

Transport
for NSW

Taxi Transport Subsidy Scheme Application Form

September 2025



transport.nsw.gov.au

Acknowledgement of Country

Transport for NSW acknowledges the traditional custodians of the land on which we work and live.

We pay our respects to Elders past and present and celebrate the diversity of Aboriginal people and their ongoing cultures and connections to the lands and waters of NSW.

Many of the transport routes we use today – from rail lines, to roads, to water crossings – follow the traditional Songlines, trade routes and ceremonial paths in Country that our nation's First Peoples followed for tens of thousands of years.

Transport for NSW is committed to honouring Aboriginal peoples' cultural and spiritual connections to the lands, waters and seas and their rich contribution to society.

1. Eligibility checklist

To be eligible for the Taxi Transport Subsidy Scheme you must:

- a) Be a permanent resident of Australia;
- b) Reside in NSW;
- c) Not be a member of a similar scheme in another Australian state or territory;
- d) Be over school age (preschool aged children, regardless of disability, are ineligible for inclusion in the scheme); and
- e) Have a severe and permanent disability in one of the specified categories listed below.

Criteria – Ambulatory / Mobility / Functional

- a) Unable to walk or stand. Mobile only with a wheelchair due to a physical disability; or
- b) Restricted to walking inside the home. Mobile outside of home only with a wheelchair due to a physical disability; or
- c) Severe and permanent ambulatory problem that cannot functionally be improved which limits walking to a distance of 20 metres or less without rest and also:
 - necessitates permanent use of a walking aid for all mobility; or
 - necessitates the constant assistance of another person for all mobility; or
 - is unable to independently ascend or descend three or more consecutive steps of 350mm height; or
- d) Total and permanent functional loss of both upper limbs which renders the person incapable of travelling on public transport without the constant assistance of another person.

Criteria – Visual Impairment

- a) Total loss of vision in both eyes or severe permanent impairment of 6/60 or less in each eye; or
- b) Field of vision reduced to 10° or less all round; or
- c) Total loss of lower half field of vision which cannot functionally be improved by corrective lenses or other treatment; or
- d) Homonymous hemianopia with significant mobility limitations.

Criteria – Epilepsy

- a) Severe and controllable epilepsy
- b) Must experience more than 12 episodes a year;
- c) Longest period between consecutive seizures must be 2 months or less;
- d) Approved applications are subject to review every 2 years.

Criteria – Intellectual Disability (Cognitive Impairment)

- a) Severe permanent intellectual disability which renders the person incapable of travelling on public transport without the constant assistance of another person.
- b) Severe cognitive or memory impairment such that the applicant:
 - Is unable to be aware of or communicate destination; or
 - Is unable to manage the payment of fares; or
 - Exhibits socially unacceptable behaviour.

Criteria – Speech and / or Hearing

- a) Severe and permanent communication difficulties necessitating the constant assistance of another person to use public transport.

2. How to apply

- a) Read, or have explained to you, the Terms and Conditions of the Taxi Transport Subsidy Scheme. You are required to download the full information booklet prior to completing your application either from the website at transportnsw.info/taxi-transport-subsidy-scheme or request it to be mailed out
- b) If you agree to the Terms and Conditions of the Scheme, complete **PART A** of this application form;
- c) Take the application form to your medical practitioner who will complete the remaining questions on the form (**PARTS B & C**); and
- d) Submit the completed application form along with a passport sized photo to:

Taxi Transport Subsidy Scheme
PO BOX K659
Haymarket NSW 1240

Or

Online: transportnsw.info/concessions-application

Please note it is essential we receive your passport sized photo. If your application is approved your photo will be used on the front of your TTSS Smartcard. Should your application be declined, we will remove your photo from our systems in line with our Privacy Policy. If we do not receive a photo with your application, it will be declined.

Please complete the photo submission form with this application and attach your photo to it or follow the instructions to submit online.

Please note: Your eligibility in a similar scheme in another State or Territory does not make you automatically eligible in the NSW Scheme. Conversely, your eligibility in the NSW Scheme does not make you automatically eligible in a Scheme administered by another State or Territory.

3. Further information

For further information relating to the Taxi Transport Subsidy Scheme, visit transportnsw.info/taxi-transport-subsidy-scheme

To contact Transport for NSW in relation to the Scheme, visit

Website: transportnsw.info/concessions-application

Phone: 131500 and select option 5

TTSS Smartcard Photo Collection Form

As a participant of the TTSS, we require a personal photo of you to be printed on your new Smartcard for security and identification purposes. Please follow the below instructions for submitting your personal photo and sign this form. Please return the signed form with your two-passport sized personal photos back to TfNSW. This can be done either by post or online.

Photo Collection

Photo #1

Photo #2
(Please print your
name and signature on
the back)

Please provide two identical current colour passport size personal photos.

Please **print your name and sign on the back** of one photo if you are sending us your photo in the post. If you are submitting your photo via the feedback form, **save the photo file as your name**.

Please send both photos and this form signed overleaf back to Transport for NSW. **Postal and online address details are overleaf.**

Concessions Scheme collection of personal photos Privacy Statement

To ensure you understand TfNSW's obligations when managing your personal information, please read the Privacy Statement below and sign this form. Once the form is signed and TfNSW has received your personal photo, your application will be reviewed. If approved, we will proceed with the production of your TTSS Smartcard.

PRIVACY STATEMENT: Transport for NSW (TfNSW) is collecting your personal photo in connection with the Taxi Transport Subsidy Scheme for identification purposes. TfNSW may also use your personal photo in connection with other TfNSW Concessions Schemes. For example, Vision Impaired Pass. While providing your personal photo is voluntary, you may not be able to have a TTSS Smartcard unless you provide it.

TfNSW will use your personal information, including your photo, to administer and manage the Scheme. In administering and managing the Scheme, TfNSW may use your personal information, including your photo, to produce and issue the Smartcard and investigate and handle non-compliance according to the Scheme Terms and Conditions.

Otherwise, TfNSW will not disclose your personal photo without your consent unless authorised by law. Your personal photo will be managed by TfNSW in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. For more information about how TfNSW manages personal information or to access or amend your personal information please see the TTSS Privacy Statement at transportnsw.info/taxi-transport-subsidy-scheme

I certify that I have either read, or had read to me, this Privacy Statement.

First Name	
Middle/Other Name	
Last Name	
Applicant's Signature	
Date (DD/MM/YYYY)	

If you are unable to sign, the declaration is required to be signed by your carer.

Name of person signing on behalf of the Applicant	
Signature of person signing	
Date (DD/MM/YYYY)	

You can post this application (see page 4) or if you want to submit this form and photos online, complete the following steps:

1. Complete this form and save to your computer
2. Take a photo of yourself and save as a JPEG on your computer
3. Go to transportnsw.info/concessions-application
4. You will be presented with the Concessions Application and Enquiries page
5. For each of the fields below, please select from the drop-down menu as follows:
 - 'Type of application' field select Enquiry
 - 'Your Application is for' field select Taxi transport subsidy scheme
 - 'Related To' field select Taxi transport subsidy scheme – Smartcard enquiry
6. In the Comments supporting your application add “Completed TTSS Smartcard Photo Collection form”
7. Click the Add attachment and you will be presented with a file explorer window
8. Navigate to the TTSS Smartcard Photo Collection form on your computer and select the form
9. To attach your photo, click Add attachment again navigate to your JPEG photo and select the photo

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10. You will be able to see your attached form and photo just above the Add attachment button.
11. Once you have attached the completed form and photo scroll to the bottom of the page and click Send.

If you have any questions about this form or TTSS, please call Transport Info on 131 500 or submit an enquiry at transportnsw.info/concessions-application.

More information about the TTSS Smartcard is available at transportnsw.info/taxi-transport-subsidy-scheme.

Application continues over the page.

Part A: To be completed by the applicant/carer

Office Use Only	Application ID:	Client ID:
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**Section 1: Applicant's details – Please use BLOCK LETTERS**

Title (Please circle)	Mr / Mrs / Miss / Ms	Other (Please specify in next box)	
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First name	Middle/Other name	Last name
Date of birth (DD/MM/YYYY)	/ /	Gender (Please circle)
		Male / Female / Rather not say Other (Please specify)

Medicare Number	Reference number (line number)

Residential address			
<ul style="list-style-type: none"> Must not be a Post Office Box Enter the property/care facility/retirement home/aged care home, plus the full address, including unit number 			
Suburb		State	
		Postcode	

Postal address or "As above" if the same as your residential address			
Suburb		State	
		Postcode	

Contact details			
Home		Mobile	
		Work	
Email			
Preferred contact method (Please circle)	POST / PHONE / EMAIL		

Section 2: Alternate contact details (Must be a parent or guardian if applicant is a minor)

Full name	
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Contact details

Home		Mobile		Work	
Email					

Relationship to applicant (Please tick (✓))

Spouse/Partner	<input type="checkbox"/>	Parent/Guardian	<input type="checkbox"/>	Carer	<input type="checkbox"/>
Son/Daughter	<input type="checkbox"/>	Brother/Sister	<input type="checkbox"/>	Family Member	<input type="checkbox"/>

Please circle below

Does the alternate contact know they may be contacted by Transport for NSW?	YES / NO
Are they the primary / secondary contact?	PRIMARY / SECONDARY
Have they helped you complete this application form?	YES / NO
Do you consent Transport for NSW to contact this person?	YES / NO

Section 3: Residency

The NSW Taxi Transport Subsidy Scheme is only available to permanent residents of Australia who must reside in NSW and who have a severe and permanent disability.

Please circle below

Are you a permanent resident of Australia?	YES / NO
Do you reside in New South Wales (NSW)?	YES / NO

Application continues over the page.

Section 4: Applicant's or carer/agent's declaration

Please ensure you have read or had explained to you, the Terms and Conditions of the TTSS. The Terms and Conditions are found at transportnsw.info/taxi-transport-subsidy-scheme.

- I have read or had explained to me, the Terms and Conditions of the TTSS.
- I accept the Terms and Conditions of the Taxi Transport Subsidy Scheme.
- I certify that the information provided for this application is true and correct.
- I authorise my doctor / specialist to provide (at my own expense) all relevant medical information required for the Taxi Transport Subsidy Scheme to assess this application.
- If approved, I agree to follow the Terms and Conditions of the Taxi Transport Subsidy Scheme. I acknowledge that misuse of travel entitlements will lead to the removal from the Scheme and could result in prosecution.
- I authorise Transport for NSW to manage all my information in this application in accordance with the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*. Please read the Privacy of personal and health information in the enclosed TTSS Booklet or on the website transportnsw.info/ttss-information-booklet to fully understand how your personal information will be handled by Transport for NSW. The Privacy Notice explains what information is collected, how you may access and amend your personal information, and how Transport for NSW may use and disclose your personal information for the purposes of the Taxi Transport Subsidy Scheme.

Applications will be processed within 30 business days of receipt. If further information is required, the assessment process may be delayed. Unsuccessful applicants will be notified in writing by Transport for NSW.

Transport for NSW reserves the right to decline the application if you have previously been suspended or removed from the NSW Scheme or a similar scheme in another State or Territory.

I certify that I have either read or had read to me the Terms and Conditions of the scheme and agree to the statements in the declaration above.

Applicant's signature	
Date (DD/MM/YYYY)	

If the applicant is not capable of signing, the declaration is required to be signed by the alternate contact.

Name of person signing on behalf of applicant	
Signature of person signing	
Date (DD/MM/YYYY)	

Your doctor or specialist must complete the relevant sections of this form

Part B: To be completed by a Medical Practitioner

Important information for medical practitioners

Please read carefully before completing Parts B and C of this application.

All questions need to be completed to determine eligibility.

Incomplete application forms will be returned for completion and will delay applicants in being assessed to receive the benefits of the scheme.

Further information may be requested from a specialist to support the application.

A person's eligibility is based on their medical/physical disability.

There are five categorises for criteria eligibility to qualify for the scheme:

- Ambulatory/Mobility/Functional
- Visual Impairment
- Epilepsy
- Intellectual Disability
- Speech and/or Hearing

The subsidy is not available to individuals whose medical condition will improve. The scheme is in place to assist those with a *permanent* disability.

The following conditions do not automatically qualify you for the scheme:

- Ageing symptoms e.g., senility, frailty, dementia, functional weakness (unless accompanied by socially unacceptable behaviour); or
- The inability to use public transport; or
- Financial status; or
- Remoteness to public transport itself

Part B must be completed by an approved Medical Practitioner as listed by the Medical Board of Australia, not limited to:

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

Section 1: Medical background (Doctor to complete)

1.1 Patient's full name:

1.2 List of all significant medical conditions

Diagnosis	Date of onset or duration	Treatment (Past, current and proposed)

1.3 Is the status of the Applicant's current overall condition *please circle*:

1.4 Is the applicant under the management of a specialist for their disability?

If you tick 'Yes', a specialist report must be provided with this application.

Disability	Tick if Yes	Type of Specialist (e.g., Orthopaedic, Ophthalmologist)
Ambulatory/Mobility disability?		
Visual impairment?		
Epilepsy?		
Intellectual disability?		
Speech, Hearing, Functional disability?		

1.5 Are current or planned rehabilitation and/or treatment efforts expected to improve the applicant's ability to use public transport (buses / trains / ferries)? *(please circle)*

Please ensure Part C: Medical Practitioner's Endorsement (Page 20) is also completed.

Section 2a: Ambulatory / Mobility (Doctor to complete)

2.1 What are the main conditions affecting the applicant's mobility and ability to use public transport (buses, trains, ferries)?

2.2 Does the applicant use a wheelchair outside of home for all mobility at all times due to a physical disability? (Note: An electric scooter is not considered a wheelchair) (Please circle)

YES / NO

If YES, you do not need to answer Question 2.3

2.3 How many metres can the applicant walk outside of home, using a walking aid if necessary or oxygen tank, before needing to stop and rest?

	Metres
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Please circle below

Does the applicant use a walking aid (stick, frame, walker, crutches) or oxygen tank for mobility when away from home?	YES / NO
Does the applicant require the constant assistance of another person for all mobility?	YES / NO
Does the applicant require assistance to ascend or descend three or more consecutive steps of 350mm height?	YES / NO

Section 2b: Functional (Doctor to complete)

2.4 Does the applicant have total and permanent functional loss of both upper limbs? (Please circle)

YES / NO

Other comments

Please ensure Part C: Medical Practitioner's Endorsement (Page 20) is also completed

Section 3: Visual impairment (Doctor to complete)

3.1 What are the main conditions causing the visual impairment?

3.2 Has the applicant been assessed as legally blind by an eye specialist? *(Please circle)*

YES / NO

3.3 If **YES**, a certificate or report from an Ophthalmologist/Optometrlist should be supplied.
(Please circle)

Is a report attached?	YES / NO
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3.4 What is the best-corrected visual in each eye?

Right		Left	
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3.5 Is there any loss of visual fields? *(Please circle)*

Right	YES / NO
Left	YES / NO

3.6 Degrees of reduction in field of vision?

	Degrees
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3.7 Is the applicant's condition treatable?

Please COMMENT

Continues over page

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3.8 In the event of any significant abnormality in the applicant's visual acuity and/or field of loss in both eyes, a recent ophthalmologist or optometrist report is required. The report should include visual field charts.

Please circle below.

Is a report attached?	YES / NO
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Please ensure Part C: Medical Practitioner's Endorsement (Page 20) is also completed

Section 4: Epilepsy (Neurologist to complete)

Neurologist's details			
Full Name			
AHPRA Registration No.			
Qualification			
Signature		Date (DD/MM/YYYY)	/ /

4.1 Does the applicant suffer from grand mal epilepsy? *(Please circle)*

YES / NO

4.2 Is the applicant fit to drive a motor vehicle? *(Please circle)*

YES / NO

4.3 When was the applicant's last seizure that impaired consciousness AND was followed by confusion for more than one minute?

Month		Year	
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4.4 In the last 12 months, how many seizures has the applicant suffered that impaired consciousness and were followed by confusion for more than one minute?

Number	
--------	--

4.5 What is the longest period between consecutive seizures which occurred in the last 12 months (meaning seizures with impaired consciousness lasting for more than one minute)?

Months	
--------	--

4.6 What is the prognosis for recovery in the long term?

Continues over page

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4.7 Is there concomitant intellectual disability? *(Please circle)*

YES / NO

If **YES**, provide details in Section 5 (Intellectual Disability)

Other comments

4.8 Is there ambulatory/mobility/functional disability? *(Please circle)*

YES / NO

If **YES**, provide details in Section 2 (Ambulatory/Mobility/Functional)

Other comments

Please ensure Part C: Medical Practitioner's endorsement (Page 20) is also completed

Section 5: Intellectual disability (Doctor to complete)

5.1 What are the main conditions causing the applicant's intellectual disability?

5.2 Does the intellectual disability prevent the applicant from travelling alone on public transport (buses, trains, ferries, metro, lightrail) at all times? *(please circle)*

YES / NO

If **YES**, provide details of why the intellectual disability prevents the applicant from travelling alone.

5.3: Can the applicant:

Please circle below

Recognise the correct vehicles?	YES / NO
Alight at the correct destination?	YES / NO
Pay the correct fare?	YES / NO
Communicate with public transport staff?	YES / NO

5.4 If able to travel on public transport, are there any associated behavioural problems which may be considered socially unacceptable when travelling on public transport? *(please circle)*

YES / NO

If **YES**, provide details of the behaviour considered socially unacceptable.

Please ensure Part C: Medical Practitioner's endorsement (Page 20) is also completed

Section 6: Speech and/or hearing (Doctor to complete)

6.1 What are the main conditions causing the speech and/or hearing impairment?

6.2 Is the assistance of another person required by the applicant when using public transport, owing to their inability to communicate or to receive information for them? *(Please circle)*

YES / NO If **YES**, provide details.

6.3 Does the applicant suffer from any speech impediment which affects their ability to travel on public transport? *(Please circle)*

YES / NO If **YES**, provide details.

6.4 Is the applicant able to communicate effectively with transport staff or without hearing aids? *(Please circle)*

YES / NO If **NO**, please attach a recent report of a speech discrimination test conducted by an audiologist. *(Please circle)*

Is a report attached? **YES / NO**

Please ensure Part C: Medical Practitioner's endorsement (Page 20) is also completed

Part C: Medical Practitioner's endorsement

Please circle below

Do you consider that your patient meets the medical eligibility criteria for one or more of the categories for acceptance to the Scheme?	YES / NO
Have you attached ALL supporting medical documents (s)?	YES / NO
Have you attached a specialist report from the last 12 months where available?	YES / NO
<i>Transport for NSW may ask for more information from a specialist if we require more information to make an assessment.</i>	

All of the following information is mandatory

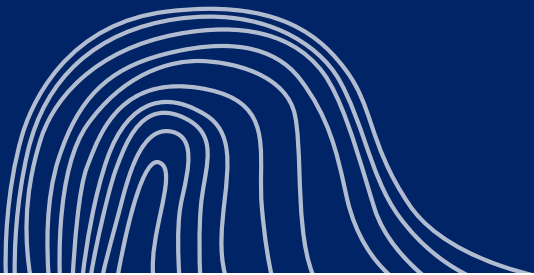
Medical Practitioner's Details				
Full name				
AHPRA Registration No.				
Qualification				
Address				
	State		Postcode	
Phone				
Email				
How long have you treated this patient for?	Years		Months	

Under which category/categories is the applicant applying to be admitted to the Scheme? (Please tick (✓) if applicable)

Ambulatory/Mobility/Functional disability		Complete Section 1, 2 and Part C
Visual impairment		Complete Section 1, 3 and Part C
Epilepsy		Complete Section 1, 4 and Part C
Intellectual (cognitive impairment) disability		Complete Section 1, 5 and Part C
Speech/hearing disability		Complete Section 1, 6 and Part C

I declare that the information provided in this application is accurate, true and complete.

Signature		Date (DD/MM/YYYY)	
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