

Transport Access Scheme Application Supplement

Form ID: PT213-5 (10/20)

Who needs to complete this form?

Complete this form if you:

- are an existing Transport Access Scheme member and are applying to access the Taxi Subsidy Program,
- are an existing Transport Access Scheme member with Taxi Subsidies and you want to update your membership because you are now permanently reliant on a wheelchair for mobility, and require a Wheelchair Accessible Taxi for transport.

Which sections do I need to complete?

Complete Section A - Applicant Information and Declaration.

If you are applying for the Taxi Subsidy Program and are not reliant on a wheelchair, complete:

- Section B - Concession Card Details and Centrelink Customer Consent.

If you already have Taxi Subsidies and you are now reliant on a wheelchair, complete:

- Section C - Permanent Wheelchair Reliance Confirmation.

How do I return this form?

When you have completed this form, return it:

- **by email** passengertransport@stategrowth.tas.gov.au
- **in person** at any [Service Tasmania shop](#)
- **by mail** Department of State Growth
Transport Access Scheme
GPO Box 1242
Hobart TAS 7001

Section A - Applicant Information and Declaration

Title	Family name	Given name
Date of birth	Telephone number	
Postal address	State	Postcode

- I
- authorise my doctor or qualified health care practitioner to provide all medical information relating to the assessment of my application for membership of the Transport Access Scheme,
 - have informed the doctor or qualified health care practitioner of all relevant illnesses and consent to the medical information provided with this application to be shared with the Registrar of Motor Vehicles in relation to my eligibility to hold a driver licence under the [Vehicle and Traffic Act 1999](#),
 - consent to the Registrar of Motor Vehicles contacting any reporting health professional named in this application for further information,
 - understand if the Registrar of Motor Vehicles cancels or suspends my driver licence on the basis of this medical report, I may be re-licensed when I provide evidence that I meet the national medical standards,
 - agree to the [Terms and Conditions](#) for use of the Taxi Subsidy Program,
 - acknowledge that misuse of any concession or subsidy provided may lead to suspension or cancellation of my Transport Access Scheme membership and could result in legal action being taken by the Department of State Growth,
 - confirm the information in this application is true and correct.

Signature

Date

Section B - Concession Card Details and Centrelink Customer Consent

Select your concession card type - tick the corresponding box

Centrelink - Health Care Card

Department of Veterans' Affairs - Pensioner Concession Card

Centrelink - Pensioner Concession Card

Department of Veterans' Affairs - Commonwealth Seniors Health Card

Centrelink - Commonwealth Seniors Health Card

Provide your Centrelink CRN or DVA file number

CRN - - - OR DVA file number

Complete the Centrelink customer consent

I, _____, authorise:

- the Department of State Growth (the department) to use Centrelink Confirmation eServices to perform a Centrelink or Department of Veterans' Affairs enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the department to determine if I qualify for a concession, rebate or service, and
- Services Australia (the agency) to provide the results of that enquiry to the department.

I understand that:

- The agency will disclose personal information to the department including my name, address, payment type, payment status, number of dependent children, and concession card type and status, to confirm my eligibility for the Taxi Subsidy Program.
- This consent, once signed, remains valid while I am a customer of the department unless I withdraw it by contacting the department or the agency. I can get proof of my circumstances or details from the agency and provide it to the department so my eligibility for the Taxi Subsidy Program can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances or details, I may not be eligible for the Taxi Subsidy Program provided by the department.

Signature

Date

Section C - Permanent Wheelchair Reliance Confirmation

This section must be completed by a medical practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Does the applicant require transport in a wheelchair accessible taxi as they are permanently reliant on a wheelchair for mobility?

Yes

No

Title Given name

Family name

Business address

Suburb

State Postcode

AHPRA registration number

Signature

Date

Personal Information Protection Statement

You are providing personal information to the Department of State Growth, which will manage that information in accordance with the [Personal Information Protection Act 2004](#).

The personal information collected here will be used by the Department, and may be disclosed to other authorities including the Registrar of Motor Vehicles, the Department of Health and Human Services, the National Disability Insurance Agency, the Transport Commission and the Australian Government Department of Human Services, for the purpose of assessing initial and ongoing eligibility for the Transport Access Scheme, Taxi Subsidy Program, registration and licensing concessions, assessing medical fitness to drive, and cross-checking eligibility against other schemes.

Failure to provide this information may affect the assessment of your application, or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to ask the Department to give you access to the personal information you have provided. You may be charged a fee for this service.

ENQUIRIES

Email passenger.transport@stategrowth.tas.gov.au

Phone 1300 135 513