

# Transport Access Scheme application form

PT200-3.2

Please read the guidelines attached to this form

Member number:

office use only

**Part one:** To be completed by the applicant or their advocate

Which concession/s are you applying for? Please mark applicable boxes with X:

Parking Concessions

Taxi Subsidies

or

Wheelchair Accessible Taxi Subsidies

For taxi subsidies you must provide a copy of both sides of your current Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card issued by Centrelink or your Pensioner Concession Card issued by the Department of Veterans' Affairs(DVA) but not a DVA Gold Card. This requirement is waived if you are wheelchair reliant.

## Applicant (person with disability) information

Title:	<input type="text"/>	Family name:	<input type="text"/>	Given name(s):	<input type="text"/>
Residential address:	<input type="text"/>				
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>		
Postal address (if not same as above):	<input type="text"/>				
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>		
Daytime phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Date of birth:	<input type="text" value="dd/mm/yyyy"/>
Email address:	<input type="text"/>				

## Advocate details (if applicable)

Title:	<input type="text"/>	Family name:	<input type="text"/>	Given name(s):	<input type="text"/>
Residential address:	<input type="text"/>				
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>		
Postal address (if not same as above):	<input type="text"/>				
Suburb/Town:	<input type="text"/>	Postcode:	<input type="text"/>		
Daytime phone number:	<input type="text"/>	Relationship to applicant:	<input type="text"/>	Date of birth:	<input type="text" value="dd/mm/yyyy"/>
Email address:	<input type="text"/>				

## Vehicle registration and licence details

You may be eligible for vehicle registration/driver licensing concessions. Please indicate in the space below the registration number of a vehicle either registered in your name or jointly with another person, for which you wish the concessions to be applied, and your driver licence number:

Vehicle registration number:

Driver licence number:

**Part two:** To be completed by the applicant or their advocate

**Customer Consent:**

I ....., authorise:

- the Department of State Growth to use Centrelink Confirmation eServices to perform a Centrelink Confirmation eServices enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status in order to enable the Department of State Growth to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services to provide the results of that enquiry to the Department of State Growth.

I understand that:

- the Australian Government Department of Human Services will use information I have provided to the Department of State Growth to confirm my eligibility for the Transport Access Scheme and will disclose to the Department of State Growth personal information including my name, address, payment and concession card type and status,
- this consent, once signed, remains valid while I am a customer of the Department of State Growth unless I withdraw it by contacting the Department of State Growth or the Department of Human Services,
- I can obtain proof of my circumstances/details from the Australian Government Department of Human Services and provide it to the Department of State Growth so that my eligibility for the Transport Access Scheme can be determined,
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Transport Access Scheme provided by the Department of State Growth.

I authorise my doctor or qualified health care practitioner to provide all medical information required in the assessment of my application for membership of the Transport Access Scheme.

I have informed the doctor 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*.

I consent to the Registrar of Motor Vehicles contacting any reporting health professional named in this application for further information.

I 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.

If this application is approved I acknowledge that misuse of any concession or subsidies provided may lead to suspension or cancellation of membership and could result in legal action being taken by the Department of State Growth.

I confirm the information in this application is true and correct.

Signature of Applicant (or signature of applicant's advocate if applicant unable to sign)	Date signed
---	-------------

**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 and the Transport Commission, for the purpose of assessing initial and ongoing eligibility for the Transport Access Scheme, registration and licensing concessions, assessing medical fitness to drive, and cross-checking eligibility against other schemes. Failure to provide this information may result in your application not being able to be processed 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.

**Return completed forms to:** Passenger Transport      Email: [passenger.transport@stategrowth.tas.gov.au](mailto:passenger.transport@stategrowth.tas.gov.au)  
GPO Box 1242      Enquiries: 1300 135 513  
HOBART TAS 7001

**Office use only**

**Application:** Approved  Declined  **Concession:** Parking  Taxi  WAT

Comments: \_\_\_\_\_  
\_\_\_\_\_

Assessment Officer \_\_\_\_\_ Date dd/mm/yyyy

**Part three:** To be completed by a qualified medical or authorised allied health practitioner\*

**Important information to the Practitioner**

- The Transport Access Scheme is not available to applicants who have temporary disorders or who have conditions which are expected to improve in time.
- If the applicant holds a current driver licence and wishes to continue to drive, part four of this application form **MUST** also be completed by a medical practitioner/GP. Information pertaining to the applicant's medical fitness may be disclosed to the Registrar of Motor Vehicles and may result in a review of the applicant's driver licence.
- \*Authorised allied health practitioners **MUST** be registered with the Australian Health Practitioner Regulation Agency (AHPRA), but does not include Dental, Pharmacy or Medical Radiation practitioners.

**Impairment details** - please answer ALL questions in this section

1 Please indicate the applicant's impairment  
If the applicant has a permanent disability which affects their mobility and is not included in the categories listed below, a separate report can be attached indicating the diagnosis and expected duration of the disability. The degree to which the applicant's mobility is affected, ie wheelchair reliance etc should also be indicated.

- |  |   |
|--|---|
| <input type="checkbox"/> Permanent and severe loss of spinal function              | <input type="checkbox"/> Permanent and severe loss of cardiac or respiratory function |
| <input type="checkbox"/> Permanent and severe loss of function in the upper limbs  | <input type="checkbox"/> Permanent and severe visual impairment                       |
| <input type="checkbox"/> Permanent and severe loss of function in the lower limbs  | <input type="checkbox"/> Permanent and severe psychiatric impairment                  |
| <input type="checkbox"/> Permanent and severe intellectual/neurological impairment | <input type="checkbox"/> Other impairment as indicated in attached report             |

2 What is the diagnosis of the impairment? \_\_\_\_\_

	Yes	No
3 Is the diagnosed impairment permanent?	<input type="checkbox"/>	<input type="checkbox"/>
4 Does the applicant have a reduction in personal mobility whereby they cannot manage steps, uneven ground or inclines without the use of a complex walking aid (a complex walking aid does not refer to a walking or quad stick)?	<input type="checkbox"/>	<input type="checkbox"/>
5 Does the applicant have a reduction in personal mobility whereby he/she cannot walk a distance of 50 metres without having to rest due to pain or breathlessness?	<input type="checkbox"/>	<input type="checkbox"/>
6 Does the applicant's impairment reduce their personal mobility whereby he/she frequently needs assistance from home to their destination?	<input type="checkbox"/>	<input type="checkbox"/>
7 Is the applicant totally dependent on others for mobility?	<input type="checkbox"/>	<input type="checkbox"/>
8 Is the applicant totally reliant on the use of a wheelchair for mobility?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any other information which may support this application

**Medical fitness to drive assessment**

Does the applicant? (tick all the applicable boxes below):

- hold a current driver licence? Yes  No
- wish to voluntarily surrender their driver licence? Yes  No
- wish to continue to hold a driver licence? Yes  No  (if yes, part four of this application **MUST** be completed)

**Details of qualified medical or authorised allied health practitioner**

Title:  Family name:  Given name(s):

Business address:

Suburb/Town:  Postcode:

Phone number:  AHPRA Registration number:

Signature  Date dd/mm/yyyy

**Part four:** To be completed **ONLY** by a medical practitioner or GP and **ONLY** if the applicant will continue to hold a driver licence.

## Medical fitness to drive assessment

### Assessment of medical fitness to drive (to be completed by qualified medical practitioner/GP)

1 I certify that I have examined the applicant of the attached Transport Access Scheme application (the patient) in accordance with the relevant medical standards as set out in the National Guidelines "Assessing Fitness to Drive for Commercial and Private Vehicle Drivers"\*

I assessed the patient according to (please tick)

Commercial standards

Private standards

If patient holds a licence that requires an assessment at the Commercial standard (eg Ancillary Certificate or MR class or above) and you assess them at the Private Standard, their licence may be downgraded.

Is the patient prepared for their licence to be downgraded?

 Yes No

2 Were you familiar with the patient's medical history prior to this examination?

 Yes No

The person subject to this report has the following condition/s (tick all applicable):

Blackouts (Chapter 1)

Cardiovascular (Chapter 2)

Diabetes (Chapter 3)    Controlled by: →  Diet

Musculoskeletal (Chapter 5)

Neurological (Chapter 6)

Epilepsy (Chapter 6)    Date of last seizure: →

Psychiatric - Cognitive impairments (Chapter 7)

Sleep Disorders (Chapter 8)    Is it Sleep Apnoea: →  Yes

Substance Misuse (Chapter 9)

Visual (Chapter 10)

Visual aids required for driving: →  Yes  No

Visual Confrontation: →  Normal  Abnormal

Other, please specify or more information

\*Guidelines are available at: [www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive](http://www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive) Specific information on the different conditions/disorders/problems can be found in the chapters listed.

3 Does the patient meet the relevant medical standard to hold a licence? (tick one of the boxes below):

**Does not meet** the standards to hold a driver licence.

**Meets** the standard to hold a driver licence, **if** a medical fitness to drive assessment is undertaken every:   
**and/or** subject to the conditions or restrictions below, if applicable:

**Meets** the standard to hold a driver licence, **if** the following is undertaken/provided: (tick all applicable)

Appropriate Specialist Assessment → Name and type of Specialist referred:

and/or (Including ophthalmologist for Visual Confrontation)

Occupational Therapy Driving Assessment

and/or

Practical driving assessment by Driving Assessor

What date, or expected date, is the appointment?

**Until the assessment(s) are supplied the patient is:**  **Fit to** continue driving or  **Not fit** to continue driving

**Meets** the standard and no longer requires periodic medical fitness to drive assessments. Details **MUST** be provided below:

Reason for medical review being ceased in relation to the Assessing Fitness to Drive Guidelines. →

Attach a separate letter if more space required

Date of examination:

Doctor's name:

Signature:

Practice address and contact details

# Transport Access Scheme guidelines

PT201-3.1

## Who is eligible?

The Transport Access Scheme (TAS) assists people with a life-long, permanent and severe disability which affects mobility. (It cannot be temporary or corrected by recognised surgery or treatment.)

Eligibility for TAS does not take into account the availability of public transport or proximity to public transport.

## What are the entitlements?

TAS entitlements are:

- Australian Disability Parking Permit
- Taxi subsidies
- Concessions on vehicle registration and driver licensing

An **Australian Disability Parking Permit** entitles TAS members to park:

- In parking zones designated for people with disabilities – **for not longer than any time which may be displayed on the parking sign,**
- In an area controlled by a parking sign (including parking meters) indicating a time limit of less than 30 minutes – **for a maximum of 30 minutes,**
- In an area controlled by a parking sign (including parking meters) indicating a time limit of between 30 minutes and one hour – **for a maximum of two hours,**
- In an area controlled by a parking sign (including parking meters) indicating a time limit of one hour or longer – **for twice the time indicated on the sign.**

For parking spaces controlled by a parking meter or voucher vending machine, the maximum time must be paid before the additional time above takes effect.

A permit is transferable to any vehicle the member, as a driver or passenger, may travel in.

The member must leave the vehicle when using their permit.

The permit must be displayed in the front of the vehicle with the permit number and expiry date able to be clearly seen by enforcement officers. It can be attached to the interior rear-view mirror, or if this presents difficulties, it can be left on the dashboard of the vehicle.

The permit must not be attached to the interior rear-view mirror when the vehicle is moving.

The permit can be used in all States and Territories of Australia. As parking concessions may vary in the other States and Territories, check with local Councils where you are visiting to find out the concessions available in those Council areas.



Tasmanian  
Government

**Taxi fare subsidies** entitle eligible TAS members to:

- A 50% fare reduction up to a value of \$25 when travelling in a standard taxi, or
- A 60% fare reduction up to a value of \$30 for wheelchair-reliant TAS members when travelling in a wheelchair accessible taxi.

To be eligible to receive taxi subsidies under the Transport Access Scheme, in addition to having a permanent lifelong disability, members must meet income and asset criteria for the issue of a Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card issued by Centrelink or have a Department of Veterans' Affairs (DVA) Pensioner Concession Card. DVA Gold Cards are not accepted as eligibility for taxi subsidies as they are issued for rebates on medical treatment only and are not income or asset tested.

Applicants who are wheelchair reliant are not required to submit a copy of a pensioner concession or health care card when applying for taxi subsidies.

Eligible TAS members are issued with smartcards that are placed against, or inserted into, the payment terminal. The subsidy is automatically deducted from the total fare and the member pays the difference.

TAS members eligible for taxi subsidies can also receive subsidised taxi travel in other States and Territories of Australia. Interstate taxi subsidy vouchers are issued to members on request. The Tasmanian rate of subsidy applies when undertaking interstate taxi trips.

A full list of Terms and Conditions for use of taxi subsidies under the Transport Access Scheme is available at [www.transport.tas.gov.au/passenger/concessions](http://www.transport.tas.gov.au/passenger/concessions)

**Vehicle registration and driver licensing concessions** entitle eligible TAS members to:

- a reduced driver licence fee
- an exemption from annual motor tax charges (for one vehicle only) with a Gross Vehicle Mass (GVM) not exceeding 4.5 tonnes
- a reduced motor vehicle registration fee
- an exemption from stamp duty when registering a new vehicle or transferring the registration of a used vehicle (one vehicle only) with a GVM not exceeding 4.5 tonnes and
- a reduced Motor Accident Insurance Board (MAIB) premium on a passenger or light goods vehicle with a GVM not exceeding 4.5 tonnes.

Vehicle registration concessions only apply to a vehicle registered in the name of:

- a member of TAS, or registered jointly with another person
- in the case of a child under 16 years of age – his or her parents or guardian. When a TAS member turns 16, the vehicle is required to be transferred into their name or joint names in order to continue receiving the concessions.

## How do I apply?

You will need to complete the Transport Access Scheme application to identify which component/s you are applying for. Your GP, or authorised allied health practitioner will also need to complete part three. If you wish to continue to hold a driver licence your Medical Practitioner/GP must complete part four. The Department of State Growth is not responsible for payment of any fee or charge by a medical or allied health practitioner for the purpose of filling in the application.

Application forms can be found at Service Tasmania shops and on line at [www.transport.tas.gov.au/passenger/concessions](http://www.transport.tas.gov.au/passenger/concessions)

## Further information

For further information regarding the Transport Access Scheme, please contact:

Phone: 1300 135 513

Email: [passenger.transport@stategrowth.tas.gov.au](mailto:passenger.transport@stategrowth.tas.gov.au)