

UTS Accessible Parking Permit – application for staff

Accessible parking is available at UTS for people with disabilities or medical conditions. UTS parking permits are required to use these parking spaces.

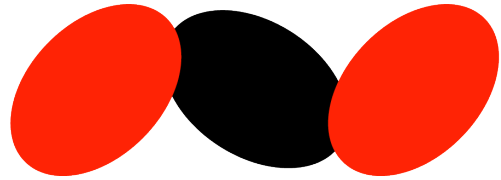
Permits are issued to staff through the [Centre for Social Justice & Inclusion](#), to students through the [Student Services Unit](#), and to visitors through [UTS Security](#).

Eligibility for permits is based on one of the following criteria:

- ✓ The applicant must be unable to walk more than 100 metres because of a medical or physical condition, or whose medical or physical condition is detrimentally affected as a result of walking 100 metres.
- ✓ The applicant must be unable to or is significantly compromised in their ability to use public transport to travel to the university (e.g., anxiety disorder, panic attacks etc.).
- ✓ The applicant's disability or condition would be detrimentally affected if they were required to use public transport to travel to the university.
- ✓ Being required to use public transport to travel to the university would significantly diminish their effectiveness in their work (e.g., chronic fatigue syndrome).

How to apply

1. Print this application form.
2. Complete and sign the top half of page 2 (Accessible Parking Authority 2023).
3. If you do not have an RTA Mobility Parking Permit, you must have your treating doctor complete and sign page 3 (UTS Accessible Parking Permit Medical Certificate).
4. Return the completed application and either your RTA Mobility Parking Permit, or the completed UTS Medical Certificate to the Centre for Social Justice & Inclusion.



Accessible Parking Authority 2023

Applicants name:

Faculty/Div:

Staff ID:

Email address:

Mobile:

RTA Mobility Permit No.:

Expiry date:

Vehicle registration:

Alternate vehicle:

Staff member's signature:

Date:

Office use only

Locations approved:

Notes:

UTS permit approved:

Duration:

Ongoing – sticker no:

or temporary until:

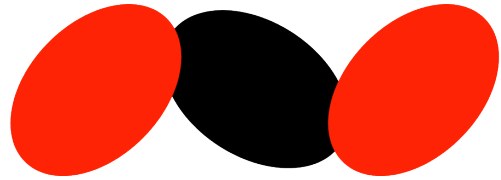
The above staff member has a disability, medical condition or injury which impacts on their mobility and/or ability to use public transportation.

Approved CSJI:

Date:

Documentation:

In CSJI file:



UTS Accessible Parking Permit Medical Certificate

This certificate only needs to be completed if you do not have an RTA Mobility Parking Permit

Applicants' authorisation (to be completed by the applicant):

Name of applicant/patient:

I hereby authorise my doctor below to share information about my disability or condition with University of Technology Sydney (UTS), in regards to my application for a disability parking permit.

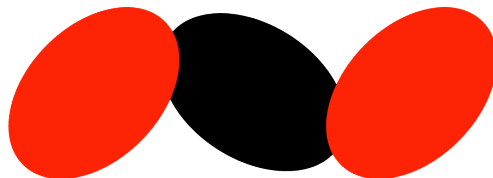
Applicant's signature:

Medical Practitioners Declaration (to be completed by a registered medical practitioner):

The UTS Disability Parking Scheme is designed to regulate the use of the limited number of disability parking spaces at the University so that they are available for people with medical conditions that genuinely affect their mobility or their ability to use public transport.

I certify that I have examined the applicant and their condition is as follows:

Disability/condition (describe):



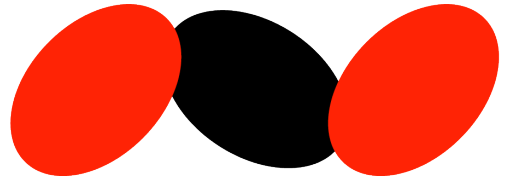
I certify that the applicant's condition would render them eligible for disability parking at the University under one of the following criteria (tick one or more):

- The applicant is unable to walk more than 100 metres because of a medical or physical condition, or whose medical or physical condition is detrimentally affected as a result of walking 100 metres.
- The applicant is not able to or is significantly compromised in their ability to use public transport to travel to the university (e.g., anxiety disorder, panic attacks etc).
- The applicant's disability or condition would be detrimentally affected if they were required to use public transport to travel to the university.
- Being required to use public transport to travel to the university would significantly diminish their effectiveness in their work (e.g., chronic fatigue syndrome).

Is this condition permanent or temporary?

- Permanent
- Temporary

If the condition is temporary, please provide period of disability:



Practitioner's details:

Name:

Business address:

Provider number:

Contact number:

Signature:

Date: