

Australian Disability Parking Permit Application (Individual)

Transport Operations (Road Use Management) Act 1995



Queensland
Government

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 and pay the non-refundable fee 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. Further information on the Disability Parking Scheme, fees and application process is available at the department's website at; www.tmr.qld.gov.au or you can telephone 13 23 80.

Notification of approval or refusal of a permit will usually be sent by mail, within approximately 28 days, of the application being received for processing.

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 Please note: a fee applies
- ☐ A 6-12 month permit holder ☐ Complete sections 1 and 2 Please note: a fee applies
- ☐ 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 processed; 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 days; any permit granted as a result of this application, must 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 agent/parent/carer

Date

Relationship to applicant/contact number

Privacy Statement: The Department of Transport and Main Roads (the department) collects the information on this form for the purpose of managing the disability parking permit scheme. This information is authorised by the *Transport Operations (Road Use Management) Act 1995*. The department usually gives some or all of this information to its agents and contractors, authorised departmental officers, the Queensland Police Service, other Queensland state government agencies, federal and interstate government agencies, agent/carer and health professionals. The department will not disclose your personal information to any other third parties without your consent unless authorised or required by law.

Continued next page...

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

Important message to Medical Practitioners and Occupational Therapists

The availability of disability parking spaces is limited. To ensure disability parking spaces are available to those who need them most, it is vital that permits are only granted to applicants who meet the eligibility criteria. Your valuable assistance in helping to achieve this outcome is most appreciated.

In Queensland, the Disability Parking Scheme is a mobility scheme. The below eligibility criteria for the Australian Disability Parking Permit (ADPP) are based on a person's functional impairment to their ability to walk.

Applicants with intellectual, psychiatric, cognitive or sensory impairment (for example sight and hearing impairment) alone do not meet the eligibility criteria unless the applicant also has a mobility impairment that impacts on their functional ability to walk.

Eligibility Criteria

To be eligible for an ADPP, the applicant must be a Queensland resident and meet one of the following eligibility criteria:

- Must be unable to walk and always requires the use of a wheelchair; or
- Their ability to walk is severely restricted by a permanent medical condition or disability;
- Their ability to walk is 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.

Guiding scenarios

Please find below examples of some types of mobility impairments that might be a severe restriction on an applicant's ability to walk:

- The applicant is unable to walk and **always** requires the use of a wheelchair.
- The applicant **always** requires the use of a mobility device (for example, walking frame, elbow crutches). *Please note a shopping trolley should not be considered a mobility device.*
- The applicant has a severe mobility restriction affecting their ability to carry out basic activities (for example, the applicant cannot walk from a parked car to the entrance of a building such as a shopping centre, bank or medical facility, without stopping several times due to severe pain, extreme fatigue or loss of balance).
- The applicant has a severe mobility restriction as a result of a chronic condition (for example, of the heart, lung or kidneys and relies on portable oxygen to assist them to walk or walking could cause angina and/or heart attack or severe breathlessness).

Q1. Applicant's name

Q2. Medical Practitioner or Occupational Therapist recommendation

In your opinion does the applicant's mobility restriction meet the above eligibility criteria? (Please tick)

Yes ☐ No ☐

Q3. Please describe the primary disability or medical condition that severely restricts the applicant's ability to walk

Q4. Please describe any other disability or medical condition that severely restricts the applicant's ability to walk

Q5. Is the Applicant's mobility restriction: (Please tick)

Temporary in duration ☐ Expected duration
 Permanent ☐

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.
- I am not the applicant or an immediate family member of the applicant.

Health Practitioner's name

Health Profession

Provider number

Health Practitioner's signature

Date

 / /

Contact telephone number

Facsimile number

Continued next page...

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

Medical Practitioner or Occupational Therapist recommendation (Q2)		
Yes (meets the eligibility criteria)	Permit granted	
No (does not meet eligibility criteria)	Permit refused (unless circumstances apply that justify the issue of the permit)	
Comments:		

Authorising Officer's name and position

Authorising Officer's signature

Date

 / /