



# Princess Alexandra Hospital (PAH) car parking Concession Application Form

Metro South Health

Reference Number

## Applicant Details

Patient

Carer

Visitor

Please tick **ONE** category above

Applicant Name

Patient

Telephone/mobile number

Date of visit

Patient UR number

Ward/OPD

## Section A - Financial Hardship: Aged Pensioners and Carers only

Pensioner /Carers Card\*

Expiry Date

\*A valid card issued by the Department of Human Services must be produced with this form or it cannot be processed

Aged Pension

Carer Payment

Please tick **ONE** category above

## Section B: Recurrent Visitors\*

\*More than two paid visits within a seven-day period

I have **two paid** Metro  
Car Park tickets\*

Yes

No

If **No**, this application cannot be processed

Date of ticket one

Date of ticket two

## Authorisation

I hereby certify that the information I have provided contained in this form is correct and true, I have read the Privacy Statement and I agree to abide by the conditions set by PAH in relation to car parking concessions.

Applicant signature

Date

**Complete required information and seek approval with evidence from  
Car Park Administration Officer located at the Information Desk, Ground Floor, Building1**

## PAH OFFICE USE ONLY

Photo ID sighted

Concession Card sighted

APPROVED

NOT APPROVED

Stamp  
(Print Name):

Signature

Time

## Privacy Statement

PAH and Metro Parking are collecting the information on this form for reporting purposes. PAH and Metro Parking Management may use your information in its communications with you, and where relevant may give some of the information to statutory entities. Your personal information will not be disclosed to any third party without your consent, unless authorised or required to do so by law.

