

ACROD Parking Permit Application Form

Eligibility criteria

To be eligible for an ACROD Parking Permit you must meet one of the following criteria:

- 1** You are **unable to walk** and always require the use of a wheelchair, mobility or medical aid; or
- 2** Your **ability to walk is significantly restricted** by a permanent disability or medical condition; or
- 3** Your **ability to walk is significantly restricted** by a temporary disability or medical condition (for a minimum of six months); or
- 4** You are **legally blind** (please go to www.acrod.org.au/blind or contact the ACROD Parking Program for instructions and application forms specific for your situation).

Please note that applications based on **cognitive, intellectual or psychiatric** impairments alone do not meet the eligibility criteria, unless other significant disabilities affecting mobility or vision are present.

How to apply

Step 1. Complete Section 1 of the form and (optional) prepare copies of recent medical reports.

Step 2. Take your form to your Doctor or Occupational Therapist to complete Section 2.

Step 3. Submit the completed application form and report copies using one of the following options:



Email: acrod@nds.org.au (make sure to include all pages and medical reports)

Online: acrod.org.au/apply-mobility (you'll need to scan and upload the form and reports)

By post: ACROD Parking Program, PO Box 184, Northbridge WA 6865

Assessment of applications

The ACROD Parking Program assessment team will assess each application against the eligibility criteria. If more information is needed to determine eligibility, the ACROD Parking Program may:

- ☐ Contact the applicant (or legal guardian) to ask for additional information; or
- ☐ Contact the Doctor or Occupational Therapist who completed the application form to ask for additional information.

The ACROD Parking Program receives a high number of applications. Processing of your application may take up to 20 working days from the date your application is received. This does not include mailing time. If your application is not successful, we will provide information about our appeals process.

Privacy statement

In accordance with Australian Privacy Principles, information contained in the application form will not be disclosed to any organisation other than your Doctor or Occupational Therapist. However, the ACROD Parking Program may use the general statistics for future planning. General statistical information does not identify any person. You may access your own information by written request. ACROD Parking Program takes all reasonable steps to protect the identifying information it collects from misuse, unauthorised access and disclosure. The Applicant recognises and accepts that the ACROD Parking Program must take all reasonable steps to ensure that any party to whom personal information is released is aware and complies with the Australian Privacy Laws. Accordingly, information is to be held and dealt with in accordance with the Australian Privacy Act 1988 and the 13 Privacy Principles set out in the Act. For more information on privacy go to www.privacy.gov.au

Section 1. Applicant details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: _____

Surname:

First name:

(as it is on official documentation such as a birth certificate)

Date of birth: / /

Residential address:

Suburb:

State:

Postcode:

Phone 1:

Phone

Email:

Postal address (if different from above):

Suburb:

State:

Postcode:

Legal guardian's (if applicable) full name:

Relationship to Applicant:

Address:

Phone 1:

Phone 2:

Email:

Demographic information

Gender: ☐ Male ☐ Female ☐ Unspecified

Do you identify as an Indigenous Australian?

☐ No ☐ Yes, as Aboriginal

☐ Yes, as Torres Strait Islander ☐ Yes, as Aboriginal and Torres Strait Islander

Do you speak a language other than English at home? ☐ Yes ☐ No

If Yes, please specify language spoken: _____

Do you require an interpreter? ☐ Yes ☐ No

Do you have any of the following: ☐ NDIS plan ☐ Companion Card

NB: if you plan to apply through the ACROD online portal, you can skip straight to Q11 (Applicant statement), since the same questions about your disability will be asked on the online portal form.

Reports (optional)

Please attach copies of any medical reports (e.g. x-ray, test results, General Practitioner, Specialist, Physiotherapist or Occupational Therapist reports) in support of this application. Do not include original documents as these cannot be returned to you.

Reports and / or letters are attached to this application. ☐ Yes ☐ No

Q1. Disability information

Please describe all relevant disabilities and / or health conditions and how they restrict your ability to walk:

Q2. Mark the box that applies to your situation:

- ☐ I am unable to walk and always require the use of a wheelchair (**go to Q11**)
- ☐ My ability to walk is severely restricted by a permanent medical condition or disability
- ☐ My ability to walk is severely restricted by a temporary medical condition or disability

Q3. Do you use a mobility aid?

- ☐ I use a wheelchair ☐ I use a walking frame / wheeled walker
- ☐ I use crutches ☐ I use another mobility aid (please specify) _____
- ☐ I don't use a mobility aid (**go to Q5**)

Q4. How often do you use your mobility aid?

- ☐ Permanently ☐ Currently all the time but this will change
- ☐ 5 days a week ☐ 2-3 days a week
- ☐ Only at home ☐ Only when I go out

Q5. Do you use any essential health equipment?

- ☐ No ☐ I use a CPAP machine ☐ I use ambulatory oxygen
- ☐ I use a ventilator ☐ I use other equipment (please specify) _____

Q6. How often is your walking restricted?

- ☐ Every day ☐ 2-4 days a week ☐ Less than once per week
- ☐ 5-6 days a week ☐ 1 day a week ☐ Not applicable

Q7. How many metres can you walk before you stop to rest? (examples are approximate only)

- ☐ 1-10m (from your bed to another room in your home)
- ☐ 10-20m (from inside house to the driveway or front verge)
- ☐ 20-60m (e.g. a basketball court length to Olympic swimming pool length)
- ☐ 60-100m (shopping centre car park into supermarket)
- ☐ 100-200m (do your grocery shopping at large supermarket)
- ☐ 200m+

Q8. Please rate these symptoms when you walk

Please circle the number that applies with 0 being no symptoms, and 10 being extreme symptoms.

Pain

0	1	2	3	4	5	6	7	8	9	10
No pain				Medium pain				Extreme pain		

Breathlessness

0	1	2	3	4	5	6	7	8	9	10
Normal breathing				Some breathlessness				Can't breathe at all/need oxygen		

Q9. How do you manage your conditions?

(medication and dosage, past / future planned surgery, therapy, other)

Q10. Is there any other information you would like to provide in support of your application?

Q11. Applicant statement

- ☐ I agree to be contacted by the ACROD Parking Program to provide further information if required.
- ☐ The information contained in this form has been endorsed by my Doctor / Occupational Therapist who, in turn, may disclose information about me to assist with my application.
- ☐ I agree that health professionals or service providers may disclose information about me to the ACROD Parking Program to assist with the assessment of my application.
- ☐ The information in this application is correct to the best of my knowledge.

Applicant signature:

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Date:

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

OR Legal guardian signature:

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Date:

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
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Please note that a permit will not automatically be granted. All applications are subject to assessment by the ACROD Parking Program.

ACROD Parking Permits are free. The cost of the permit is funded by the Government of Western Australia.

Section 2. Doctor / Occupational Therapist statement

How long has the applicant been in your care?

- ☐ First visit ☐ Less than 6 months ☐ 6-12 months ☐ 1 year +

Diagnoses affecting the applicant's ability to walk

Condition 1

Functional walking issues related to this diagnosis:

Objective measurements indicating the severity of the applicant's condition.
Please attach or describe test results / specialist reports.

The condition is likely to

- ☐ Deteriorate ☐ Stay the same ☐ Improve

If the applicant is likely to improve, when do you expect them to be able to walk 60m without stopping to rest?

- ☐ Within 6 months ☐ Within 1 year ☐ Within 2 years ☐ 2 years +

Condition 2

Functional walking issues related to this diagnosis:

Objective measurements indicating the severity of the applicant's condition.
Please attach or describe test results / specialist reports.

The condition is likely to

- ☐ Deteriorate ☐ Stay the same ☐ Improve

If the applicant is likely to improve, when do you expect them to be able to walk 60m without stopping to rest?

- ☐ Within 6 months ☐ Within 1 year ☐ Within 2 years ☐ 2 years +

If the applicant uses a mobility aid, how long will they need it?

- ☐ 0-6 months ☐ 6-12 months ☐ 1-2 years
☐ 2-5 years ☐ Lifelong

Please describe any other relevant medical information

Is the applicant undergoing or planning to undergo any surgery, treatment or rehabilitation that may improve their ability to walk? Please provide details

What is the expected duration of the treatment or rehabilitation?

- ☐ Less than 6 months ☐ 6-12 months ☐ 1-2 years

Doctor / Occupational Therapist declaration

I confirm that my signature below verifies all of the following:

- ☐ I have read and understand the ACROD Parking Program eligibility criteria;
- ☐ I have read all of the information contained in this form and verify that it is correct to the best of my knowledge;
- ☐ I am not the applicant or an immediate family member of the applicant;
- ☐ I agree to offer all reasonable information to assist the ACROD Parking Program to determine the applicant's eligibility.

Signature:

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Date:

D	D	/	M	M	/	Y	Y	Y	Y
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Stamp

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Contact details:

Name:

Position:

Employer:

Address:

Phone:

Email:

AHPRA reg. / provider number:



Applicant to submit completed form by email, through the ACROD online portal, or by post.

Medical centres can send forms by email or by post. Fax transmissions are no longer accepted.

Please make sure to include all pages of Section 1 and Section 2, and all relevant additional documents (e.g. copies of medical reports).

Email: acrod@nds.org.au

Online portal: acrod.org.au/apply-mobility

Post: ACROD Parking Program, PO Box 184, Northbridge WA 6865

Phone: 08 9242 5544

Website: acrod.org.au

If you are deaf or hard of hearing, contact us through the National Relay Service.
Visit www.relayservice.gov.au

This form is also available in an accessible Word document format - best suited for users of screen readers and other assistive technologies. You can download it from the ACROD Parking Program website (acrod.org.au/how-to-apply-individual/), or contact us to request a copy.