

Local Government (Highways) Act 1982

## Part 1 – To be completed by the Applicant (or advocate\*)

APPLICANT DETAILS			
Title		Date of Birth	
First Name		Surname	
Postal Address			
Telephone		Mobile	
Email			

ELIGIBILITY DETAILS	
Which aids, if any, do you use for mobility?	<input type="checkbox"/> Wheel Chair <input type="checkbox"/> Walking Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Four Point Stick <input type="checkbox"/> Crutches <input type="checkbox"/> White Cane <input type="checkbox"/> Other- Please State: <input type="text"/>
Can you walk a distance of 50 metres within 5 minutes without the assistance of another person or the use of a complex walking aid (eg. crutches, frame?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this application for an extension to a short-term temporary disability parking permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please describe your Functional Disabilities</b> <i>(if insufficient space, please attach statement)</i> Please provide an explanation to address criteria for eligibility as detailed on the attached Information Sheet	

PARKING DETAILS			
Registration No. of Vehicle (if using own vehicle)		Drivers Licence No.	

DECLARATION			
I hereby declare that all the information given by me is correct to the best of my knowledge and I authorise the health care professional (e.g Physiotherapist, Occupational Therapist, Medical Practitioner etc.) who completes the medical questionnaire overleaf to disclose to the managers of this scheme or a medical referee any information relevant to this application			
Signed		Date	

By the Applicant or the applicants advocate\*

\*Applicants advocate or guardian is not to be the health care professional who completes the medical questionnaire overleaf

## Part 2 – To be completed by a qualified Health Care Professional

Medical Practitioner, Physiotherapist or Occupational Therapist

Permit Applicant's Full Name	
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### ELIGIBILITY DETAILS

**Describe the relevant ambulatory disabilities of the applicant** *(if insufficient space, please attach statement)*

Please provide an explanation to address criteria for eligibility as detailed on the attached Information Sheet


As a result of the described ambulatory disability, does the applicant meet the following criteria:

a) Unable to walk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Unable to walk very short distances (ie 50 metres or less within 5 minutes) without the assistance of another person or the use of a complex walking aid.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant be totally reliant on a wheelchair for a minimum period of 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant be reliant on the assistance of another person or a complex walking aid for a minimum period of 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>tick one:</i> <input type="checkbox"/> Walking Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Four Point Stick <input type="checkbox"/> Crutches <input type="checkbox"/> White Cane <input type="checkbox"/> Other - please state:	

Is this application for an extension to a short-term disability parking permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What length of time does the applicant require the parking permit, or extension (from date of this application)?

<input type="checkbox"/> 3 months <i>wheelchair or extension only</i>	<input type="checkbox"/> 6 months <i>initial or extension</i>	<input type="checkbox"/> 9 months <i>initial permit only</i>	<input type="checkbox"/> 12 months <i>initial permit only</i>
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### DECLARATION - Health Care Professional

I hereby certify that the information given by me is correct and have no objection to this report being referred to an independent medical referee for assessment

Signed		Date	
Name		Contact No.	
Address		Occupation	

### Office Use Only

Received by		Decision	
Date:		Permit No	
File to:	33/3/1	Date Issued	

## Short-Term Temporary Disability Parking Scheme Information

*Local Government (Highways) Act 1982*

### INTRODUCTION

The Short-Term Disability Parking scheme is intended to assist people with temporary ambulatory disabilities. It aims to issue permits to those with the greatest need whilst ensuring the available disability parking spaces are not overloaded.

The State Government in conjunction with Local Government Authorities has introduced a regulatory disabled parking sign.

Parking in spaces controlled by the sign is available to people with the greatest need to park close to doctors, shops and other services due to severity of their disabilities.

Permitted members include those in the Transport Access Scheme and holders of Short-Term Temporary Disability Parking Permits.

### ELIGIBILITY

Short-Term Temporary Disability Permits will only be issued for a maximum period of 12 months to people (3 years of age and older) who have a significant ambulatory disability(s) which result in them being:

- a) unable to walk
- b) unable to walk very short distances (ie 50 metres or less within 5 minutes) without the assistance of another person or the use of a complex walking aid.

People whose sole disability is intellectual or vision related will not be eligible for a permit.

Evidence must be provided by a qualified health care professional to indicate that the applicant will be disabled for a minimum period from the date of application of 6 months, or 3 months in the case of a person reliant on a wheelchair.

It is the responsibility of an applicant for grant of a permit to provide sufficient information to demonstrate to Council that one of the eligibility criteria can be satisfied.

### FEES

All applications must be accompanied by an application fee of \$15, or \$5 for an extension. Unsuccessful applicants will have their application fee refunded in full.

Permit card holders can return their wallets and permit card before expiry or within 30 days after expiry to obtain a \$10 refund.

The application fee covers the cost of administering the scheme including the cost of the permit card and time wallet. Fees shall be reviewed annually and published on [www.burnie.net](http://www.burnie.net)

### CONDITIONS OF USE

1. A Permit may only be granted after receipt and consideration of a written application clearly identifying the applicant, details of the disability, and evidence provided by a qualified health care professional.
2. An initial Permit will not be granted for a period exceeding twelve months. Permits will only be extended for a maximum period of up to 6 months.
3. A Permit must only be used by the member for whom it is issued. It is transferable to any vehicle the member, as a driver or passenger, may travel in. The member must leave the vehicle when using their permit.
4. The permit must be displayed in the time wallet provided, so that the permit number, expiry date, and the time wallet is visible in the front of the vehicle and able to be clearly seen by enforcement officers.
5. Permit members are entitled to park in spaces controlled by a parking sign (including parking meters or vouchers) indicating a time limit of:
  - 30 minutes – for a maximum of 30 minutes,
  - 30 - 60 minutes – for a maximum of two hours,
  - One hour or longer – for twice the time indicated on the sign.
  - In a regulatory disabled parking space – for up to the maximum time displayed.
6. For parking spaces controlled by a parking meter or voucher vending machine, the maximum time must be paid before the additional time above takes effect. (With vouchers clearly displayed.)
7. The member will not be permitted to park in no standing, no parking or loading zones and must not stay longer than the advertised time when parking in zones 30 minutes or less.
8. If Permit is granted is no longer required for the approved disability, the Council must be advised immediately and the Permit and time wallet must be returned to the Council without delay.

### ENQUIRES

For further information on eligibility or use of a Parking Permit, or on any other matter regarding parking controls within the Burnie Municipality contact;

Parking Officer on (03) 6430 5700, or visit City Offices, 80 Wilson Street, Burnie.

Ensure enquiries refer to *Temporary Disability Parking Permit*.