



SPECIAL VISITORS PERMIT SCHEME

New Application

Renewal of Permit

(Please tick as appropriate)

NAME: _____

ADDRESS: _____

Tel: (H) _____ **(M)** _____

ARE YOU SUFFERING FROM ANY MEDICAL ILLNESS WHICH IS: -

(a) Restricting mobility to the degree that you require ongoing daily care in your home.

Yes No

And

(b) Requiring regular visits to your residence by carers, relatives, or Health Service officials

Yes No

*If so, please request your doctor to complete and submit the attached questionnaire for the attention of the **Offaly County Council**.*

*The Council will refer this correspondence to its **Medical Representative** for certification.*

Offaly County Council has initiated a Special Visitors Permit Scheme which is intended to assist individual residents in areas covered by parking restrictions who: -

- (i) are restricted in mobility
- (ii) require regular visits by carers, relatives, Health Services officials
- (iii) are deemed to be vulnerable and require regular monitoring by carers, relatives or Health Service officials.

Offaly County Council will require individuals covered by this scheme to ensure that any career, relative or Health Service officials display the visitor's permit on their vehicle during the period of their stay at the residence. Failure to ensure such display will entitle Tullamore Municipal District to levy parking fines in the normal manner.

Offaly County Council will issue Special Visitors Permits on an exceptional basis only. Visitor's permits will be issued for an initial 12-month period only and may be renewable thereafter. **One** visitors **permit per residence** will be issued.

Offaly County Council will require individuals to formally apply for a special visitors permit stating: -

- The circumstances pertaining to their case.
- Who is required to call upon them?
- How regular such visits are to be made?
- That they have no objection to the Council's nominated medical representative contacting their Doctor/Social Worker in relation to their application and personal situation.

***The decision of Offaly County Council's medical representative
will be final in the matter.***

**CONFIDENTIAL MEDICAL REPORT FROM APPLICANT'S MEDICAL PRACTITIONER
TO OFFALY COUNTY COUNCIL IN RELATION
TO PARKING PERMIT FOR CARERS**

For completion by the patient's usual medical practitioner

Please answer all questions below

The information provided will be treated in the strictest confidence:

- 1. Your patient since _____
- 2. Diagnosis _____
- 3. Date incapacity commenced _____
- 4. How long do you expect this condition to continue? _____
- 5. Hospital admissions (please give details) _____
- 6. Attending a specialist (please give details) _____
- 7. On medication (please give details) _____
- 8. Other treatment (please give details) _____

Indicate the degree to which the patient's condition has affected his/her abilities in ALL of the following areas;

	Normal	Mild	Moderate	Severe	Profound
Mental health					
Learning/intelligence					
Consciousness/seizures					
Balance /co ordination					
Vision					
Hearing					
Speech					
Continence					
Sitting					
Standing					
Walking					
Climbing stairs					

Doctor's signature: _____ **Date:** _____

