

## THE TOWNSVILLE HOSPITAL CONCESSIONAL PUBLIC PARKING APPLICATION FORM

Members of the community including patients, their immediate families and carers, who are eligible for concessional public parking are invited to complete this application form. Eligibility criteria are described on the back of this form.

1. Complete this form
2. Return the completed form to the reception area of the clinical ward/unit where you or your family member is receiving care.
3. You will be contacted on the number or email address you have provided about the outcome of your application
4. To collect Daily and Weekly tickets, please attend Central Admissions in the main foyer of The Townsville Hospital (Monday to Friday, 6.00am to 10.30pm and 8.30am to 5.00pm weekends/public holidays).
5. To collect tickets for over 1 month duration, please attend the Health Security Department office next to the main public elevators on the Ground Floor of the Townsville Hospital (Monday to Friday between 7.30am to 4.00pm).

### 1. APPLICATION FOR ENDORSEMENT

<b>Applicant's name:</b>	
<b>Telephone number:</b>	
<b>Email address:</b>	
<b>Date of application:</b> ___/___/___	
<b>Please check information on the reverse side of this form to see if you fit into these categories</b>	
<input type="checkbox"/>	Patients/carers that are admitted to the Townsville Hospital for an extended period
<input type="checkbox"/>	Patients/carers that attend The Townsville Hospital on a frequent basis
<input type="checkbox"/>	Patients/carers experiencing financial hardship
<input type="checkbox"/>	Patients/carers with special needs who require assistance
<input type="checkbox"/>	Donors attending the Australian Red Cross Blood Service Donor Centre at The Townsville Hospital
<input type="checkbox"/>	Authorised volunteer/s attending The Townsville Hospital
<input type="checkbox"/>	Other circumstances (please provide details under 'Supporting Information' on this application)
<b>Requested date from:</b> ___/___/___ <i>(Applications cannot be accepted retrospectively)</i>	
<b>Requested date to:</b> ___/___/___	
<b>Supporting information (if required):</b>	
<b>**Office use only**</b>	
<b>Nurse Unit Manager/Delegate name:</b>	
<b>Endorsed</b> <input type="checkbox"/>	<b>Not Endorsed</b> <input type="checkbox"/>
<b>Signature:</b>	
<b>Date:</b> ___/___/___	

### 2. APPROVAL

To be completed by The Townsville Hospital Campus Manager/Red Cross Blood Service Donor Centre Administration

<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Further Information Required</b> <input type="checkbox"/>
<input type="checkbox"/> Quantity Daily Ticket (\$5.00)		<b>Approved date from:</b> ___/___/___
<input type="checkbox"/> Quantity Weekly Ticket (\$10.00) <b>Maximum issued quantity x 4 tickets</b>		<b>Approved date to:</b> ___/___/___
<input type="checkbox"/> Quantity 1-3 Month Swipe Card (\$50.00)		<b>Approved concession cost:</b> \$ _____
<input type="checkbox"/> Quantity 4-6 Month Swipe Card (\$80.00 or \$30.00 for 3 months renewal)		
<input type="checkbox"/> Quantity 6-12 Month Swipe Card (\$120.00 or \$30.00 for 3 months renewal)		
<b>Name:</b>		<b>Signature:</b>
<b>Position:</b>		<b>Date:</b> ___/___/___

## **CATEGORIES FOR ELIGIBILITY**

<b>Category</b>		<b>Description</b>
1.	<i>Patient</i>	<ul style="list-style-type: none"> <li>A patient is a person that is either admitted to The Townsville Hospital or attending The Townsville Hospital for treatment</li> </ul>
2.	<i>Carer</i>	<ul style="list-style-type: none"> <li>A person providing care and support to a patient of The Townsville Hospital</li> </ul>
3.	<i>Immediate family</i>	<ul style="list-style-type: none"> <li>Immediate family is defined as spouse/partner, parents, children, siblings, and grandparents</li> </ul>
4.	<i>Australian Red Cross Blood Service donor</i>	<ul style="list-style-type: none"> <li>A person attending the Australian Red Cross Blood Service Donor Centre for the purposes of donating blood or blood products</li> </ul>
5.	<i>Other volunteer</i>	<ul style="list-style-type: none"> <li>A person who formally volunteers at The Townsville Hospital</li> </ul>

Car parking concessions are available to eligible patients, carers, immediate family and volunteers in the following circumstances:

<b>Category</b>		<b>Eligibility Process</b>
1.	<i>Patients and carers experiencing financial hardship</i>	Managed on a case-by-case basis as an assessment of genuine financial hardship
2.	<i>Patients admitted to The Townsville Hospital for an extended period of time</i>	Patient treatment/care in the following circumstances: <ul style="list-style-type: none"> <li>Neo-natal Intensive Care Unit and Special Care Nursery after 7 days</li> <li>Intensive Care Unit and Paediatric Intensive Care Unit after 7 days</li> <li>Palliative Care Centre after 7 days</li> <li>Rehabilitation Ward after 7 days</li> <li>Any other inpatient admission with a single episode of care greater than 14 days</li> </ul>
3.	<i>Patients and carers who attend The Townsville Hospital frequently</i>	Patient treatment/care in the following circumstances <ul style="list-style-type: none"> <li>Receiving haemodialysis more than twice a week</li> <li>Daily or weekly chemotherapy for a period greater than two weeks</li> <li>Patients who are under the care of a Nurse Navigator for a period greater than 6 months</li> <li>Patients who are required to attend The Townsville Hospital more than twice a month for a period greater than 6 months.</li> </ul>
4.	<i>Patients and carers with special needs who require assistance</i>	Managed on a case-by-case basis as an assessment of genuine special needs assistance
5.	<i>Australian Red Cross Blood Service donor</i>	Applicable when a donor cannot access a car park at the Australian Red Cross Blood Service Donor Centre and must use The Townsville Hospital public car park to attend a scheduled appointment
6.	<i>Volunteers</i>	Applicable when a formal volunteer of The Townsville Hospital cannot access a dedicated volunteer car park and must use The Townsville Hospital public car park

## **CENTRAL ADMISSIONS USE ONLY**

Issuing Officer name:	Signature:
Position:	Date: ___/___/___