Government of **Western Australia**
Queen Elizabeth II Medical Centre Trust
Parking Department

PARKING

Declaration for staff seeking parking access to the QEII Medical Centre (QEIIMC) based on a medical condition or disability

To be submitted as a variation to an existing staff parking permit or when submitting a new staff parking permit application.

qeiimc.health.wa.gov.au

Parking permits at the QEIIMC are issued by the QEIIMC Trust Parking Department. Due to the restricted nature of parking at QEIIMC, parking is prioritised as set out in the Priority Parking Policy (Policy). The Policy supports staff who have a medical condition which effects their mobility to and from the QEIIMC.

Eligibility Criteria

To be eligible for staff parking access based on a medical condition or disability, you must be able to demonstrate that your mobility to and from the QEIIMC is severely restricted by a permanent or temporary medical condition or disability.

Privacy Statement

In accordance with National Privacy Principle (NPP04), information supplied in this declaration form will not be disclosed to any other organisation. You may access your own information by written request. The QEIIMC Parking Department takes all reasonable steps to protect the identifying information it collects from misuse, unauthorised access and disclosure. For more information go to: www.privacy.gov.au.

Section 1: Approved ACROD Permit Holders

If you have a valid ACROD permit, you are deemed to have demonstrated that your mobility to and from the QEIIMC is severely restricted by a permanent or temporary medical condition or disability. In your application for a QEIIMC parking permit (See http://qeii.health.wa.gov.au/parkingpermit/), please complete the following steps:

- Select 'Yes' to Question 4 and provide the requested ACROD permit information
- Send a copy of the front and back of your ACROD permit to: qeii.parking@health.wa.gov.au
- Await confirmation email confirming the change of access and car park location to your permit, before you commence parking on site

Section 2: Long Term Medical Condition or Disability

If you have a medical condition or disability which is expected to effect your mobility to and from the QEIIMC for more than six months and do not currently have an ACROD permit, you must apply for one through the ACROD Parking Program. For further information, please contact the ACROD Parking Program on (08) 9242 5544 or go to www.acrod.org.au.

If your application under the ACROD Parking Program is pending approval, you are deemed to have temporarily demonstrated that your mobility to and from the QEIIMC is severely restricted by a permanent or temporary medical condition or disability. A copy of the confirmation email you received from the ACROD Parking Program (usually sent from app@app.org.au) must be forwarded to qeii.parking@health.wa.gov.au.

Following our receipt of the ACROD Parking Program confirmation email, you will be granted one month QEIIMC parking access (only available for first ACROD Parking Program application) based on your medical condition or disability.

When your application under the ACROD Parking Program is approved go to Section 1 above. If you are not successful in your application under the ACROD Parking Program go to Section 3. If we do not hear from you by the end of the one month period, your parking access may be restricted.

Section 3: Short-Term Medical Condition or Disability

If you have a medical condition or disability which is expected to effect your mobility to and from the QEIIMC for less than six months (e.g. surgery, injury, high-risk pregnancy) you must complete Part A below and get your Doctor to complete Part B below. The QEIIMC Parking Department will review all of the information provided in Part A and Part B to determine whether you have demonstrated that your mobility to and from the QEIIMC is severely restricted by a medical condition or disability. Please note that the answers provided in Part B will the primary basis for such a determination.

If you are unable to demonstrate to the satisfaction of the QEIIMC Parking Department that mobility to and from the QEIIMC is severely restricted by a medical condition or disability, you are not eligible a QEIIMC parking permit based on your medical condition or disability.

PART A: To be completed by the applicant

Name: _____

Address: _____

Contact Phone: _____

Email: _____

Please provide detailed answers and attach more information if required.

Eligibility Criteria

To be eligible for a QEIIMC parking permit based on a medical condition or disability, you must be able to demonstrate that your mobility to and from the QEIIMC is severely restricted by a permanent or temporary medical condition or disability.

1. **State how your medical condition or disability prevents or severely restricts your ability to use public transport to and from the QEIIMC.**

   _____
   _____
   _____

2. **State how your medical condition or disability prevents or severely restricts your ability to walk from parking nearby public carparks which are not on the QEIIMC.**

   _____
   _____
   _____

3. **For those who use a mobility aid, state what type you use.**

   Type of mobility aid: _____

   How often do you use a mobility aid? Days per month: _____

4. **For those who walk without the assistance of a mobility aid, how often is your walking severely restricted?**

   Days per month: _____

5. **How far can you walk before you stop or rest?**

   Approximate metres: _____

6. **Describe how your body feels when you walk (i.e. what are your symptoms?)**

_____
_____
_____

7. **Describe how you walk (e.g. speed, balance or how you think you look to others when you walk).**

_____
_____
_____

8. **How do you manage your condition (e.g. type of medication and dosage, past/future surgery, portable oxygen, exercise, therapy, specialist treatment)?**

_____
_____
_____

9. **I confirm that my signature verifies all of the following:**

- I agree to be contacted by the QEIIMC Parking Department to provide further information if required.
- The information contained in this form has been endorsed by my Doctor who, in turn, may disclose information about me to assist with my application.
- I agree that health professionals or service providers may disclose information about me to the QEIIMC Parking Department to assist with the assessment of my application.
- The information in this application is correct to the best of my knowledge.
- I understand that my application will be assessed according to the eligibility criteria and I am not guaranteed everyday parking access.

Signature: _____

(Applicant)

Date: _____

PART B: To be completed by your Doctor

Name: _____

Address: _____

Registration No: _____

Email: _____

Phone: _____

Please provide detailed answers and attach more information if required.

Eligibility Criteria

For staff to be eligible for a QEIIMC parking permit based on a medical condition or disability, the applicant noted in Part A must be able to demonstrate that their mobility to and from the QEIIMC is severely restricted by a medical condition or disability.

Please provide detailed answers and attach more information if required.

1. **How long has the applicant been your patient?**

   Years and months: _____

2. **State the applicant's primary and secondary diagnoses that impact on their mobility to and from the QEIIMC. Please indicate the date of each diagnosis.**

   _____
   _____
   _____

3. **Provide objective measurements indicating the severity of the applicant's medical condition or disability (e.g. spirometry, echocardiogram, doppler studies).**

   _____
   _____
   _____

4. **Is the applicant's mobility to and from the QEIIMC likely to improve following treatment, surgery recovery or rehabilitation?**

   ☐ Yes ☐ No ☐ Unsure

5. What is the expected duration of the treatment, recovery or rehabilitation?

☐ Less than 6 months

☐ 6-12 months

☐ More than 12 months

6. Is surgery an option in the future?

☐ Yes. Type of surgery: _____

Expected date: _____

☐ No. State reason _____

7. Further Comments

_____

_____

_____

8. Verification

I certify that I have seen the applicant in a professional capacity and my signature below verifies all of the following:

- The information supplied within this application 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 be contacted to verify the information contained in this form.

Signature: _____

(Applicant's Doctor)

Date: _____