Government of South Australia
Department for Infrastructure and Transport

APPLICATION FOR A DISABILITY PARKING PERMIT
(PERSON WITH A PERMANENT OR TEMPORARY DISABILITY)

MR256
12/20

PLEASE READ THE FOLLOWING INFORMATION

- Part 2 (and Part 3 if you hold a driver's licence) of this application must be completed in full by a Medical Practitioner.
- A permanent disability parking permit will require renewal every five years. However no further application from the medical practitioner will be required.
- Where the impairment is not permanent, and is likely to continue for more than 6 months, a temporary disability parking permit may be issued for up to 12 months.
- Payment of the fee and submitting your application does not guarantee you will receive a disability parking permit. The Registrar assesses each application to determine eligibility (see criteria in section 2 below).
- As part of the assessment process, the medical practitioner who completed this application may be contacted to verify any information provided.
- If you are not granted a disability parking permit your payment will be refunded.
- Please be aware that it is an offence to make any false or misleading statement on this application.

1. APPLICANT TO COMPLETE

Name		Date of Birth / /
Licence number *(if any)*		Gender *(please circle)* M F X
Number and Street	Suburb/Town	Postcode
Postal Address *(if different to above)*	Suburb/Town	Postcode
Declaration		
I hereby declare that I have truthfully completed this form and I understand that it is an offence to make a false or misleading statement. I understand that the Medical Practitioner who completed this form may be contacted to verify any information provided.		Licence classification Daytime phone number
Signature of applicant or parent/guardian/carer		Date / /
Name and postal address of carer/guardian if applicant is under 16 years of age		
Name	Postal Address	

2. IMPAIRMENT DETAILS – MEDICAL PRACTITIONER TO COMPLETE IN FULL

Important note for the Medical Practitioner

In order to be eligible for a disability parking permit the person must meet the following criteria:

- the person has a temporary or permanent physical impairment; <u>and</u>
- their speed of movement is severely restricted by the impairment; <u>and</u>
- their ability to use public transport is significantly impeded by the impairment;
- in the case of a temporary physical impairment, the impairment is likely to endure for <u>more than</u> 6 months but is not likely to be permanent.

1. What is the applicant's <u>physical</u> impairment/condition that affects their mobility? *(please tick)*

a) Confined to a wheelchair ☐ b) Has lost one or both legs ☐ c) Requires use of a walking aid ☐
d) Is permanently blind ☐ e) Suffers from a chronic and seriously debilitating condition that affects their mobility ☐

Description of impairment/condition and how it affects their mobility (please include as much detail as possible about the impairment or condition): ______________________

____

____

For further information go to service.sa.gov.au
ABN 92 366 288 135

Continued overleaf

When complete –
OFFICIAL: Sensitive//Medical in confidence

Name of applicant ______________________________

Impairment details Part 2 continued (to be completed by Medical Practitioner)

2. Is the applicant's ability to use public transport significantly impeded by the impairment/condition? ☐ No ☐ Yes
3. To what extent is the applicant's speed of movement restricted by the impairment/condition?

   ☐ Severely ☐ Moderately ☐ Short distances only
4. The impairment/condition is? ☐ Permanent ☐ Temporary *Circle timeframe* 6 7 8 9 10 11 12 (months)
5. If permanent, is the applicant's speed of movement expected to improve in the future?

   (i.e. improved with surgery, treatment or time) ☐ No ☐ Yes

   If yes, please provide further detail: ______________________________

   ____
6. Please provide any other information relevant to this application

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3. MEDICAL CERTIFICATE OF FITNESS TO DRIVE (TO BE COMPLETE BY MEDICAL PRACTITIONER)

ALL FIELDS must be completed if the applicant holds a driver's licence or learner's permit

(Please refer to the "Assessing Fitness to Drive" guidelines when completing this section)

Does the applicant meet the medical standards to hold a licence? ☐ No ☐ Yes

If Yes, and the applicant holds a **motor bike licence**, does the applicant meet the medical standards to hold a **motor bike licence**? ☐ No ☐ Yes

If Yes, and the applicant holds a **heavy vehicle licence** (i.e. MR, HR, HC or MC) or a commercial vehicle licence (i.e. a driver of a public passenger vehicle) does the applicant meet the medical standards to hold a **heavy vehicle or commercial licence**? ☐ No ☐ Yes

Does the applicant have any medical conditions or impairments that may affect their ability to drive a motor vehicle? If Yes, please list conditions/impairments below: ☐ No ☐ Yes

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Do you recommend that the applicant undertake a practical driving assessment? ☐ No ☐ Yes

Do you recommend any restriction or condition be placed on the applicant's driver's licence? ☐ No ☐ Yes

(such as a restriction that the applicant only be permitted to drive during daylight hours, or within a specified distance from their home residence)

If Yes, please specify: ______________________________

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Name of Medical Practitioner: ______________________________

Provider number: ☐☐☐☐☐☐☐☐ Phone: ______________________________

Address: ______________________________

Signature: ______________________________ Date: ______________________________

<u>OFFICE USE ONLY</u> APPROVED/REFUSED

Reason

P	T	Permit No.	Period of permit – years/months