When to use this form

This form is needed when you apply for a temporary disability parking permit. It must be filled in by a qualified health professional and then attached to your temporary disability parking permit application.

Medical Practitioner details

<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>First name</td>
<td></td>
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<tr>
<td>Last name</td>
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<tr>
<td>Practice or business name</td>
<td></td>
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<tr>
<td>Email address</td>
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<tr>
<td>Telephone number</td>
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</tbody>
</table>
Address Required

Preferred contact method (Select 1 option) Required
- email
- telephone
- Australia Post

Applicant's details

Applicant's full name Required

Please provide an overview of the temporary disability Required

As a result of the temporary disability, will the applicant be totally reliant upon any of the following walking aids? (Select 1 or more options) Required
- wheelchair
- walking stick
- walking frame
- white cane
- 4 point stick
- crutches
- other
- none of the above
Does the applicant meet the following criteria:

Unable to walk (Select 1 option)
- yes
- no

Only able to walk very short distances (up to 50 metres within 5 minutes) without the assistance of another person or use of a complex walking aid. (Select 1 option)
- yes
- no

Please advise the length of time the applicant is expected to meet the criteria (minimum period of six months or three months where the applicant relies on a wheelchair).

Is this application an extension to a current temporary disability parking permit? (Select 1 option)
- yes
- no

If yes please advise the length of time the applicant's current permit should be extended by.

Declaration
In making this application: (Select 1 or more options)  

- [ ] I hereby certify that the information given by me is true and correct.  
- [ ] the applicant has given me permission for their details to be provided.  
- [ ] I have no objection to this report being referred to an independent medical referee for assessment.  
- [ ] I agree that by typing my name below I have signed this application.  

Name of signatory  

Required

Date  

Required

D  D  M  M  Y  Y  Y  Y


End of form