

Temporary disability parking permit application



City of HOBART

When to use this form

Use this form if you need to apply for a Temporary disability parking permit. These permits may be issued to people with short-term health conditions that make walking difficult.

The permit can be used anywhere in Tasmania.

Who is able to apply?

You are eligible to apply if you have a temporary difficulty with walking. This means you are either:

- unable to walk
- able to walk only very short distances on your own. For example you can't walk more than 50 metres within five minutes, without assistance.

What do we mean by short term difficulty?

Your health condition, as decided by your health care professional, is expected to last for:

- a minimum period of six months, if you don't rely on a wheelchair
- a minimum period of three months, if you do rely on a wheelchair.

How to apply

1. See a qualified health care professional and ask them to complete the medical report form.
2. Complete the online form below.

Please note payment is required before your application is processed. If you submit your application online one of our officers will contact you to arrange payment once we receive it. More information about this permit including fees is on our [website](#).

Applicant details

First name Required

Last name Required

Date of birth Required

(submitting online? Use the calendar icon on the right to select the date)

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Email address

Telephone number Required

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Vehicle registration number

Drivers licence number

Description of abilities

To help us assess your application, please answer the following questions.

Can you walk more than 50 metres within 5 minutes without assistance? (Select 1 option) Required

- yes
- no

What specific walking difficulties do you have? (please describe your mobility impairment) Required

If you rely on a walking aid, what type do you use? (Select 1 or more options) Required

- wheelchair
- walking stick or sticks
- walking frame
- white cane
- crutches
- 4 point stick
- other
- none of the above

Complete this field if you made a selection that includes 'other' in *Description of abilities: If you rely on a walking aid, what type do you use?*

Please provide details Required

Do you have an existing temporary disability parking permit? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Description of abilities: Do you have an existing temporary disability parking permit?*

What is the permit number? **Required**

I have attached the required medical report. (Please note that we can't proceed with your application without this) (Select 1 or more options)

Medical report

Medical report attachment (to be completed by a Health Care professional).



Please attach all files to the end of this form before submitting it.

If you are not able to attach a copy of the medical report to this application please forward addressed to City of Hobart, Parking Operations (referencing the form receipt number which you receive when you submit this form) using one of the following methods:

- email - coh@hobartcity.com.au
- Australia Post - GPO Box 503, Hobart 7001
- in person - Customer Service Centre, 16 Elizabeth Street, Hobart (corner of Davey Street)

Declaration

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

- I declare that all the information given by me is correct to the best of my knowledge. **Required**
- I authorise the health care professional (e.g. medical practitioner, physiotherapist, occupational therapist) who completes the medical report to disclose to the managers of the scheme or a medical referee any information relevant to this application. **Required**
- I understand that before my application is processed I am required to pay the application fee. **Required**
- I agree that by typing my name below I have signed this application. **Required**

Name of signatory **Required**

Date Required

(submitting online? Use the calendar icon on the right to select the date)

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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form