Department of State Growth
PASSENGER TRANSPORT

Tasmania

TRANSPORT ACCESS SCHEME
PERMANENT WHEELCHAIR RELIANCE CONFIRMATION FORM

PT206-4

Part 1 – Transport Access Scheme Member (person with disability) Information

Title (eg Mr, Ms, Mrs)	Family Name	Given Name(s)

Postal Address	Suburb/Town	Postcode

Daytime Phone Number	Date of Birth	Transport Access Scheme Member Number

Do you require transport in a wheelchair accessible taxi because you are permanently reliant on a wheelchair for mobility?

No ☐

Yes ☐

Additional information if relevant:

……

……

Signature …….. Date ……

(or signature of member's advocate if member unable to sign)

Part 2 – To be completed by a qualified medical or *authorised allied health practitioner

*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.

If the Transport Access Scheme member has answered **YES** above, this section is to be filled in by a qualified medical or authorised allied health practitioner who has knowledge of the member's current health status.

Does the person named above require transport in a wheelchair accessible taxi because they are permanently reliant on a wheelchair for mobility?

No ☐

Yes ☐

Title (eg DR, OT, RN)	Family Name	Given Name(s)

Business Address	Suburb/Town	Postcode

Phone Number	AHPRA Registration Number

Medical Assessor Declaration:

I certify that the above information is correct and acknowledge that incorrect or misleading information could result in legal action being taken by the Department of State Growth.

Signature …….. Date ……

Part 3 – Submit application

Please post your completed form to: Transport Access Scheme
GPO Box 1242
Hobart TAS 7001

Or fax to: (03) 6173 0260