

Metlink Central Pass Office

Victorian Public Transport War Veteran Public Transport Pass for Limbless and Disabled Soldiers application form

Surname: _____

Given name: _____ Date of birth: ____ / ____ / _____

Residential address: _____

Suburb: _____ Postcode: _____

Home telephone: _____ Mobile: _____

DVA File number: _____ Disability rate: _____

Note: Disability rate refers to rate certified by the Department of Veterans' Affairs (DVA) for locomotion.

Eligibility criteria

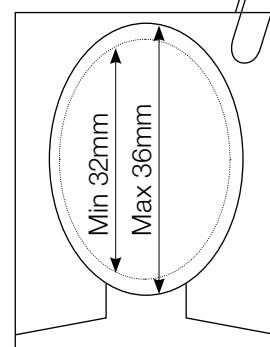
1. The applicant must receive a disability pension of 75 per cent of the general rate or higher, paid specifically for the condition(s) which limits their powers of locomotion. Disability rate refers to the rate certified by the DVA for locomotion.
2. The applicant must be a Victorian resident.

How to apply

Complete the form and supply the following:

1. A recent coloured passport size photograph (taken within the last three months). The photos must meet the specifications outlined (photocopies or black and white photos are not acceptable). For more information about photo requirements visit myki.com.au
2. Completed Certificate of Incapacity by your treating doctor.
3. This application form completed and signed on page 3.
4. Stamped self-addressed envelope if sending by mail.

Passport photo



Submitting your application

Your completed application should be returned by mail or in person to:

Metlink Central Pass Office
Southern Cross Station
99 Spencer Street
Docklands VIC 3008

The Metlink Central Pass Office is located between Little Bourke and Bourke streets near the Southern Cross coach terminal.

Telephone: 03 9619 1159 / 03 9619 1650

Office hours: 8.30am – 5pm Monday to Friday

Please sign page 3 of this form to complete this application.

OFFICIAL STAFF USE ONLY

Pass number: _____

Issue date: ____ / ____ / _____ Issued by: _____



Certificate of incapacity

To be completed by your doctor (please use BLOCK LETTERS)

This is to certify that I, Dr _____ have on this day _____
medically examined Mr / Mrs _____ of _____ (address)
and have found that his / her disability is a result of a war related injury in accordance with section _____
below (if Section 8, please complete the space provided in Section 8).

Signature: _____ Date: ____ / ____ / _____

Qualifications: _____

Address: _____

Telephone number: _____

Section:

1. Both legs amputated, or rendered permanently and wholly useless above the knees.
2. Negligible powers of locomotion so as to be capable of moving, with the aid of crutches or walking sticks, for short distances only.
3. Both arms amputated, or rendered permanently and wholly useless above the wrists.
4. Both legs amputated, or rendered permanently and wholly useless below the knees.
5. One leg amputated, or rendered and wholly useless above or below the knee.
6. One leg amputated, or rendered permanently and wholly useless above or below the knee and one arm amputated, or rendered permanently and wholly useless, below the elbow.
7. Incapacitated to an extent that is similar in effect or severity to the extent of incapacity associated.
8. For any other reason handicapped with regard to locomotion to a degree of handicap of locomotion associated with any of the disabilities described above. (Please specify nature of condition(s) below)

Note: The disability rate under Section 8 refers to rate certified by the Department of Veterans' Affairs for locomotion. To be eligible for this concession under Section 8, veterans must be in receipt of a disability pension of 75 per cent of the general rate or higher, paid specifically for the condition(s) which limits their power of locomotion.

Please sign page 3 of this form to complete this application.



Privacy notice

The personal information you provide on this form may be used by public transport authorities* (PTAs) and by the Department of Human Services to process your application and to issue and administer your free travel pass. Personal information held by PTAs may be used or disclosed to verify your entitlement for free public transport or otherwise as required or authorised by or under law, or with your consent.

Metlink Victoria Pty Ltd (Metlink) is committed to respecting your right to privacy and protecting your personal information. Metlink is bound by the National Privacy Principles in the Privacy Act 1988 (Commonwealth) as well as other applicable laws and codes affecting your personal information. For further information about Metlink's Privacy Policy view the details at metlinkmelbourne.com.au

For details about privacy and on how you may access personal information held about you telephone **131 638** or visit **metlinkmelbourne.com.au**

I hereby certify that the above information is correct and I authorise that these details may be verified with the Department of Veterans' Affairs.

I have read and agree to the terms and conditions and privacy notice on this form.

Surname: _____ Given name: _____

Signature: _____ Date: ____ / ____ / _____

*PTAs means: Transport Ticketing Authority; Secretary to the Department of Transport (DOT); Director of Public Transport: an Officer of the Public Transport Division in the DOT who has duties relating to Public Transport Ticketing; any agent, contractor or delegate of any of the above including Metlink or a public transport operator (train, tram, bus) including the Metlink Central Pass Office.

