



WESTERN SYDNEY LOCAL HEALTH DISTRICT APPLICATION FOR CONCESSIONAL PARKING

<p>Please check with your ward/clinic before this form is submitted as some wards/clinics have their own processes. NB: this is an auditable document and will be subjected to checks by Secure Parking & Corporate Services.</p>		
Facility	<input type="checkbox"/> Westmead Hospital (Secure Parking) <input type="checkbox"/> Blacktown Hospital (Wilson Parking/clinical unit or ward)	<input type="checkbox"/> Auburn Hospital (Security Department)
Applicant Details		
First name:		Last name:
Phone:		Driver License Number:
Patient Details		
First name:		Last name:
MRN:		Ward/clinic:
<p>NB This form is NOT required for patients/visitors with RMS-issued mobility parking scheme permits/pensioner concession cards/gold veterans' affairs cards/healthcare cards. Concessions can be collected for these patients/visitors from the relevant parking office/clinical ward or unit.</p>		
√	Category of eligible concession:	Concession type (to be completed by STAFF ONLY)
<input type="checkbox"/>	(a) Ongoing cancer patient receiving treatment	<p>**Rate as of 1.7.19</p> <input type="checkbox"/> 0-3 hrs - free <input type="checkbox"/> 3+ hrs - 5.60 (one exit only) <input type="checkbox"/> 3 days - \$11.30 <input type="checkbox"/> 7 days - \$22.60
<input type="checkbox"/>	(b) To attend hospital for treatment for more than one week	
<input type="checkbox"/>	(c) Patient/carer attending hospital more than twice a week	
<input type="checkbox"/>	(d) To attend hospital for cardiac rehabilitation education/exercise class	
<input type="checkbox"/>	(e) To attend hospital for daily dressing as outpatient	
<input type="checkbox"/>	(f) To attend health promotion education class	
<input type="checkbox"/>	(g) Financial hardship <i>(requires social worker recommendation if actively involved in client care)</i>	
Vehicle Details		
(license plate number)	1.	2.
Recommendation and approval (sign-off required by NUM/department head/social worker)		
Name:		Position Title:
Department Name:		
Concession expiry date:		
I verify and validate the concessional parking application form		
Signature:		Date:
Office use only		
Processed by:		Date: