



WESTERN SYDNEY LOCAL HEALTH DISTRICT APPLICATION FOR CONCESSIONAL PARKING

Please check with your ward/ clinic before this form is completed. This form is to apply for concessional parking ONLY at the below "Facility/location", for the "Category" and the "Concession Type" referred in this form below

Facility	<input type="checkbox"/> Westmead Hospital	<input type="checkbox"/> Blacktown Hospital
	<input type="checkbox"/> Auburn Hospital	<input type="checkbox"/> Mount Druitt Hospital

Applicant Details

First name:	Last name:
Phone:	Driver Licence Number:

Patient Details

First name:	Last name:
MRN:	Ward/ clinics:

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 ward/unit.

Category of eligible concession

<input checked="" type="checkbox"/>	Category	Concession Type <i>(to be completed by STAFF ONLY)</i>
<input type="checkbox"/>	(a) Ongoing cancer patient receiving treatment.	** Rate as of 1/2/24 <input type="checkbox"/> 0-3 hrs – Free <input type="checkbox"/> 3 + hrs \$6.50 (one exit only) <input type="checkbox"/> 3 day pass \$13.00 <input type="checkbox"/> 7 day pass \$26.10
<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	1.	2.
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Recommendation and Approval (Nurse Unit Manager/ Department Head/ Social Worker)

Name:	Position Title:
Department Name:	
Employee Number:	
Concession expiry date:	

I verify and validate the concessional application

Signature:	Date:
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Office Use Only:

Processed by:	Date:
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