

Transport for NSW Taxi Transport Subsidy Scheme Mobility Verification Form

A Taxi Transport Subsidy Scheme (TTSS) participant must submit Mobility Verification form if their mobility circumstances have changed, and they now remain seated in a wheelchair while travelling in a taxi. This form must be completed and signed by a **Medical Practitioner**.

Transport for NSW (TfNSW) will review the information provided in this form. If approved, the participant's mobility status will be updated in our system.

A Medical Practitioner, as defined by the Medical Board of Australia, may be (but is not limited to) one of the below:

- General Practitioner
- Paediatrician
- Orthopaedic Surgeon
- Prosthetist
- Optometrist
- Ophthalmologist
- Neurologist
- Neurosurgeon
- Psychiatrist
- Speech Therapist
- Speech-Language Pathologist
- Rheumatologist
- Specialist Surgeon
- Specialist Medical Oncologist

Why this information is required:

This form confirms whether a participant is required to remain seated in a wheelchair while travelling in a taxi, as assessed by a Medical Practitioner.

TfNSW makes Wheelchair Accessible Taxi Driver Incentive Scheme (WATDIS) payments to Wheelchair Accessible Taxi (WAT) drivers each time they transport eligible participants. This payment is made only to the driver for the additional assistance provided when loading and unloading the participant from the vehicle.

Participants do not pay any additional costs, whether they use a WAT or a standard taxi.

This information is required only to determine whether a driver is required to provide mobility assistance and should therefore receive the incentive payment from TfNSW.

What you need to do:

1. Participant requirements

Only ask your Medical Practitioner to complete this form if you:

- Are a TTSS participant, and
- Always remain seated in a wheelchair while travelling in a taxi

2. Submitting your form

After your Medical Practitioner has completed and signed the form:

- Post it; **or**
- Scan and upload it online; **or**
- If your Medical Practitioner has completed and signed the form digitally, they can submit it via the online form.

Mail:

Taxi Transport Subsidy Scheme
PO Box K659
Haymarket NSW 1240

Online:

transportnsw.info/concessions-application

Privacy Statement

We are collecting your personal and health information in connection with **Wheelchair Accessible Taxi Driver Incentive Scheme (WATDIS)** payments and in connection with the administration of the Taxi Transport Subsidy Scheme (TTSS) and we may retain and use it in accordance with our Privacy Policy.

Your personal and health information will be held and managed by Transport for NSW (TfNSW) in accordance with the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. To access or amend your personal information please use the access and amendment application forms available at <https://www.transport.nsw.gov.au/about-us/transport-privacy>

Medical Practitioner Section *(To be completed by a Medical Practitioner)*

TTSS Participant's details

Client ID:
(Person ID)

First Name:

Middle Name:

Last Name:

Date of Birth:

day / month / year

Contact Number:

Email Address:

Residential Address:

Postal Address:
(if different)

Mobility Assessment Questions

- | | | | |
|---|------------------------------|----|--------------------------|
| 1. Does the participant require a wheelchair at all times for mobility outside the home? | ☐ Yes | No | ☐ |
| 2. Does the participant travel in a vehicle while seated in their wheelchair at all times? | ☐ Yes | No | ☐ |
| 3. Can the participant be transferred to a seat in the vehicle, with or without assistance? | ☐ Yes | No | ☐ |

Medical Practitioner Declaration

I declare that:

- The participant's mobility impairment requires them to remain seated in a wheelchair while travelling in a taxi.
- I have assessed the participant in a professional capacity, and I am not an immediate family member.
- The information provided is accurate to the best of my knowledge, and I agree that TfNSW may contact me to confirm these details if required.

I understand that:

- This information is collected to assess the participant's eligibility for TTSS WATDIS Payments to WAT drivers.

Medical Practitioner's Details				
Full Name				
AHPRA Registration No.				
Qualification				
Address				
State		Postcode	Phone	
Email				
How long have you been treating this participant? Years			Months	