



# Health Carers

## Parking Permit

Funder the Road Transport (General) Regulation 2013.

Fees are valid until 30 June 2025.

### About this form

This form must be lodged by the resident or an authorised representative of the resident who requires the specialised care. A Health Carers Parking Permit is issued to the resident of the property to provide parking for a registered health care professional attending the residents' property to provide at-home health care services.

### Applicant *(Note: all correspondence will be directed to the applicant)*

**Resident details:** Details of resident requiring specialised care from a health care professional.

<b>Title:</b>	<input type="text"/>		
<b>Full name:</b>	<input type="text"/>		
<b>Address:</b>	<input type="text"/>		
<b>Phone:</b>	<input type="text"/>	<b>Email address:</b>	<input type="text"/>

If you submit your form by email or post, assessment of your application can take up to ten business days once all required information has been provided. You will be contacted by a Council officer for payment once your application has been approved.

### Type of permit

- Health Carers Parking Permit \$76.50       Health Carers Parking Permit \$33.00  
*(where applicant is a Pensioner and can provide a current Commonwealth Pensioner Card)*

### Vehicle details

**Nominated vehicles:** Details of vehicles used by health care professionals or service providers caring for the applicant.

#### 1. Name of health care professional/service provider:

<b>Title:</b>	<input type="text"/>	<b>Name:</b>	<input type="text"/>				
<b>Registration:</b>	<input type="text"/>	<b>Make:</b>	<input type="text"/>	<b>Model:</b>	<input type="text"/>	<b>Year:</b>	<input type="text"/>

#### 2. Name of health care professional/service provider:

<b>Title:</b>	<input type="text"/>	<b>Name:</b>	<input type="text"/>				
<b>Registration:</b>	<input type="text"/>	<b>Make:</b>	<input type="text"/>	<b>Model:</b>	<input type="text"/>	<b>Year:</b>	<input type="text"/>

#### 3. Name of health care professional/service provider:

<b>Title:</b>	<input type="text"/>	<b>Name:</b>	<input type="text"/>				
<b>Registration:</b>	<input type="text"/>	<b>Make:</b>	<input type="text"/>	<b>Model:</b>	<input type="text"/>	<b>Year:</b>	<input type="text"/>

## Documentation and proof of residence

### 1. Current Supporting Letter

- A current letter from South Eastern Sydney Local Health District, Ageing, Disability and Home Care NSW, or a Registered Health Care Agency. The letter should be on letterhead and state the name of the resident receiving the care as well as the health carer(s) details. Details of the vehicle registration number(s), description of the vehicle(s) including year, make and model must be included.

### 2. Current Authority (where applicable)

- A current Power of Attorney or Statutory Declaration from the resident where the application is to be submitted by a representative on behalf of the resident.

### 3. Current Lease or Rates notice:

- Leased: Residential Lease with a minimum lease period of six months.  
 Owner/Occupied Property: Rates notice in applicant's name.

### 4. One proof of address document from list below:

- Driver's Licence                       Telephone Account                       Vehicle Registration  
 Bank Statement                       Electricity / Gas Account                       Home & Contents Insurance

## Declaration and signature

I,  declare that:

- The information I have provided on this application is true and correct in every detail.  
 I have read and understood Woollahra Council's neighbourhood parking policy and the permit(s) terms and conditions and agree to comply with them.  
 I have provided acceptable verification of address, vehicle registration and pensioner card details (where applicable).  
 I understand I am responsible for the renewal of my parking permits.

**Applicant's signature**

**Date**

## Privacy

For more information about Privacy & Personal Information Policy: [www.woollahra.nsw.gov.au/privacy](http://www.woollahra.nsw.gov.au/privacy).

For more information about this permit, eligibility and our Parking Policy. [www.woollahra.nsw.gov.au/parking-permits-conditions](http://www.woollahra.nsw.gov.au/parking-permits-conditions)

## Lodgement details

**Mail to:** Woollahra Municipal Council  
PO Box 61 Double Bay 1360

**In Person:** Council Chambers  
536 New South Head Road  
Double Bay NSW 2028

**Email:** [records@woollahra.nsw.gov.au](mailto:records@woollahra.nsw.gov.au)

**Telephone:** (02) 9391 7000

**Website:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

### Payment methods:

Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

OFFICE USE ONLY		Resident Parking Permit (T47)	
CSO name:	<input type="text"/>	Permit fee: \$	<input type="text"/>
<input type="checkbox"/> Supporting Letter / Authority	<input type="checkbox"/> Rates / Lease	<input type="checkbox"/> DL / Bill / Rego / Bank / H&C	
<b>Additional information:</b> <input type="text"/>			