

# 2022 EASY ACCESS PARKING PERMIT

## APPLICATION FORM FOR STUDENTS AND STAFF

### Eligibility Criteria – Student and Staff

To be eligible for an Easy Access Parking Permit, you must meet one of the following criteria:

- Have a severe mobility or medical impairment where walking causes the physical condition to deteriorate;
- Require the use of a wheelchair, crutches, walking frame or other specific mobility aid; or
- Be a pregnant employee or student.

If you do not meet at least one of the above criteria, you are not eligible for an Easy Access Parking Permit. For further information, staff are to please contact the Student Centre [parking@murdoch.edu.au](mailto:parking@murdoch.edu.au) and students to contact the Access and Inclusion Office [access@murdoch.edu.au](mailto:access@murdoch.edu.au)

### How to Apply for Easy Access Parking

#### INSTRUCTIONS FOR STUDENTS:

All applications must be endorsed by a Doctor/Health Professional.

For short term (3 months or less):

1. Student to complete PART A of this application form
2. Doctor/Health Professional should complete PART B  
Submit PART A and PART B at the Student Centre

For long term (more than 3 months):

1. Contact the Access and Inclusion Office:  
Location: 460.1.009  
Telephone: 9360 6084  
Email: [access@murdoch.edu.au](mailto:access@murdoch.edu.au)
2. Student to complete only PART A of this application form  
Submit PART A at the Student Centre

LONG TERM EASY ACCESS PARKING ENTITLEMENTS FOR STUDENTS ARE REVIEWED EVERY 6 MONTHS BY THE ACCESS AND INCLUSION OFFICE.

#### INSTRUCTIONS FOR STAFF:

All applications must be endorsed by a Doctor/Health Professional.

1. Employee to complete PART A
2. Doctor/Health Professional or Line Manager should complete PART B  
Submit PART A and PART B at the Student Centre

## Fees & Where to Park

Easy Access Permit applicants must also be a current parking permit holder. There are no additional fees for the Easy Access Permit.

Please apply for your Red or Green Zone Parking Permit:

<https://www.murdoch.edu.au/life-at-murdoch/campus-life-culture/facilities/parking#apply>

Easy Access Parking Permit entitles the holder to park in any Easy Access Bay when one is available.

If an Easy Access Bay is not available the holder of an Easy Access Parking Permit is entitled to park in any red or green zone or visitors ticketed area.

An Easy Access permit:

1. must be displayed at all times with either a red or green zone parking permit, scratchie permit, or visitors ticket.
2. does not entitle the holder to parking in an ACROD bay.

## Submitting Your Easy Access Parking Application

### INSTRUCTIONS FOR STUDENTS:

Send your completed application for **Short Term** Easy Access Parking to:

**In person:** The Student Centre level 2 Chancellery building.

**Post:** Parking, The Student Centre, Chancellery building, 90 South St Murdoch WA 6150

For **Long Term** (more than 3 months) Easy Access Parking contact the Access and Inclusion Office (contact details are above) and send PART A of this application form to:

**In person:** The Student Centre level 2 Chancellery building.

**Post:** Parking, The Student Centre, Chancellery building, 90 South St Murdoch WA 6150

### INSTRUCTIONS FOR STAFF:

Send your completed application for Easy Access Parking to:

**In person:** The Student Centre level 2 Chancellery building.

**Post:** Parking, The Student Centre, Chancellery building, 90 South St Murdoch WA 6150

## Processing Time & More Information

Assessment of new Easy Access Parking applications will take a minimum of five working days but may take longer if additional information is required from your Doctor/Health Professional.

For more information about Easy Access Parking Permits, please visit:

<https://www.murdoch.edu.au/life-at-murdoch/campus-life-culture/facilities/parking/acrod-and-easy-access-parking#easy-access>

# PART A – TO BE COMPLETED BY THE APPLICANT (STUDENTS AND STAFF)

## Applicant Details

<b>Surname</b>						
<b>Given Names</b>					<b>ID</b>	
<b>Address</b>					<b>Suburb</b>	
<b>P/Code</b>					<b>Current Parking Permit number</b>	
<b>Vehicle</b>						
<b>Make</b>	<b>Colour</b>		<b>Body Type</b>			<b>Plate no.</b>
<b>Permit Duration</b>	<b>Start Date</b>			<b>End Date</b>		
			<b>Permit Number Issued (University to complete)</b>			

## Applicant Statement

**1. Do you require the use of any mobility aids?**

Yes, please state:

- Type of mobility aid: \_\_\_\_\_
- Frequency of use: \_\_\_\_\_

No, please state how your walking is restricted:

\_\_\_\_\_

\_\_\_\_\_

**2. What is the greatest distance you can walk? \_\_\_\_\_ metres.**

**3. Are you a pregnant employee or student? If so, what is the expected due date? \_\_\_\_\_**

**4. Recent Medical Reports**

Attach copies of any recent medical reports relevant to your application for an Easy Access Parking Permit.

Reports Attached  Yes  No

**5. Have you registered with Murdoch Access & Inclusion Services?  Yes  No**

**6. I confirm that my signature verifies the following:**

- The information contained in this form has been endorsed by my Doctor/Health Professional who, in turn, may disclose information about me to assist with my application; and
- The information in this application is correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PART B – TO BE COMPLETED BY YOUR DOCTOR/HEALTH PROFESSIONAL (STUDENTS AND STAFF)

## Doctor/Health Professional Statement

\* Pregnant employees can opt for their Line Manager to complete this section where they have sighted medical evidence.

### 1. The Applicant

<b>Surname</b>		<b>First Name</b>	
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- Has a severe impairment where walking more than 50 metres causes the physical condition to deteriorate;  
or
- Requires the use of a wheelchair, crutches, walking frame or other specific mobility aid; or
- Pregnant employee or student

### 2. Is the applicant's ability to walk likely to improve following treatment, recovery or rehabilitation?

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### 3. What is the expected duration of the treatment/recovery?

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### 4. Applicant's expectant due date \_\_\_\_\_

## Doctor/Health Professional Identification

(Please print or stamp these details)

<b>Name</b>		
<b>Postal Address</b>		
<b>Suburb</b>		
<b>Registration No.</b>		
<b>Email</b>		
<b>Phone</b>		<b>Fax</b>

I certify that I have seen the applicant in a professional capacity and my signature below verifies ALL of the following that have been marked with an 'X':

- The information supplied within this application form is correct to the best of my knowledge;
- The applicant has a significant mobility impairment;
- The applicant is pregnant with a confirmed due date.
- I am not the applicant or a family member of the applicant
- I agree to be contacted to verify the information contained in this form; and
- I understand that it is an offence to verify any false information provided in this application.
- I am the pregnant employee's Line Manager at Murdoch and have sighted the original medical evidence.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_