

## Application for Pool Fencing Exemption

### Exemption from Compliance with Pool Standard – Disability or Impracticality

#### *Building Act 1975*

#### IMPORTANT INFORMATION

**Privacy Notice:** In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose for which the completion of this form is intended, and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

#### FEES & CHARGES INFORMATION

Please refer to the Fees and Charges Schedule in place at the time of making this Application for fee amounts (this can be accessed on Council's website).

#### APPLICATION FOR EXEMPTION FOR COMPLIANCE WITH POOL STANDARD – DISABILITY

##### Complete Parts A, B & Declaration

To apply for a disability exemption:

- **Part A** – to be completed by the pool owner, as the applicant.
- **Part B** – to be completed by a Medical Practitioner or Occupational Therapist for the person with a disability that is occupying the property on which the regulated pool is situated for whom the exemption is being sort.
- Lodge the completed application.
- Submit with this application:
  - documentation outlining the reasons explaining why an exemption should be considered;
  - documentation outlining the measures that will be taken to provide suitable alternative safety provisions; **and**
  - any plans and diagrams that may be used to support your application.
- Pay the applicable fee.

#### APPLICATION FOR EXEMPTION FOR COMPLIANCE WITH POOL STANDARD – IMPRACTICALITY

##### Complete Part C & Declaration

To apply for an impracticality exemption:

- **Part C** – to be completed by the pool owner, as the applicant.
- Lodge the completed application.
- Submit with this application:
  - documentation identifying the part of the pool safety standard for which you are seeking the exemption;
  - documentation describing why compliance with the relevant part of the pool safety standard is not practicable; **and**
  - any plans and diagrams that may be used to support your application.
- Pay the applicable fee.

#### APPLICATION TYPE (choose one only)

Application for exemption for compliance with pool standard – disability	<input type="checkbox"/> Yes
OR	
Application for exemption for compliance with pool standard - impracticality	<input type="checkbox"/> Yes

#### PART A - APPLICANT DETAILS (disability exemption application)

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Surname:	
Given Name/s:	
Residential Address:	
Postal Address: <i>If different to above</i>	
Mobile:	
Home Phone:	
Email:	

DETAILS OF PERSON WITH DISABILITY	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Surname:	
Give Name/s:	
Residential Address:	
Postal Address: <i>If different to above</i>	
Mobile:	
Home Phone:	
Email:	
SITE DETAILS	
Address where swimming pool is located:	
Lot/Plan Number:	
Is the pool existing? <i>If yes – provide pool registration number:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Is the pool to be constructed? <i>If yes, provide building approval number:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes _____

PART B - MEDICAL PRACTITIONER OR OCCUPATIONAL THERAPIST INFORMATION, ASSESSMENT AND DECLARATION	
Name of Patient:	
Medical Practitioner's Full Name:	
Health Profession:	
Medical Practitioner's Address:	
Work Phone:	
Work Email:	
Medical Practitioner's Provider Number:	
Medical Practitioner's Signature:	
Date:	
MEDICAL ASSESSMENT	
I certify that I have examined the person for whom this applicant for a Disability Exemption relates and certify that _____ (full name of the patient) has:	
<input type="checkbox"/>	Total dependence on a wheelchair
<input type="checkbox"/>	Total dependence on a carer/caregiver
<input type="checkbox"/>	Total dependence on large mobility device (walking frame) - <i>This does not include splints, crutches or walking sticks</i>
<b>OR</b>	
<input type="checkbox"/>	The patient's ability to access the pool is severely impaired because (give reasons):
<b>AND</b>	
<b>This condition is:</b>	
<input type="checkbox"/>	Permanent
<input type="checkbox"/>	Temporary

PART C - APPLICANT DETAILS (impracticality exemption application)	
INDIVIDUAL APPLICANT	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Surname:	
Given Name/s:	
Residential Address:	
Postal Address: <i>If different to above</i>	
Mobile:	
Home Phone Number:	
Email:	
<b>OR</b>	

<b>COMPANY APPLICANT</b>	
Company Name:	
ACN:	
Postal Address:	
Contact Person:	
Company Phone Number:	
Company Mobile:	
Company Email:	
<b>SITE DETAILS</b>	
Address where swimming pool is located:	
Lot/Plan Number:	
Is the pool existing? <i>If yes – provide pool registration number:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Is the pool to be constructed? <i>If yes, provide building approval number:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes _____

<b>DECLARATION</b>	
I _____ declare that the information provided by me in this application is complete, true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regard to any matters relevant to this application.	
Signature of Applicant:	
Date:	
Position in Company (if relevant):	
Preferred Contact Telephone Number:	

<b>Office Use Only</b>			
Receipt No.	<input type="checkbox"/> Yes	Date Created	Declaration/s Completed/Signed <input type="checkbox"/> Yes
Mandatory Documents Attached		CSO Initials	

<p><b>ADDITIONAL INFORMATION</b></p> <p>Council will need to discuss the proposal with you and undertake a site inspection in order to provide an adequate assessment.</p> <p>For an exemption due to disability, Council may grant the exemption under the <i>Building Act 1975</i> only if it is satisfied that:</p> <ul style="list-style-type: none"> <li>(a) a person with a disability is, or is to become, an occupier of land on which the regulated pool is situated; and</li> <li>(b) it would be physically impracticable for the person, because of the person's disability, to access the pool if it had barriers complying with the pool safety standard.</li> </ul> <p>For an exemption due to impracticality, Council may consider matters such as whether compliance with the part of the pool safety standard for which the exemption is being sort would require a building or part of a building to be moved or demolished, the size or the location of the pool to be changed, or protected vegetation to be removed, and any other matters Council considers relevant.</p> <p>Council may grant the exemption on the reasonable conditions it considers necessary or desirable to prevent a young child accessing the pool. If the exemption is granted on conditions, the owner of the pool must comply with each condition of the exemption at all times.</p> <p><b>Pursuant to Section 240 and 245C of the <i>Building Act 1975</i>, the pool safety standard continues to apply for the regulated pool to the extent the exemption does not apply.</b></p>
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