St John Ambulance (Qld) Social Services

Referral to Community Transport Access Project

Fax form to (07) 3632 9900 or email to transportbookings@stjohnqld.com.au

St John Ambulance (Qld)

Transport to medical appointments, specialist appointments, shopping, trips and social outings for eligible clients who are unable to drive or catch public transport and live in north Brisbane. All transport must be pre-booked, and clients must be registered with St John (Qld) Social Services before transport can be arranged.

For further information, please call (07) 3632 9932 (Monday to Friday, 8am to 5pm).

Checklist (all boxes must be ticked to refer client to the Community Transport Access Project).

☐ Client **lives in service area** (greater north Brisbane, Pine Rivers, Redcliffe Peninsula).

☐ Client **lives independently** in the community.

☐ Client is **aged over 65, or is under 65 years and receives a Disability Support Pension or Carers Pension.**

☐ Client is **currently unable to drive or catch public transport** (temporarily or permanently).

☐ The client **can self transfer** into a vehicle, and **does not require active monitoring or care** during transport (or will have a carer travelling with them to assist).

Personal details

Name ________________________ ☐ Male ☐ Female Date of birth (DD/MM/YY) ___/___/___

Country of birth ____________________ Phone number ________________________

Address ________________________ Suburb ______________ Postcode ________

Pension details

☐ Aged Pension ☐ Disability Support Pension ☐ DVA Pension

☐ Carer Payment Pension ☐ No pension

Pension card number ________________________ Pension card expiry date ______________

Reason for referral

☐ I have discussed the proposed referral / s and the client consents to referral of their personal information to St John Ambulance (Qld) Social Services and other community transport providers that St John is in partnership with. I am satisfied that the client understands the proposed uses and disclosures of the information that has been provided, and has provided their informed consent to these.

Details of person completing this form

Name ________________ Designation ______________ Organisation ________________

Phone number ____________

Signature ____________________________ Date (DD/MM/YY) ___/___/___