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NPO 000 881

WHEELCHAIR USER PARKING PERMIT APPLICATION - 2024

To be completed by the Applicant, the wheelchair user

1. Surname

2. First names

Mobile

E-Mail

ID Number (Attach a copy)

3. Postal Address

Residential Address (if different from postal)

4. Is the Applicant a (please tick)

Driver

Passenger

5. Select category (please tick)

A. Quadriplegic

B. Paraplegic

C. Amputee

D. Other (specify)

6. What type of wheelchair do you use? (Power/ Push / Scooter)

7. Declaration by applicant

I make this declaration in the firm belief that all the information provided on this form is, to knowledge, true and correct. I will fully comply with the 'Conditions of Use' for the permit. If my circumstances change in a way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the QuadPara Association of South Africa (QASA) and will be returned within seven (7) days of notification of such return being required. The applicant's agent may sign and take full legal responsibility on the Applicant's behalf.

Applicants Signature

Date

Office use only	Permit number	Category
Copy of ID to be attached		

Amended - May 2023

STATEMENT TO BE COMPLETED BY A:

MEDICAL PRACTITIONER/SPECIALIST/CLINICAL PSYCHOLOGIST

Please note: The information on this form will be used to determine the eligibility of your client for a Wheelchair Parking Permit. A permit will not be considered unless all details on the application are completed.

1. What is your client's **disability**?

2. Does your client's disability require him/her to **continually use an appliance for support** to aid his/her mobility?

3. Does your client **require additional space to access** his/her **vehicle** due to a disability?

4. Does the **use of the aid** cause the patient to **need to use this space**?

5. What **appliance** does your client use as an aid?

6. Is the significant disability **permanent**?

Yes

No

7. Does your patient's disability result in **extreme danger** to themselves or others in a public place **without the continuous attendance of a caregiver**?

8. Is this mobility **aid consistent with** the Applicant's **disability**?

9. Additional **supporting information** known to you

Declaration

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct.

Signature of Medical Practitioner/Specialist/Clinical Psychologist

Date

Name & Address BLOCK LETTERS or STAMP please

Telephone Number

The QuadPara Association of South Africa (QASA) issues this parking disc under the following conditions and with the following information which is important to the user. (Feb2016)

- QASA is presently engaged with the Department of Transport and has been for a number of years in the initiative of formulating a Policy for a National Parking disc for People with disabilities. QASA provides this wheelchair parking card as an interim measure, to provide the accredited user with a uniform identification so that the accredited user can feel comfortable and confident when using a *wheelchair demarcated parking* facility. This card is not recognised by any Municipality, Local Authority or the Department of Transport but is an instrument issued by QASA and popularised and promoted by QASA in the effort to ensure that QASA members have rightful usage of wheelchair parkings. QASA believes that wheelchair parking facilities should be reserved for wheelchair users only whether the driver or passenger.
 - By signing this wheelchair parking card application, you accept full responsibility for the appropriate use of this card by yourself only and also do not hold QASA liable for any legal recourse or fines that this card might incur you.
 - This card is not transferrable.
 - QASA will advise you as soon a National Parking disc policy is approved and implemented so that this card can be replaced with a legal and appropriate replacement. QASA has the right to inform members of their rights and encourage their opportunities, and this card is another project of QASA's to empower and inform members.
 - The card must be removed from the rear-view mirror when driving so as not to obstruct the driver's vision.
 - Should the card get lost or damaged, please contact QASA and QASA will consider replacing the card.
 - Your details will be kept on a database at the QASA head office and shared with traffic authorities, and any other enquirers with your permission only.
 - There is no charge for this application but there is a R150.00 fee on the issuing of the permit to cover the production cost to QASA and the courier fee (due to unreliable postal services). If your physical address does not fall within our courier's region, we will send to your nearest Postnet or PEP.
- Once QASA has notified you of approval of this application**, make payment and send POP to secretary@qasa.co.za

DONATION INFORMATION	
Reference (use name & surname)	
QASA banking details	
Bank	Nedbank (Pinetown)
Account Number	1339 473267
Branch Code	133 926
Type of Account	Current

Signing this page confirms you have read understand all of the above:-

Sign: _____

Date: _____