

COURTESY PARKING PERMIT APPLICATION FORM



Eligibility Criteria

To be eligible for a courtesy bay parking permit, you must meet one of the following criteria:

- Require the use of a wheelchair, crutches, walking frame or other specific mobility aid; or have a short term disability and/or medical condition that significantly impacts on mobility.
- Be an expectant mother, whose mobility is *significantly affected* by their pregnancy, and has supporting information from their treating medical practitioner to this effect.
- Be a carer/ spouse/ parent for a regular visitor with a disability which precludes their ability to drive to/ from campus.

If you do not meet at least one of the above criteria, you are not eligible for a courtesy bay parking permit. For further information, please contact the Parking and Traffic Office on 9266 7116 or at parking@curtin.edu.au

How to Apply

All applications must be endorsed by a Doctor, Occupational Therapist or *Curtin Access Ability Services

PART A: Must be completed by the applicant.

PART B: Must be completed by your Doctor, Occupational Therapist or *Curtin Access Ability Services.

NOTE - All applications need to be approved by Access Ability Services or Curtin Staff Access Ability Services before being processed.

***Access Ability Services contact;**

Building 109, level 2

Telephone: 9266 7850 (students)

Fax: 9266 3052

Freecall: 1800 651 878

Email: access.ability@curtin.edu.au

*** Curtin Staff Access Ability Services contact:**

Building 599, internal ext 3030

Submitting Your Application

Send your completed application to:

In person: Parking and Traffic Office building 115.

Post: Curtin University, Parking and Traffic Office, building 115. GPO Box U1987 Perth 6845

Email: parking@curtin.edu.au

Fax: 9266 3223

Processing Time

Assessment of new applications will take a minimum of five working days but may take longer if additional information is required from your Doctor or Occupational Therapist.

More Information

For more information about Courtesy Parking Permits, please visit www.parking.curtin.edu.au or call 9266 7116

Fees

- A fee of \$6.80 per day applies

A Courtesy Parking Permit entitles the holder to park in any Courtesy Bay when one is available. If a Courtesy Bay is not available the holder of a Courtesy Parking Permit is entitled to park in any green, yellow, visitors or Pay by Phone area. Courtesy Parking Permit does not entitle the holder to parking in an ACROD bay. Payment must be received before the permit will be issued.

Payment must be made through CellOPark for Courtesy permit to be valid.

PART A – TO BE COMPLETED BY THE APPLICANT

Applicant Details

Surname						
Given Names				ID		
Address				Suburb		
P/Code						
Vehicle						
Make	Colour	Body Type			Plate no.	
Permit Duration	Start Date		End Date			
Fee @ \$6.80 per day	\$	Permit Number Issued				

Applicant Statement

1. Do you require the use of any mobility aids?

Yes, please state:

- Type of mobility aid: _____
- Frequency of use: _____

No, please state how often your walking is restricted:

2. What is the greatest distance you can walk? _____ Metres.

3. Are you an expectant mother? If so, what is your expected date of confinement _____

4. Recent Medical Reports

Please attach copies of any recent medical reports relevant to your application for a Courtesy Parking Permit.

Reports Attached Yes No

5. Have you registered with Access Ability Services Yes No

6. I confirm that my signature verifies the following:

- The information contained in this form has been endorsed by my Doctor/Occupational Therapist/Curtin Access Ability Services who, in turn, may disclose information about me to assist with my application; and
- The information in this application is correct to the best of my knowledge.

Signature: _____ **Date:** _____

Payment Details

Payment must be made through CellOPark for Courtesy permit to be valid.

PART B – TO BE COMPLETED BY YOUR DOCTOR, OCCUPATIONAL THERAPIST OR CURTIN ACCESS ABILITY SERVICES

Doctor/Occupational Therapist Statement

1. The Applicant

Surname	First Name
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- Is a carer/spouse/parent for a regular visitor with a disability which precludes their ability to drive to/from campus.; or
- Requires the use of a wheelchair, crutches, walking frame or other specific mobility aid; or have a short term disability and/or medical condition that significantly impacts on mobility; or
- Is an expectant mother whose mobility is *significantly affected* by their pregnancy.

2. Is the applicant's ability to walk likely to improve following treatment, recovery or rehabilitation?

3. What is the expected duration of the treatment/recovery?

4. Expectant date of confinement of applicant _____

Doctor/Occupational Therapist/ Access Ability Services Identification

(Please print or stamp these details)

Name		
Postal Address		
Suburb		
Registration No.		
Email		
Phone	Fax	

I certify that I have seen the applicant in a professional capacity and my signature below verifies ALL of the following that have been marked with an 'X':

- The information supplied within this application form is correct to the best of my knowledge;
- The applicant has a significant mobility impairment;
- The applicant is pregnant with a confirmed confinement date;
- I am not the applicant or an immediate family member of the applicant;
- I agree to be contacted to verify the information contained in this form;
- I understand that it is an offence to verify any false information provided in this application

Signature: _____ **Date:** _____