

# Car Parking Concession Form



**Name of Applicant:**

**Vehicle Registration Number:**

**Make / Model:**

**Approval Timeframe:** METRO OFFICE USE ONLY

**Concession Card Number:** METRO OFFICE USE ONLY

*Patient Name*

*Patient UR Number; or*

*Affix UR sticker*

**Criteria for Concession Pass** Please mark applicable box:

**Australian Government Concession and Health Care Card Holder**  
 Customer Reference Number: \_\_\_\_ \_  
*Australian Government Concession and Health Care Card holders do not need approval. Please lodge completed form directly to Metro Car Parking as per instructions below.*

**DVA Designated veteran patient groups**  
 DVA File Number: \_\_\_\_ \_  
*Designated veteran patient groups do not need approval. Please lodge completed form directly to Metro Car Parking as per instructions below.*

**Frequent Attendee / Financial Hardship** Please circle the response that best fits your description:  
 Are you a: Patient or Visitor?  
 How many times a week will you be attending Austin Health or Mercy Hospital?  
 1 – 2                      3 – 5                      6 – 7  
 How long are you expecting to attend Austin Health or Mercy Hospital?  
 1 – 5 weeks              1 – 3 months              3 – 6 months  
*(Concession Passes are only issued for a maximum of 6 months)*

**Volunteer** People who attend Austin Health or Mercy Hospital to provide volunteer or pro bono services to patients or staff (Does not include students)

**Research Participant** Any individual participating in an approved research trial (Trial Duration: \_\_ \_\_ months)

Once form is completed, please seek approval from either:

Nurse Unit Manager (NUM)

Associate Nurse Unit Manager (ANUM)

Social Worker

Treating Clinician *i.e. Specialist Consultant*

Clinic Manager

Volunteer Manager / Research Coordinator

**Approval** - OFFICE USE ONLY (Excludes DVA, Australian Government Concession and Health Care Card holders)

Name:	Position:	Signature:	Contact:

**HOW TO LODGE THIS FORM:**

Please return the completed form to Metro Car Parking by:

- Submitting paperwork to Ward Clerk / Clinic Manager; or
- Fax on **(03) 9496 4518** (Attn: Albert Saldana) / Scan and email to [carparking@austin.org.au](mailto:carparking@austin.org.au); or
- Submit directly to Metro Car Parking (Located B3 Carpark, Austin Tower).

**CONCESSION PASS WILL BE PROGRAMMED FOR COLLECTION BY 4PM THE FOLLOWING DAY. PICK UP AT METRO CARPARKING, B3 AUSTIN TOWER**