

Transport Access Scheme Information

Please read this information before
completing the attached application form

Form ID: PT200-5 (07/21)

What is the Transport Access Scheme?

The Transport Access Scheme (TAS) is for people with a permanent disability which significantly reduces their mobility.

TAS provides a member with one or more of the following:

- Australian Disability Parking Permit
- Taxi subsidies through the Taxi Subsidy Program
- Concessions on vehicle registration and driver licensing

What are the entitlements?

An **Australian Disability Parking Permit** entitles eligible 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.

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.

Go to www.transport.tas.gov.au/concessions for more information and a full list of Terms and Conditions for use of Australian Disability Parking Permits under the Transport Access Scheme.

The **Taxi Subsidy Program** entitles 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.

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.

Go to www.transport.tas.gov.au/concessions for more information and a full list of Terms and Conditions for use of taxi subsidies under the TAS Taxi Subsidy Program.

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

- a reduced driver licence fee
- an exemption from annual motor tax charges (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.

Who is eligible?

To be eligible for the TAS the applicant must be a Tasmanian resident with a permanent disability which severely restricts their physical mobility (it cannot be temporary or corrected by recognised surgery or treatment).

Eligibility for TAS does not take into account the status of a person's driver licence, the availability of public transport or proximity to public transport.

In addition, to be eligible for the Taxi Subsidy Program, the applicant must hold one of the following current concession cards:

Centrelink issued	Department of Veterans' Affairs (DVA) issued
» Pensioner Concession Card	» Pensioner Concession Card
» Health Care Card	» Commonwealth Seniors Health Card
» Commonwealth Seniors Health Card	

DVA Veteran Cards are not accepted as eligibility for taxi subsidies as they are not income or asset tested.

Applicants who are wheelchair reliant are exempt from the requirement to hold a concession card in order to receive taxi subsidies.

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 – their parent 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 a *Transport Access Scheme Application*.

Your medical practitioner or GP will need to complete the Medical Assessment for Transport Access Scheme section. If you hold a driver licence and would like to continue to hold that driver licence, your medical practitioner or GP must also complete the Medical Fitness to Drive Assessment section.

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 online at www.transport.tas.gov.au/concessions or over the counter at any [Service Tasmania shop](#).

Who is an authorised person who can sign an application on behalf of an applicant?

Only the applicant or an approved authorised person can sign the Declaration and Centrelink Customer Consent on a Transport Access Scheme application.

An authorised person is someone who has been authorised to act on the applicant's behalf by one of the following methods:

- Power of Attorney
- Court, Tribunal or Guardianship Order
- Public Trustee or Administration Order
- Centrelink correspondence nominee

If an approved authorised person is signing on behalf of the applicant, evidence of authorisation must be attached to the application.

If the applicant is under the age of 16, the parent or legal guardian is considered an authorised person.

Return completed forms:

- **by email** passengertransport@stategrowth.tas.gov.au
- **by mail** GPO Box 1242, Hobart TAS 7001
- **in person** at any [Service Tasmania shop](#)

ENQUIRIES

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

Phone 1300 135 513

Transport Access Scheme Application

Please read the attached information before
completing this form

Form ID: PT200-5 (07/21)

Part One: Applicant Information

Which program/s are you applying for? - tick the applicable boxes

Australian Disability Parking Permit and / or Taxi Subsidies* or Wheelchair Accessible Taxi Subsidies

*For the Taxi Subsidy Program you must provide your concession card details in Part Two.

Accepted concession cards are a Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card issued by Centrelink, or a Pensioner Concession Card or Commonwealth Seniors Health Card issued by the Department of Veterans' Affairs (DVA). DVA Veteran Cards are not accepted. **The concession requirement is waived if you are wheelchair reliant.**

Applicant Details (person with disability)

Title	Family name	Given names
Residential address		
Suburb / Town		Postcode
Postal address (if not same as above)		
Suburb / Town		Postcode
Date of birth	Mobile	Phone number
Email address		

Authorised Person or Applicant's Advocate Details (see attached information for accepted authorised persons)

Title	Family name	Given names
Residential address		
Suburb / Town		Postcode
Date of birth	Phone number	
Email address		

Select the applicant representation type - tick the applicable box

Authorised person* or Advocate

*If authorised person, evidence of authority MUST be submitted with this application.

Driver Licence and Vehicle Registration Details

You may be eligible for driver licensing and vehicle registration concessions. Indicate in the space below your driver licence number and 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.

Driver licence number Vehicle registration number

Part Two: Concession Card Details

Complete this section if you are applying for the Taxi Subsidy Program and are not reliant on a wheelchair.

If the applicant is under the age of 16, a photocopy of both sides of their concession card MUST be attached to the application.

Select your concession card type - tick the applicable 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

Part Three: Consent and Declaration

This section can only be signed by the applicant or their authorised person, an applicant's advocate cannot sign on behalf of the applicant.

See attached *Transport Access Scheme Information* for accepted authorised persons.

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 Transport Access Scheme.
- 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 Transport Access Scheme 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 Transport Access Scheme provided by the department.

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 authorised person*)

Date signed

*If authorised person signing on behalf of the applicant, evidence of authorisation must be attached.

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, Services Australia, the Department of Communities, 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.

If your application is approved, further personal information may be collected in relation to the scheme, and this will be managed in accordance with the [Personal Information Protection Act 2004](#). The Department also collects trip information for every taxi trip where a subsidy is claimed using a Taxi Subsidy Smartcard. This information may be disclosed to other authorities including the Department of Communities, the National Disability Insurance Agency, the Transport Commission, and law and enforcement authorities.

Part Four: Medical Assessment for Transport Access Scheme

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

Accepted medical practitioners does not include Dental, Pharmacy or Medical Radiation practitioners.

IMPORTANT INFORMATION FOR THE PRACTITIONER

The Transport Access Scheme is not available to an applicant who has a **temporary disorder**, a condition that is expected to improve in time, or conditions that are able to be corrected through surgery. If the applicant's impairment is not permanent, Temporary Parking Permits can be applied for through local councils.

If the applicant holds a current driver licence and wishes to continue to drive, **Part Five** 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.

Impairment Details - answer ALL questions in this section

1 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.

Severe loss of spinal function

Severe loss of cardiac or respiratory function

Severe loss of function in the upper limbs

Severe visual impairment

Severe loss of function in the lower limbs

Severe psychiatric impairment

Severe intellectual/neurological impairment

Other impairment as indicated in attached report

2 What is the diagnosis of the impairment?

Yes No

3 Is the diagnosed impairment permanent?

4 Does the applicant use a complex walking aid due to a reduction in personal mobility whereby they cannot manage steps, uneven ground or inclines? (A complex walking aid does not refer to a walking or quad stick.)

5 Does the applicant have a permanent reduction in personal mobility whereby they cannot walk a distance of 50 metres without having to rest due to pain or breathlessness?

6 Does the applicant's impairment reduce their personal mobility whereby they always need the physical assistance of another person from home to their destination?

7 Is the applicant totally dependent, as a direct result of their impairment, on others for mobility?

8 Is the applicant totally reliant on the use of a wheelchair for mobility?

Provide any other information which may support this application:

Driver Licence and Fitness to Drive Details

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 Five of this application MUST be completed) |

Medical Practitioner / GP Details

Practitioner's name

AHPRA registration number

Business address and contact details:

Signature

Date

Part Five: Medical Fitness to Drive Assessment

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

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)

Visual (Chapter 10)

Visual aids required for driving: Yes No

Cardiovascular (Chapter 2)

Visual Confrontation: Normal Abnormal

Diabetes (Chapter 3) Controlled by: Diet

Musculoskeletal (Chapter 5) Oral

Neurological (Chapter 6) Insulin

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)

Other, please specify or more information:

*Guidelines are available at:

www.austroads.com.au/drivers-and-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: Enter review period
and/or subject to the conditions or restrictions below, if applicable:

Details of any conditions or restrictions you believe should be placed on the licence

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

Doctor's name

Date of examination

Business address
and contact details

Signature