

## ACROD Parking Program Restricted mobility certificate

**This certificate must be completed and signed by a Doctor or Occupational Therapist.**

It is used to gather information for assessing the eligibility of a person, who has a severe walking restriction, applying for an ACROD Parking Permit.

**This certificate must be submitted by the applicant using the online ACROD Parking Permit application form located at [www.acrod.org.au/apply-mobility/](http://www.acrod.org.au/apply-mobility/). Please follow these steps:**

**STEP 1.** Have this certificate completed and signed by a Doctor or Occupational Therapist.

**STEP 2.** Scan or take clear photos of the certificate and have the scanned file or photos ready on your computer, tablet or phone. You may also choose to provide additional medical reports (e.g. x-ray, test results, specialist reports, etc.) in support of your application.

**STEP 3.** Complete the online application form at [www.acrod.org.au/apply-mobility/](http://www.acrod.org.au/apply-mobility/) and upload the ACROD Restricted Mobility Certificate (and any other files if you choose to include them).

You can find additional information (including other ways to apply for an ACROD Parking Permit, the process for applicants who are legally blind, etc) in the “How to apply” section of the ACROD website at [www.acrod.org.au/how-to-apply-individual/](http://www.acrod.org.au/how-to-apply-individual/)

### Eligibility criteria - Mobility

**An applicant may be eligible for an ACROD Parking Permit if:**

- 1** they are unable to walk and always require the use of a wheelchair, mobility or medical aid; or
- 2** their ability to walk is significantly restricted by a permanent disability or medical condition; or
- 3** their ability to walk is significantly restricted by a temporary disability or medical condition (for a minimum of six months).

### Assessment of applications

The ACROD Parking Program assessment team will assess each application against the eligibility criteria. If more information is needed to determine the applicant's eligibility, the ACROD Parking Program may contact the Doctor or Occupational Therapist who has signed this form to ask for additional information.

### 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 the [NDS Privacy Policy available from our website](#) which sets out how we collect, use, store and disclose personal information.

## Applicant details

Surname:	First name:	
Date of birth (dd/mm/yyyy):		
Residential address:		
Suburb:	State:	Postcode:
Postal address (if different):		
Suburb:	State:	Postcode:
Email:	Phone:	

## Ability to walk

The applicant is unable to walk and always requires use of a wheelchair (skip to the Diagnosis section)

The applicant's ability to walk is severely restricted by a **permanent** medical condition or disability

The applicant's ability to walk is severely restricted by a **temporary** medical condition or disability

How many metres can the applicant walk before having to stop to rest?

How many days a week (on average) is the applicant's walking restricted?

Pain level while walking (0-10):

Breathlessness while walking (0-10):

## Diagnosis affecting 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

Improve

Stay the same

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

months

## Diagnosis affecting ability to walk (continued)

### 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

Improve

Stay the same

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

months

## Mobility aid and essential health equipment

Does the applicant use a mobility aid?

Wheelchair (permanent use)

Wheelchair (occasional use)

Walking frame/wheeled walker

Crutches

Other (please specify)

Doesn't use a mobility aid

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

Does the applicant use any essential health equipment?

Ambulatory oxygen

Ventilator

CPAP machine

Other (please specify)

Doesn't use any essential health equipment

## Please describe any other relevant medical information

## Is the applicant undergoing any surgery, treatment or rehabilitation that may improve their ability to walk?

Yes (please specify)

No

## 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 the applicant whose details are provided above meets the eligibility criteria for an ACROD Parking Permit as set out on page B1;

I confirm that the information in this form 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:

Date:

Doctor / Occupational Therapist details or stamp:

Full name:

Position:

Employer / clinic:

Address:

Phone:

AHPRA number: