

Australian Disability Parking Permit Application (Individual)

Transport Operations (Road Use Management) Act 1995



Section 1: To be completed by Applicant

This form is to be used to apply for the grant of an Australian Disability Parking Permit for an individual in Queensland.

This application will be considered if:

- Section 1 of this form has been completed and signed by the applicant or their representative (if under 18 or legally unable to sign themselves)
- Section 2 of this form has been completed and signed by the applicant's verifying Medical Practitioner or Occupational Therapist
- Accompanied with the appropriate fees

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

1. Type of application

Have you previously held a permit? No An application fee applies.

Yes Applications received more than 3 months after the expiry date will incur a new application fee. Applicants residing in disaster declared areas have up to 6 months from their permit expiry date before this fee is applied.

Date your permit expires? / / Type of permit

Note that permits can not be used after the expiry date.

Has your permit been: Lost Stolen Mutilated Note: No medical is required for replacement permit

2. 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 Postal address (if different)
Postcode Postcode

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

3. 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 1995*; 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.

Applicant's signature If applicant is over 18 years of age state why applicant is unable to sign application form.
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 1995*. 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.

4. Eligibility Criteria and Assessment

An individual is eligible to apply for a permit if they are a Queensland resident and:

- They are unable to walk and always require the use of a wheelchair; or
- Their ability to walk must be severely restricted by a permanent medical condition or disability affecting the functioning of their legs; or
- Their ability to walk must be severely restricted by a temporary medical condition or disability affecting the functioning of their legs for at least 6 months duration, as certified by a doctor or occupational therapist.

Persons with intellectual, psychiatric, cognitive or sensory impairment alone do not meet the eligibility criteria unless the applicant also has a mobility impairment that impacts on their functional ability to walk.

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 prostheses 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 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 1995*.
- 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

Section 3: TMR Office use only section

Receiving Officer's name and position	Receiving centre	Phone number
<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Receiving Officer's signature	Date	Receipt number
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments
<input type="text"/>

Authorising Officer's name and position	Authorising Officer's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>