

ACROD Parking Permit application form for people who are legally blind

An accessible Word version of this form can be found in the [“How to apply” section of the ACROD website at acrod.org.au/how-to-apply-individual/](https://www.acrod.org.au/how-to-apply-individual/)

Eligibility criteria

You may be eligible for an ACROD Parking Permit if you are legally blind. Legally blind means:

- 1** visual acuity (1.1.V.50) on the Snellen Scale after correction by suitable lenses of less than 6/60 in both eyes; or
- 2** constriction to within 10 degrees of fixation in the better eye irrespective of corrected visual acuity; or
- 3** a combination of visual defects resulting in the same degree of vision impairment as that occurring in the above points.

How to apply

Step 1. Complete this application form.

Step 2. Attach one of the documents from the Applicant Evidence of Legal Blindness list on page 3.

Step 3. Send the completed application form to:



ACROD Parking Program email: acrod@nds.org.au

OR

ACROD Parking Program, PO BOX 184, Northbridge WA 6865.

Additional notes for completing the form on a computer: we recommend using Adobe Acrobat Reader. Please note that there is no “Submit” button at the end of the form.

If you do not have a document confirming that you are legally blind, you can download a Low vision medical certificate form from our website (link at the top of this page). Please ask your ophthalmologist, orthoptist, optometrist or GP to fill and sign it, and then submit it together with this application form.

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.
- Contact the specialist or medical practitioner who has signed the report (if such a report is attached) to ask for additional information.

The ACROD Parking Program receives a high number of applications. Processing 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 inform you about our appeals process.

Privacy statement

NDS is committed to protecting your personal information. The Privacy Act 1988 (Commonwealth) which includes the Australian Privacy Principles, regulates the way in which your personal information is collected and used. By providing us with your personal information, you consent to the terms of our [Privacy Policy](#) available from the NDS website which sets out how we collect, use, store and disclose personal information.

Demographic information

(Optional: information received will only be used for statistical purposes)

Please tick the box if you have any of the following:

Companion Card

NDIS plan

Guide dog

Gender: Male Female Unspecified

Do you identify as an Indigenous Australian? Yes No

If Yes, please indicate the following:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

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

If you have answered Yes, please specify language spoken: _____

Do you require an interpreter? Yes No

Applicant evidence of legal blindness

Please attach a copy of ONE of the following documents:

Disability Support Pension - Blind Card (front and back);

Department of Veteran Affairs' Blind Concession Card;

Guide Dogs WA Dog Handler Card;

Vision Australia Seeing Eye Dog ID Card;

A specialist or medical practitioner report or the ACROD Low Vision medical certificate **addressing the eligibility criteria and confirming legally blind status.**

If you are attaching a report signed by a specialist or medical practitioner (for example, an ophthalmologist, orthoptist, optometrist or GP):

I agree that the specialist or medical practitioner whose name appears on the report may be contacted by the ACROD Parking Program for additional information to assist the assessment of my application.

I agree that the specialist or medical practitioner whose name appears on the report may disclose such additional information to assist with my application.

The specialist or medical practitioner is not the applicant or an immediate family member of the applicant.

Additional information

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

Applicant statement

I am legally blind and my condition is permanent.

OR

I am legally blind and my condition is temporary.

I agree to be contacted by the ACROD Parking Program to provide further information if required.

I have included a copy of one of the required documents to confirm that I am legally blind.

The information in this application is correct to the best of my knowledge.

Applicant Signature

Signature:

OR Legal Guardian Signature:

Date:

Date:

Instructions for completed applications



Please send the completed form and attached documents by email or post.

ACROD Parking Program email: acrod@nds.org.au

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

Telephone: 08 9242 5544

ACROD Parking Program website: acrod.org.au

If you are not legally blind but have a severe walking restriction please apply using the form for people with mobility restrictions. It is available in the "How to apply" section of the ACROD website.

If you are deaf or hard of hearing, contact us through the National Relay Service.