

# Concessional parking application form



**Frequent attendee**—if you need to attend appointments at the hospital two or more times a week, for more than two weeks in a row.



**Age Pension/Carer Payment**—a patient receiving an Age Pension or a primary carer receiving a Carer Payment.



**Extended stay**—if you need to be in hospital for more than 14 days in a row.



**Other financial hardship or special considerations**

Please complete PART A of this form and take it to the reception area for your ward (inpatient) or outpatient appointment. Please make sure you bring (or attach to your email) photo identification and any Pensioner Concession Cards (e.g. Age Pension or Carer Payment).



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 criteria:

- Frequent attendee**  **Extended stay**  **Aged Pension or Carer Payment**  
 **Palliative Care/Renal (kidney dialysis) patient or their primary carer**  **Other financial hardship/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 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 – INPATIENT/OUTPATIENT OFFICER TO COMPLETE**

Patient UR:

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

**Extended stay / frequent attendee**

**Pension Concession Card (Age Pension or Carer Payment) sighted**

**Palliative Care/Renal (kidney dialysis) patient or**

**Other financial hardship or special consideration**

↳ Details:

Inpatient/Outpatient officer:

Name:  Position title:

Signature:  Date:  /  / 20

Copy of patient identification:

**PART C – CAR PARK TEAM (AUTHORISING OFFICER) TO COMPLETE**

Name:  Position title:

Signature:  Date:  /  / 20

Concession approval:

**Not approved**

**Approved**

↳ Reason:

Concession valid for:  **days**

Concession expiry date:  /  / 20

Concession rate:  %