

P.O. Box 540
45 Campbell Street
Wanganui
Phone: (06) 345 0566
Fax: (06) 345 0567
Toll-free phone: 0508 787 767
Email: admin@sommerville.org.nz
Website: www.sommerville.org.nz

Disability Parking Identification Permit Application

WHAT IS THE DISABILITY PARKING PERMIT?

The Disability Parking Permit is a card that allows authorised holders to use:

- Accessible car parks
- Standard car parks and metered spaces for longer than stated times,
- Time restricted zones, eg P30 for longer than stated times as set out in local by-laws

WHAT ARE THE RULES?

Qualifying applicants receive a Card/Permit with an expiry date and also an identification number. Card holders membership is NOT transferable. To ensure all Card holders get maximum benefit from the Card it is extremely important that the following conditions are met:

- The Card is not allowed to be used by people other than the Card holder
- The Card holder has to have been a passenger or driver of the parked vehicle
- The Card is clearly displayed, usually on the dash board, so that it can be easily seen through the front windscreen.
- The Card may NOT be fixed permanently to the vehicle
- The Card is returned to Sommerville Disability Support Services when it has expired
- If the card is lost or stolen the Card holder must contact Sommerville Disability Support Services immediately. PO Box 540, Wanganui, Phone (06) 345 0566

The key point to remember is that the Card is ONLY for the benefit of you as the Card Holder

Sommerville Disability Support Services has to try to ensure only those who meet the necessary criteria have access to the card, therefore, we reserve the right to decline any application that we consider does not meet the eligibility criteria, or to cancel the Card if used incorrectly.

HOW LONG MAY I HAVE THE CARD?

- **Short Term Disability:** the applicant is expected to gain full or sufficient mobility within **12 months or less** and therefore will no longer meet required conditions of the Card.
- **Long Term:** the applicant is expected to gain full or sufficient mobility **between one and five years** to an extent where they no longer meet the requirements of the Card.
- **Permanent Disability:** the applicant has a **permanent disability** which means they will **always** meet the requirements of the Card. (Card holders only need to get a new card every five years but do not need to reapply through their practitioners.)

PAYMENT DETAILS

Internet/Telephone banking **ASB 12-3163-0113986-00**

Please put the **card holders** full name and City as shown below and then **send your completed application form** via post to PO Box 540, Wanganui, 4541 **or** via email to admin@sommerville.org.nz

Particulars	Code	Reference
(Surname)	(First Name)	(Town or City)

This fee is non-refundable unless your application is declined.

Long term or Permanent disability (13 Months to five years - \$25-00 GST Incl)

Short term disability (Up to 12 months e.g. 3, 6 or 12 months - \$15-00 GST Incl)

PLEASE RETAIN FOR YOUR INFORMATION



Part 1. (To be completed by APPLICANT / CAREGIVER)

Family Name: _____ First Names: _____

Date of Birth: _____ / _____ / _____

Residential Address _____

Suburb: _____ City: _____ Post Code: _____

Postal Address if different: _____

Telephone: Home: _____ Mobile: _____

Are you the: Driver Passenger Both

Part 2. (To be completed by PRACTITIONER)

Eligibility Criteria: the applicant must meet one or more of the following (please tick)

- Is unable to walk and is reliant on a wheelchair to be mobile
- Has to use a walking aid e.g crutches, walking sticks, walking frames,
- Is unable to walk 200 metres unassisted because of the nature and severity of their condition.

Please remember that the most important aspect is the lack of MOBILITY the applicant may have.

In your opinion please provide details below as to the severity and duration of the applicant's disability.

[It would be appreciated if you could print clearly as we may need to return the application if we are unsure of its content. Many thanks.]

Primary Disability: _____

How does this affect mobility: _____

Please tick **ONE** of the following and estimate duration if non-permanent.

- Short** term disability: *up to 12 months _____ eg 3, 6 or 12 months*
- Long** term disability: *between 1 and 5 years _____ eg 18 months, 2 years etc*
- Permanent** disability: *disability will not improve, card only to be renewed every five years.*

Practitioner's name: _____ Telephone: _____

Surgery address: _____

NZMC Registration No: _____ Signature: _____

Date: _____



Part 3. (To be completed by APPLICANT / CAREGIVER)

Declaration

I _____ declare that all information provided in this permit application is true and complete, and I give full consent to my doctor to provide all information as requested. I understand that the Card remains the property of Sommerville Disability Support Services.

If my application is approved, I will use the card according to the following conditions: (please tick)

- | | |
|--|---|
| <input type="checkbox"/> I will not allow other people to use my card | <input type="checkbox"/> I will not fix the card permanently to any vehicle |
| <input type="checkbox"/> I will only use the card when I have been the driver or passenger of the parked vehicle | <input type="checkbox"/> I will return the card when it has expired |
| <input type="checkbox"/> I will display the card clearly so it can be seen through the front windscreen | <input type="checkbox"/> I will notify Sommerville Disability Support Services immediately if my Card is lost or stolen |
| | <input type="checkbox"/> I will use the Card for my benefit only |

I authorize the collection of personal information under the Privacy Act 1993 for the use of Sommerville Disability Support Services and the Disability Parking Permit scheme and for the operation, administration, and enforcement of the terms of Mobility Parking, and this information may be passed to the Ministry of Transport and Local Territorial authorities.

Signed: _____ **Date:** _____/_____/_____

If signing on behalf of applicant, please state:

Name _____

Relationship _____

Please ensure that parts 1, 2 and 3 have been completed.

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Sommerville Disability Parking Permits are accepted NATIONWIDE

FOR OFFICE USE ONLY

New Permit No: _____ Date of issue: _____/_____/_____ ST LT P

Invoice No: _____ Expiry Date: _____/_____/_____

Amount: _____ Signed _____ Date: _____/_____/_____