

Concessional parking application form

Please use this form to apply for concessional parking at Logan Hospital.

Am I eligible?

You can view the eligibility criteria at our website (<https://metrosouth.health.qld.gov.au/logan-hospital/parking>) or by asking for an information sheet at your ward or clinic reception.

How does it work?

Please complete the first page of this form and then take it to the Main Reception, Building 1. Make sure you bring the following with you:

- photo identification
- any Pensioner Concession Cards (e.g. Age Pension or Carer Payment).

If you are eligible for a concession, our team will complete the back page of this form and then validate your parking ticket. You can then pay for your parking ticket at a pay station, at the discounted rate.



Our team is here to help. If you have any questions please speak to the staff at Main Reception.



Keep this form safe and bring it with you every time you visit to have your parking ticket validated.



Do you need an interpreter? Ask our staff and we will arrange one free of charge.

PART A – PATIENT OR PRIMARY CARER TO COMPLETE

Your name:

Are you: **the patient** **the primary carer**

↳ Patient's name:

Patient's date of birth: / / Contact number:

I am applying for the following concession type:

Frequent attendee **Extended stay** **Aged Pension or Carer Payment**

Other financial hardship or special considerations

Acknowledgement:

By signing this application form, you acknowledge and agree:

- You are the person responsible for payment of the car parking fees at the hospital outlined above;
- You understand only one person may apply for car parking concession in connection with the patient named above (either as patient or primary carer) and you are not aware of any other application that has been made in connection with this patient;
- You have provided all information which may be relevant in assessing your eligibility under this policy including any documentation that has been requested by the hospital to support your application and;
- All information you have provided is true and correct to the best of your knowledge.

Signature:

Date: / / 20

PART B – OFFICE USE ONLY

Patient UR:

Concession approval:

Approved **Not approved**

↳ Reason:

Confirmation of eligibility:

Extended stay / frequent attendee confirmed

↳ Expected date of discharge / final appointment (if applicable): / / 20

Pension Concession Card (Age Pension or Carer Payment) sighted

Palliative Care, Dialysis or Chemotherapy patient or primary carer

Other financial hardship or special consideration as reviewed by Social Work

↳ Details:

Authorising officer:

Name: Position title:

Signature: Date: / / 20

Official stamp:

Copy of identification:

Concession valid for:

7 days **30 days** **60 days**

Other: → **days**

Concession expiry date:

/ / 20

Concession rate: %