authorised to do so by law.

Health Practitioner's name Health Profession Provider number

Health Practitioner's signature Date / / Contact telephone number Facsimile number

Section 3: TMR Office use only section

Receiving Officer's name and position Receiving centre Phone number

Receiving Officer's signature Date Receipt number

Disability Parking Unit Use Only

Decision Matrix

Mobility aids used (Q2)	Frequency of use of aids (Q3)	Distance applicant can walk (Q4)	Number of stops (Q5)	Reason to stop/rest (Q6)	Car door (Q7)	Approved duration	Permit granted	Permit refused

Comments

Authorising Officer's name and position Authorising Officer's signature Date