

# Application for Disabled Persons' Parking Permit

Issued to:

Please complete & return to:



**Irish Wheelchair Association**

Please return this application form to:  
Irish Wheelchair Association  
Ballinagappa Road, Clane, Co. Kildare.

**Please read the notes below carefully prior to filling form**

Note: This form has **5 Sections: A, B, C, D and E**

**Sections A, B, D and E Must be completed by ALL applicants**

**All applications must contain the fee of €35**

(all cheques and postal orders must be made payable to "Irish Wheelchair Association")

**and 2 passport-sized photograph of the Applicant**

**PLEASE USE BLOCK CAPITALS ONLY**

## Section A: Details of Applicant (Person with the Disability)

Surname: .....

Mr/Mrs/Miss/Ms (other): .....

Forename(s): .....

Date of Birth: .....

Address: .....

Tel No. ....

*Including prefix*

.....

.....

Email: .....

## Section B: To be completed by All Applicants

**1.** Are you a Primary Medical Certificate holder? *Please Tick Below:*

Please Note: **The Primary Medical Certificate is NOT the Medical Card.**

**Yes**  You must enclose a copy of your Primary Medical Certificate or a copy of your Vehicle Registration Certificate detailing the Tax Exemptions and **Proceed to Section E**

**No**  You must now **Proceed to Section C, D and E**

## Section C: To be filled in by applicants Medical Practitioner

Irish Wheelchair Association is authorised by the Department of Environment and Local Government to issue The Disabled Persons Parking Permit under the Statutory Instruments No. 182 of 1997

**Note to Medical Practitioner:** We would like to ask all Medical Practitioners to ensure they are fully aware that only those with permanent serious mobility impairment are to be issued with the Disabled Persons' Parking Permit. A detailed Guidance for Medical Practitioners is available on [www.icgp.ie](http://www.icgp.ie) or [www.ddai.ie](http://www.ddai.ie) or [www.iwa.ie](http://www.iwa.ie) to help with any questions that may arise.

**NB: If the Medical Practitioner's comments are vague or unclear then the form will be returned to the applicant, all questions must be answered IN FULL.**

1. What is the nature of the Applicants Condition/Disability? .....
2. Is the Applicants Condition/Disability permanent? Please tick appropriate box **Yes**  or **No**   
If not please give details of the Condition/Disability in the practitioner's notes section below.
3. What distance, in Metres, can the Applicant walk without stopping or unaided: ..... Metres

In relation to the questions below, please initial the box in each of the categories A, B, C or D that best represents the Applicant's Condition/Disability. **Please initial one box only per category.**

<b>A</b>	<b>Is the Applicant able to Walk?</b>	(i) Yes the applicant can walk unaided..... <input type="checkbox"/>
		(ii) The Applicant can only walk with difficulty (Please Clarify in Notes section)..... <input type="checkbox"/>
		(iii) With the assistance of a walking aid (specify at C below)..... <input type="checkbox"/>
		(iv) Not at all ..... <input type="checkbox"/>
<b>B</b>	<b>Does the Applicant use a Wheelchair?</b>	Full Time ..... <input type="checkbox"/>
		Regularly (Please Clarify in Notes section) ..... <input type="checkbox"/>
		Occasionally (Please Clarify in Notes section) ..... <input type="checkbox"/>
		Never ..... <input type="checkbox"/>
<b>C</b>	<b>Is the Applicant Dependant on any supportive aids on a permanent basis?</b>	(i) Walking frame, Rollator or similar..... <input type="checkbox"/>
		(ii) Crutches ..... One Crutch <input type="checkbox"/>   Two Crutches <input type="checkbox"/>
		(iii) Walking stick..... One Stick <input type="checkbox"/>   Two Sticks <input type="checkbox"/>
		(iv) Other (Please Clarify in Notes section) ..... <input type="checkbox"/>
<b>D</b>	<b>Is the Applicant using Portable oxygen on a Regular basis?</b>	Yes <input type="checkbox"/>   No <input type="checkbox"/>

### Notes Section

(Please use this section to outline any other information that is relevant to support the application)

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# The following are the criteria for issuing Disabled Persons' Parking Permits

**(Please sign and stamp in the box relevant to the Applicants Condition/Disability)**

The Disabled Persons' Parking Permit will **only** be issued to applicants with a **permanent condition or disability that severely restricts their ability to walk**. Only those applicants with an inability to walk up to **50 metres unaided** or without stopping to rest are eligible. A further requirement is that severe restriction to the applicant's mobility must arise from one of the following criteria.

Criteria	Signature and Stamp
<p>A. Severe restriction by lung disease such that the person's lacks the capacity to walk any significant distance. (please consult Guidance for Medical Practitioners for a detailed definition).</p>	<p>Signature .....</p>
<p>B. Restriction by cardiac condition such that the person has a marked limitation of any activity and the patient is comfortable only at rest or where any physical activity brings on discomfort and symptoms occur at rest. (please consult Guidance for Medical Practitioners for a detailed definition).</p>	<p>Signature .....</p>
<p>C. Severe limitation in a person's ability to walk due to an arthritic, neurological or orthopaedic condition. (please consult Guidance for Medical Practitioners for a detailed definition).</p> <p>(Please note that when assessing an Applicant with any of these Conditions/Disabilities that if an assistive device e.g. crutch, stick etc <b>significantly</b> restores the applicants ability to walk to the extent that the person <b>can</b> walk without severe limitation i.e. more than 50 metres, the applicant will not qualify for the Disabled Persons Parking Permit).</p>	<p>Signature .....</p>

I hereby certify that the applicant satisfies the medical criteria as outlined in Section C of this application form. I consent to supply the Irish Wheelchair Association with any additional information that may be needed in support of this application.

Doctors Signature..... Date.....

**(Please Use Block Capitals for Details Below)**

Doctors Name .....

Contact Tel.....

G.M.S NB.....

Contact Fax.....

Address.....

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**Medical Practitioners Stamp**  
**(Please ensure stamp is current)**

**Section D: GARDA IDENTITY CERTIFICATE FOR  
THE DISABLED PERSONS' PARKING PERMIT  
TO BE COMPLETED AT YOUR LOCAL GARDA STATION  
BY A MEMBER OF THE GARDA SÍOCHÁNA**

I certify that I have satisfied myself as to the identity of the Applicant. I also certify that the photograph, on the back of which I have signed my name, is a true likeness of the Applicant.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**Section E: Must be completed by all applicants**

**CONDITIONS FOR THE USE OF THE DISABLED PERSONS' PARKING PERMIT**

- ▶ The Disabled Persons' Parking Permit is valid for a maximum of two years
- ▶ The Disabled Persons' Parking Permit is issued solely for the use of the registered holder (i.e. the person with the disability).
- ▶ The Disabled Persons' Parking Permit is only to be used / displayed on a vehicle in which the holder (i.e. the person with the disability) is a driver or passenger at the time it is being used/displayed.
- ▶ In the event of the death of the Disabled Persons' Parking Permit holder (i.e. the person with the disability), the Disabled Persons' Parking Permit **MUST** be returned to Irish Wheelchair Association.
- ▶ The Irish Wheelchair Association reserves the right to withdraw the Disabled Persons' Parking Permit in the event of the permit being abused.
- ▶ Disabled Persons' Parking Permit holders are requested to use accessible bays only when necessary and are encouraged where possible to use regular parking bays when possible.
- ▶ The Disabled Persons' Parking Permit is a legal permit and it is a criminal offence to alter, copy, forge or lend a Disabled Persons' Parking Permit
- ▶ In the event of the Disabled Persons Parking Permit being lost or stolen, the permit holder must report this to Irish Wheelchair Association immediately.

I agree to abide by the Conditions under which the EU Disabled Persons' Parking Permit is issued as per above. I acknowledge that the Parking Card remains the property of the Irish Wheelchair Association and I agree to return The Disabled Persons' Parking Permit to Irish Wheelchair Association if requested by them to do so. I declare that the information I have given is correct and I consent to Irish Wheelchair Association contacting my Medical Practitioner directly for the purposes of obtaining more information to validate my application. I also consent to the information, other than the medical information in Section C, outlined in this application form being communicated to Garda, Parking Wardens, Local Authorities, their Agents and other Parking Permit issuing bodies for enforcement purposes.

Signed:

Date:

By Applicant or On Behalf of Applicant

If signing on behalf of the applicant please print your name in block capitals below:

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