

# SHORT TERM PARKING SCHEME FOR PEOPLE WITH A TEMPORARY DISABILITY



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

The State Government in conjunction with Local Government Authorities has 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 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 a fine.

## 2. WHAT ARE THE ELIGIBILITY CRITERIA?

Short term permits will only be issued for a maximum period of 12 months to people (**3 years of age and older**) who have a severe ambulatory disability(s) which results in them being:

- (a) unable to walk
- (b) 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.

People whose sole disability is intellectual or vision related are not 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 of 6 months from the date of application, or in the case of a person whose disability makes them reliant on a wheelchair, a minimum period of 3 months from the date of application.

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

## 3. HOW DO YOU APPLY?

Applications must be made using the attached application form. The first section must be completed by the applicant (or their guardian or advocate) and the second section must be completed by a qualified health care professional.

Completed applications should be returned to:

Customer Service  
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 disability is such that you feel you still meet the eligibility criteria after your permit expires you can use the attached application form to apply for your permit to be renewed.

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

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

All applications (**including renewals**) must be accompanied by an application fee of \$36. 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 also permitted to park:

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

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 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.

**APPLICATION FORM**

**Confidential Personal Information**

(To be completed by Applicant – Please use BLOCK letters)

**ALL QUESTIONS MUST BE ANSWERED**

**1. PLEASE COMPLETE THE FOLLOWING**

TITLE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Mr/Mrs/Miss/Ms) DAY MONTH YEAR

NAME:- \_\_\_\_\_ OTHER NAMES:- \_\_\_\_\_  
Surname or Family Name

ADDRESS:- \_\_\_\_\_ CITY/TOWN/SUBURB:- \_\_\_\_\_ P/CODE: \_\_\_\_\_  
No. Street

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

**2. PLEASE DESCRIBE YOUR FUNCTIONAL DISABILITIES (if insufficient space please attach additional papers).**

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**3. PLEASE DESCRIBE THE AIDS, IF ANY, YOU USE FOR MOBILITY? .....(Tick appropriate box)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Chair	Walking Stick	Walking Frame	Four Point Stick	White Cane	Other Please State

**4. 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 (e.g. CRUTCHES, FRAME?)** Tick appropriate box  YES  NO

**5. HAVE YOU BEEN ISSUED WITH A SHORT TERM PARKING PERMIT BEFORE?**  
Tick appropriate box  YES  NO

**6. PLEASE PROVIDE THE FOLLOWING INFORMATION (Where applicable)**

Registration Number (If own vehicle):- \_\_\_\_\_

Drivers Licence number:- \_\_\_\_\_

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.

**NOTE:** You will need to have a qualified health care professional complete the medical questionnaire in support of your application **BEFORE** it can be considered.

By signing I authorise Glenorchy City Council to update my details listed within this form.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or applicant's \*advocate)

\*Not to be the health care professional who completes medical questionnaire overleaf.

## MEDICAL QUESTIONNAIRE

This section **must** be completed by a qualified Health Care Professional (e.g. Medical Practitioner, Physiotherapist, Occupational Therapist etc). The success of this 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 ensure that those people with severe disability and the greatest need to use these spaces are issued with a permit.

It is intended that short term permits be issued for a maximum period of 12 months (or up to an additional 6 months if reviewing eligibility for a permit) to people who have a significant mobility disability that results in them being unable to walk or only able to walk short distances, i.e. those people with disability with the greatest need to park close to doctors, shops and other necessary services. People whose sole disability is blindness or intellectual are not considered eligible for a permit.

### (ALL questions must be answered – please print)

1. Does the applicant currently hold a short term parking permit issued under this scheme?  
Please tick YES  NO   
If yes, you **must** answer Questions 2, 3 and 5.  
If no, you **must** answer Questions 2, 3 and 4.
  
- 2(a) Describe the relevant ambulatory disabilities of the applicant:
  
- 2(b) Will the applicant be totally reliant on a wheelchair for a minimum period of 3 months as a consequence of the above disabilities?  
  
YES  NO
  
- 2(c) Will the applicant be reliant on a complex walking aid as a consequence of his/her disability?  
  
YES  NO  If yes please describe
  
3. Do you consider that as a result of the described ambulatory disabilities the applicant is, for a minimum period of 6 months from the date of this application or in the case of a person who is reliant on a wheelchair, a minimum period of 3 months from the date of this application:  
(Please tick appropriate box)
  - (a) unable to walk; or YES  NO
  - (b) only able to walk very short distances YES  NO

(i.e. 50 metres or less within 5 minutes) without the assistance of another person or the use of a complex walking aid. If you ticked yes to either of the above go to Question 4.

If you answered 'yes' to Question 3 could you please advise the length of time the applicant is expected to meet these criteria: (Please tick appropriate box)

<b>4. <u>People reliant on a wheelchair only</u></b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b><u>3mths 4mths 5mths 6mths</u></b>	<b><u>All Others Disabilities</u></b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6mths 7mths 8mths 9mths 10mths 11mths 12mths
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5. If you answered 'yes' to Question 1 please advise the length of time the applicant's current permit should be extended by:

                
1 mths   2 mths   3 mths   4 mths   5 mths   6 mths

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 \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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**OFFICE USE ONLY**

Payment Date: \_\_\_\_\_

1791      \$36.00

Receipt No: \_\_\_\_\_

ASSESSMENT OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

APPLICATION NO: \_\_\_\_\_

Application Approval      Yes       No