

# SHORT TERM PARKING PERMIT SCHEME FOR PEOPLE WITH A TEMPORARY AMBULATORY DISABILITY



## 1. WHAT IS THE PURPOSE OF THE SCHEME?

The State Government in conjunction with Local Councils have introduced a regulatory disabled parking sign to replace, where appropriate, the advisory disabled parking sign.

This will help ensure that parking in spaces controlled by the new sign is available to people with significant/severe disabilities with the greatest need to park close to shops and other services.

Only members of the Transport Access Scheme and holders of Short Term Parking Permits will be permitted to park in car parking spaces controlled by the new regulatory disabled parking sign.

Non permit holders who park in spaces controlled by the new sign are liable to an infringement notice.

## 2. WHAT ARE THE ELIGIBILITY CRITERIA?

Short Term Permits are issued for a maximum period of 12 months to people aged three (3) years of age and older who have a severe ambulatory disability which results in a person:

- (a) being unable to walk, and/or
- (b) being only able to walk very short distances (i.e., 50 metres or less within 5 minutes), without the assistance of another person or the use of a complex walking aid. A standard walking stick is not considered a complex walking aid.

Persons whose sole disability is intellectual, or vision related are not eligible for a Short Term Permit.

Evidence must be provided by a qualified health care professional to attest that the applicant has an temporary ambulatory disability and will be mobility challenged (as above) for a minimum period of six (6) months from the date of application, or, in the case of a person whose ambulatory disability warrants reliance on a wheelchair, a minimum period of three (3) months from the date of application.

This scheme is intended to assist people with temporary ambulatory disabilities who need to park close to doctors, shops, and other services.

## 3. HOW TO APPLY?

Applications must be made using the attached Short Term Parking Permit Application Form. **Part 1 must be completed by the Applicant** (or their guardian or advocate), and **Part 2 must be completed by a qualified health care professional** (e.g., Physiotherapist, Occupational Therapist, or Medical Practitioner).

**Completed applications should be submitted to:**

Customer Service Centre  
Glenorchy City Council  
PO Box 103  
GLENORCHY TAS 7010

Applications may take 7 – 14 days to process.

#### 4. ARE YOU SEEKING TO RENEW YOUR CURRENT PERMIT?

If you have already been issued with a Short Term Parking Permit and your ambulatory disability is as such that you feel that you will continue to meet the eligibility criteria after your existing Short Term Parking Permit expires, please complete the Short Term Parking Permit Application Form by completing the relevant sections to apply for your existing permit to be renewed (extended).

Permits will only be renewed for a maximum further period of six months.

#### 5. WHAT DOES THE PERMIT COST?

All applications (**including renewals**) must be accompanied by an application fee of \$41.00.

Unsuccessful applications are not eligible for a refund of the application fee, as the application fee covers the cost of administering the scheme.

Permit holders **must** return their permit cards within 30 days after expiry or before expiry if no longer needed by the holder of the permit.

#### 6. WHAT PARKING CONCESSIONS ARE AVAILABLE UNDER THIS SCHEME?

Members of the Transport Access Scheme will continue to be entitled to the parking concessions provided under that scheme. Members of the Short Term Parking Permit Scheme as well as members of the Transport Access Scheme will be entitled to park in spaces controlled by a regulatory disabled parking sign.

Members **are not permitted** to park in No Stopping, No Parking Yellow Line, Bus Stop or Loading Zones.

Members **are permitted** to park:

- In areas controlled by a parking sign (or meter) indicating parking not exceeding 15 minutes – **for twice the time indicated on the sign,**
- In areas controlled by a parking sign (or meter) indicating parking exceeding 15 minutes but not exceeding 1 hour – **for 90 minutes longer than the time indicated on the sign,**
- In areas controlled by a parking sign (or meter) indicating parking exceeding 1 hour – **for twice the time indicated on the sign.**

**To obtain the above parking concessions, members need to place their permit card, so that the front of the card is visible through the windscreen of the vehicle.**

It is an offence under the Road Rules 2019 to park in a Regulatory Disabled Parking space if you are not the holder of a permit, or you do not display a valid permit. An on the spot fine may be issued.

## SHORT TERM PARKING PERMIT APPLICATION

### PART 1 - TO BE COMPLETED BY APPLICANT

#### YOUR DETAILS (PLEASE USE BLOCK LETTERS)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other: ☐ (please specify):

Family Name:

Given Names:

Residential Address:

Suburb:

Post Code:

Contact Phone Number:

Date of Birth:

#### DETAILS OF CURRENT AMBULATORY CHALLENGE

1. Please describe your current ambulatory challenge:

2. Please select the current mobility aids that you use (if any):

Wheelchair: ☐ Walking Stick: ☐ Walking Frame: ☐ Four Point Stick: ☐ White Cane: ☐

Other: ☐ (please specify):

3. Could you currently walk a distance of 50 metres within 5 minutes without companion assistance or the use of a mobility aid? (please select):

Yes: ☐ No: ☐

4. Have you been issued with a Short Term Parking Permit Before? (please select):

Yes: ☐ No: ☐

#### VEHICLE AND DRIVER INFORMATION

If you drive a vehicle, please provide the vehicle registration number/s:

Drivers Licence Number:

#### DECLARATION:

I declare that all the information given by me is correct to the best of my knowledge and I authorise the health care professional who completes the medical questionnaire in Part 2 of my Application to disclose any relevant information to this Application to the Managers of this scheme or a Medical Referee. By signing this declaration, I also authorise Glenorchy City Council to update my details based on the information I have provided.

Applicant Signature:

Date:

## PART 2 - TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

### PRELIMINARY INFORMATION FOR HEALTH CARE PROFESSIONAL

This Part **must** be completed by a qualified Health Care Professional (e.g., Medical Practitioner, Physiotherapist, or Occupational Therapist).

The success of the scheme is dependent upon the sensible application of the eligibility criteria. The aim is to ensure that the number of people who are issued with a Short Term Parking Permit is not excessive to the point where the available car parking spaces are overloaded, but at the same time ensuring that those people with severe and/or significant ambulatory, disabilities that need to use certain parking spaces are issued with a permit. For example, those people with an ambulatory disability with the greatest need to park close to doctors, shops, and other necessary services.

Short Term Parking Permits will be initially issued for a maximum period of 12 months, and then any application to extend that time to a further 6 months will be considered.

### HEALTH CARE PROFESSIONAL DETAILS (PLEASE USE BLOCK LETTERS)

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other: ☐ (please specify):

Name:

Address (professional):

Suburb:

Post Code:

Contact Phone Number:

### CURRENT AMBULATORY CHALLENGES OF APPLICANT

**1. Does the applicant currently hold a Short Term Parking Permit issued under the scheme? (please specify)**

Yes: ☐ (please continue to answer questions 2(a-c), 3, and 5)

No: ☐ (please continue to answer questions 2(a-c), 3, and 4)

**2(a). Please describe the ambulatory disabilities of the Applicant (attach extra sheet if required):**

**2(b). Will the applicant be totally reliant on a wheelchair for a minimum of three (3) months as a consequence of the above disabilities? (please select)**

Yes: ☐ No: ☐

**2(c). Will the applicant be reliant on a complex walking aid as a consequence of the above disabilities? (please select):** Yes: ☐ (if yes, please describe below) No: ☐

3. Do you consider that as a result of the described ambulatory disabilities,
- for a minimum period of 6 months from the date of this Application, or
  - for a minimum period of 3 months from the date of this Application (in the case of a person who is reliant on a wheelchair), the applicant is: *(please tick appropriate box)*
- (a) unable to walk? **or**, Yes: ☐ No: ☐
- (b) only able to walk 50 metres or less within 5 minutes (short distances), without companion assistance or the use of a mobility aid? Yes: ☐ No: ☐

**If you selected Yes in either Question 3(a) or 3(b), please proceed to Question 4.**

4. Please advise of how many months the Applicant is expected to be *(please select)*:

- Reliant on a wheelchair: 3: ☐ 4: ☐ 5: ☐ 6: ☐
- Reliant on other mobility devices: 6: ☐ 7: ☐ 8: ☐ 9: ☐ 10: ☐ 11: ☐ 12: ☐

5. **If you selected Yes in Question 1**, how many months should the Applicant's permit be extended by? *(please select)*: 1: ☐ 2: ☐ 3: ☐ 4: ☐ 5: ☐ 6: ☐

#### DECLARATION:

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.

**Health Care Professional Signature:**

**Date:**

#### PRIVACY NOTICE:

Council collects personal information to carry out its operations as a Tasmanian Local Government. This personal information may be used for other purposes permitted by law. The information may be shared with contractors and agents of the Council for this purpose, law enforcement agencies, courts and other organisations.

You do not have to provide your personal information but if full information is not provided the Council may be unable to action your application or request.

You can find out more about how the Council manages personal information and how you can request access or corrections to it in the Council's Privacy Policy available on the Council website or on request.

#### OFFICE USE ONLY

Application Fee: **\$41.00**

Transaction Code: 1791

Payment Date:

Receipt No:

#### ASSESSMENT

Officer:

Application Approved: Yes: ☐ No: ☐

Signature:

Date: