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| APPLICANT: | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT NUMBER: |  |
| PATIENT DETAILS: | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| APPLICATION RECEIVED FROM  | Eligible concession cards: please tick (√) holders of RMS issued Mobility Parking Scheme permitholders of a Pensioner Concession Cardholders of a Gold Veterans Affairs Cardholders of a Health Care CardOngoing cancer treatment or renal dialysis patientsPatients and carers who are required to attend the hospital for a course of treatment over a period greater than one weekPatients and carers attending more frequently than twice weekly, including carers of long term patients who visit frequently Cardiac Rehabilitation Education & Exercise class attendeesDaily dressing outpatientsHealth Promotion Education class attendees |
| PARKING FEES: | Temporary concessional tickets allow for patient and patient carers attending the hospital more frequently than twice weekly.  Concessions offered: 0-3 Hours – Free 3+ Hours – Fee: $3.00 (1 exit only)  please tick (√) 3 Day Ticket – Fee: $8.00 per ticket 7 Day Ticket – Fee: $15.00 per ticketPlease note: Temporary concessional parking tickets are for use on consecutive days only and are non-transferrable.  |

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| NURSE UNIT MANAGER orSOCIAL WORKER:Confirmation for patient or carer concession | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HOSPITAL / WILSONS STAFF ONLY: | Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Concession valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Completed form to be sent to: ISLHD-ShoalhavenCarPark@health.nsw.gov.au* |