

Australian Disability Parking Permit - Mobility Impairment 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 a mobility impaired individual.

Once completed, please lodge and pay the non-refundable fee (if applicable) online at www.tmr.qld.gov.au, in person 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/disabilityparking 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 including:
 - interstate issued permits
 - 5 year ADPP expired more than 3 months
 - Red permit expired more than 3 months
- . A 6-12 month permit holder new or expired
- . An existing 5 year ADPP holder applying for a new ADPP
- . An existing Red permit holder applying for ADPP

Complete sections 1 and 2 **PLEASE NOTE: A FEE APPLIES**

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Complete section 1 only

Complete sections 1 and 2 only

Red permit Are you:

- . An existing Red permit holder
- . An existing Red permit holder and permit has expired more than 3 months

Complete sections 1 and 2 only

See ADPP: A new applicant (above)

Replacement permit (Complete section 1 only) Reason for permit replacement:

Damaged Destroyed Lost Stolen Permit not received

NOTE: Expired permits cannot be used.

Section 1. Applicant details

Permit number (if applicable) QLD	Expiry date (if applicable) / /	CRN (The CRN is your Qld Driver Licence, Photo Identification Card or Adult Proof of Age card number, or your reference number issued by TMR)
Given name/s	Family name	
Residential address Postcode	Postal address (if different) Postcode	
Male <input type="checkbox"/> Female <input type="checkbox"/>	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 1995*; 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.

If applicant is over 18 years of age state why applicant is unable to sign application form.

Applicant's signature

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 personal information requested for the purpose of managing the disability parking permit scheme as authorised by the *Transport Operations (Road Use Management) Act 1995*. The department may disclose some of this information to relevant health professionals and where a legislative authority exists, other government agencies. Your personal information will not be used by the department or its contractors for any other purpose, nor will it be disclosed to other third parties without your consent unless authorised or required to by law.

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Section 2: Medical Assessment

To be completed in full by a Doctor or Occupational Therapist

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 Permit Scheme is based on the applicant having a mobility impairment that meets the eligibility criteria mentioned below or having been assessed as legally blind. Applicants with intellectual, psychiatric, cognitive or sensory impairment (for example a 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 - Mobility Impairment

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

- an inability to walk resulting in the need to always use a wheelchair; or
- a severe restriction in their ability to walk because of a **permanent** medical condition or disability;
- a severe restriction in their ability to walk because of a **temporary** medical condition or disability.

A temporary medical condition or disability must be expected to last **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 impairment 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 impairment 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).

1. Applicant's name	2. Date of birth
<input style="width: 95%;" type="text"/>	/ /

3. Doctor or Occupational Therapist recommendation
 In your opinion does the applicant's mobility impairment meet the above eligibility criteria? (Please tick) Yes No

4. Please describe the primary disability or medical condition AND how it severely restricts the applicant's ability to walk

5. Please describe any other disability or medical condition AND how it severely restricts the applicant's ability to walk

6. Is the Applicant's mobility impairment: (Please tick)

Temporary in duration Expected duration (must be over 6 months)

Permanent

Section 3: Doctor/Occupational Therapist's Certification

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.

Practice name		Email address	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Health Professional's name	Health Profession	Provider number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Health Professional's signature	Date	Contact telephone number	Facsimile number
<input style="width: 95%;" type="text"/>	/ /	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section 4: TMR Office use only section

Receiving Officer's username	Receiving centre	Phone number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	()
Receiving Officer's signature	Date	Receipt number
<input style="width: 95%;" type="text"/>	/ /	<input style="width: 95%;" type="text"/>