



Victorian Taxi Directorate

APPLICATION FOR ACCREDITATION TO DRIVE A METROPOLITAN TAXI AND HIRE CAR

Department of Transport

Victorian Taxi Directorate, Level 23, 80 Collins Street, Melbourne VIC 3001
GPO Box 2797, Melbourne VIC 3001 Phone: 1800 638 802 (toll-free).
www.taxi.vic.gov.au



Metropolitan Taxi and Hire Car Driver Training and Driver Accreditation Application Procedures

To be issued a driver accreditation endorsed to drive metropolitan taxis and hire cars, applicants are required to successfully complete the Course in Taxi Driving 21848VIC provided by a Registered Training Organisation specified on the list available from the Victorian Taxi Directorate (VTD) or on its website (listed RTO) and pass a Knowledge of Melbourne Test.

Before enrolling to undertake the Course in Taxi Driving, applicants should obtain a Taxi Driver Training Passport from the VTD.

If an applicant wishes to obtain a Taxi Driver Training Passport, he or she should attend the VTD with all of the following:

- 1. A completed 'Application for Accreditation to drive a Commercial Passenger Vehicle/Private Bus' form,** making sure that the Medical Certificate is completed by a Registered Medical Practitioner and the Vision Acuteness Certificate is completed by a Registered Medical Practitioner or Registered Optometrist. Both certificates must be dated within the last six months.
- 2. A current (issued within the last six months), original National Police Certificate (NPC)** issued by Victoria Police with the results of a search of Australian Police Forces records in the name of the applicant.

To obtain the NPC, visit www.police.vic.gov.au under 'Our Services' then click 'Police Record Checks' to download and complete an online application form. Post the form, certified documents and fee to: Public Enquiry Service, Records Services Branch, Victoria Police, PO Box 418, Melbourne VIC 8005.

- 3. Two (2) colour passport size quality photographs that:**
 - are current, and
 - show a full front view of the head and shoulders without any head covering or tinted glasses. If you wear a head covering for religious reasons, a photograph that shows your facial features will be accepted. If you normally wear prescription glasses you should be wearing glasses in the photograph. The photograph should have a plain light coloured background.
- 4. A full (non-probationary) Victorian Driver Licence which has been held for a minimum of 12 months.** However, an applicant who has a full Victorian Driver Licence but who has been licensed to drive in Victoria for less than 12 months must provide additional information to satisfy the Director that they are competent to provide metropolitan taxi and hire car service (see page 5 for more information).

5. Proof of identity and right to work in Australia

An applicant must produce his or her Victorian driver licence plus one (1) other acceptable proof of identification (see Acceptable Proofs of Identification).

If the VTD gives an applicant a Taxi Driver Training Passport, **this does not mean that accreditation will be granted** if the applicant obtains the required qualifications. The application for accreditation will be assessed once all the application requirements are met. This includes holding the required qualifications (see Qualifications List).

However, if the Director of Public Transport or his delegate at the VTD is not satisfied that accreditation of an applicant is appropriate having regard to the public care objective and that the applicant is technically competent, sufficiently fit and healthy and suitable in other respects, to provide the service, or if there are other grounds for refusing the accreditation application, the application may be refused at this stage.

The public care objective is the objective that the services provided by drivers of commercial passenger vehicles (which includes taxi-cabs) and vehicles used for the operation of private bus services be provided with safety and comfort, amenity and convenience to all persons, particularly children and other vulnerable persons, and be carried out in a manner that is not fraudulent or dishonest.

Applicant Form Checklist

- 1. Application for Accreditation
- 2. National Police Certificate (NPC)
- 3. Two colour passport size quality photographs
- 4. A full (non-probationary) Victorian Driver Licence
- 5. Proof of identity and right to work in Australia

Metropolitan Taxi and Hire Car Driver Training and Driver Accreditation Application Procedures

When determining an application for driver accreditation, regard will be had to:

(a) Any criminal offence/s recorded against an applicant;

If an applicant has been found guilty of a:

- category 1 offence. The application must be refused (Examples of category 1 offences include murder, offences involving sexual penetration, child pornography, offences involving serious violence, sexual offences committed against minors, terrorism related offences);
- category 2 offence. The application must be refused unless the applicant demonstrates and the Director of Public Transport is satisfied that the issue of accreditation is appropriate having regard to the public care objective (Examples of category 2 offences include manslaughter, theft, fraud, sexual offences not involving sexual penetration, serious drug offences);
- category 3 offence. The application may be refused if the Director of Public Transport is not satisfied that the issue of accreditation is appropriate having regard to the public care objective. (Category 3 offences are all offences other than category 1 and category 2 offences, and include traffic offences)

(b) Results of a medical examination and vision acuteness test assessed against the document titled *Assessing Fitness to Drive* published by the National Road Transport Commission and Austroads, and the *Transport Act 1983 (Vic)*;

(c) Whether the person holds the specified qualifications, if required (see below); and

(d) Any other information relevant to whether the applicant is:

- sufficiently fit and healthy to be able to provide the service; and
- suitable in other respects to provide the service.

Following the successful completion of the Course in Taxi Driving 21848VIC and passing the Knowledge of Melbourne Test, the applicant should return to the VTD with his or her Taxi Driver Training Passport and a Statement of Attainment of Results, endorsed by the listed RTO.

Acceptable Proofs of Identification

Applicants must provide proof of identity and right to work in Australia by producing their Victorian Driver Licence plus one other applicable document from the following list:

Australian Citizens	<ul style="list-style-type: none"> • Full Australian birth certificate or extract • Australian citizenship certificate • Australian passport issued on or after 22 November 1984 • A current Document of Identity issued by the Passport Office (usually issued to travellers to Norfolk Island) • A current Australian Police Force Officer or Defence Force photo-identity (excluding civilian staff)
Australian Permanent Residents	<ul style="list-style-type: none"> • Permanent visa evidenced by label or wet stamp in passport • Certificate of evidence of resident status. Only certificates issued recently (up to two years old) will be accepted • Valid New Zealand passport with visa that provides holder with unrestricted work rights, which is evidenced by a wet stamp in the passport
Non-Australian Citizens	<ul style="list-style-type: none"> • Valid visa which permits holder to work

Note: Documents must be originals, or in the case of birth certificates and extracts, certified copies of originals.

The processing of an application lodged by a non-Australian citizen may be delayed while his/her work rights status is verified with the Department of Immigration and Citizenship.

Metropolitan Taxi and Hire Car Driver Training and Driver Accreditation Application Procedures

Qualifications List

Course in Taxi Driving 21848VIC

Applicants must successfully complete the Course in Taxi Driving 21848VIC provided by a listed RTO. A listed RTO is a Registered Training Organisation whose graduates from the Course in Taxi Driving 21848VIC the Director of Public Transport recognises as holding the required qualification.

The listed RTOs are kept on a list in hard copy at the VTD and are also available on the VTD's website at www.taxi.vic.gov.au

The Course in Taxi Driving is designed to provide participants with the knowledge and skills to work effectively in the general metropolitan taxi-cab industry.

The Course in Taxi Driving consists of the following units:

Unit	Nominal hours
Complete Orientation to the Taxi Industry	5
Provide Customer Service	10
Carry Out Financial Transactions and Maintain Records	5
Use Communication Systems in a Taxi-cab	5
Identify Major Roads, Services and Attractions	40
Comply with Safety and Security Procedures	10
Drive Taxi-cab	40
	Total nominal hours 115

Knowledge of Melbourne Test

In addition to satisfactorily completing the Course in Taxi Driving all applicants for a driver accreditation to drive a metropolitan taxi or hire car must pass a Knowledge of Melbourne test. The test will comprise 45 locations of key places of interest around Melbourne from a pool of 100. A pass will be achieved with 40 correctly identified locations out of the 45 questions. The test will be conducted by Registered Training Organisations in conjunction with the delivery of the Course in Taxi Driving.

Additional requirement for an applicant who has held a full Victorian driver licence for less than 12 months

Information to satisfy the Director that they are competent to provide the service where an applicant has not held a full Victorian driver licence for 12 months. This will include:

- a letter to the VTD providing information to satisfy the Director that they are competent to provide the service;
- attend a scheduled appointment at the VTD; and
- successfully complete an Independent Driving Assessment.

English Language Entry Requirement for Taxi Training

The English language requirement for entry into the Course in Taxi Driving and Course in Wheelchair Accessible Taxi Services is especially important for the role of taxi driver because clear basic communication ability is essential.

The Course in Taxi Driving and Course in Wheelchair Accessible Taxi Services are open to people who can:

- read and interpret short simple texts on a topic that is familiar
- locate specific information in a book/text that may contain graphic information
- write simple sentences and fill in forms
- listen to and obtain information sufficient to providing a taxi service and take part in short discussions
- use basic mathematical functions in familiar situations

Where the applicant is a person from a culturally and linguistically diverse background, their language skills and abilities must be interpreted as equivalent to the International Second Language Proficiency Rating (ISLPR):

• Level 3 in speaking	• Level 2 in reading
• Level 3 in listening	• Level 2 in writing

Course in Wheelchair Accessible Taxi Services 21847VIC

The Course in Wheelchair Accessible Taxi Services is designed to provide the participants with the knowledge and skills to work effectively in the wheelchair accessible taxi-cab industry.

A person must not drive a wheelchair accessible taxi-cab unless he or she holds a driver accreditation (that is endorsed with the MTMH condition if driving a metropolitan taxi-cab) and has successfully completed the Course in Wheelchair Accessible Taxi Services.

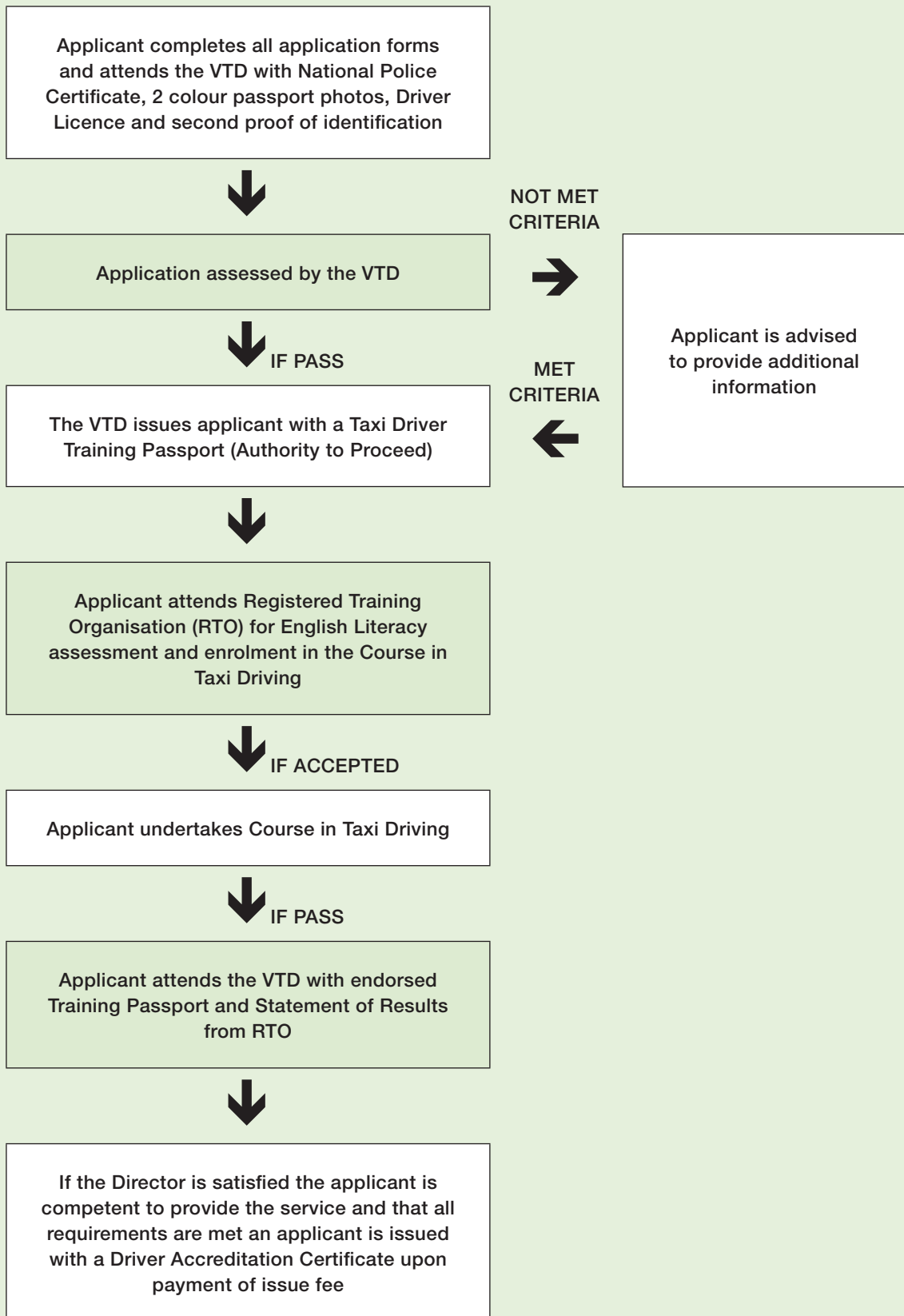
The Course in Wheelchair Accessible Taxi Services consists of the unit titled Provide Wheelchair Accessible Taxi Services for Passengers with Disabilities (nominal hours – 40).

Registered Training Organisations (RTOs)

Details of listed RTOs offering the Course in Taxi Driving and Course in Wheelchair Accessible Taxi Services may be obtained in hard copy at the VTD and are also available on the VTD's website at www.taxi.vic.gov.au.

Victorian Taxi Directorate

Metropolitan Taxi and Hire Car Driver Training and Driver Accreditation Application Procedures Application Process



Application for Accreditation to drive a Commercial Passenger Vehicle/Private Bus

OFFICE USE ONLY
VTD Officer must complete this section when determining an application.

Proof of Identity

Driver Licence sighted	Second proof (type)	Number
<input type="checkbox"/>		

As a delegate for the Director of Public Transport, I have determined this application in accordance with the relevant provisions of the *Transport Act 1983* as follows:

Issue Full Accreditation Issue Temporary (12 months) Accreditation

Refuse Accreditation

Accreditation Currency Period

From	To

Officer's name (print) Officer's Signature Date

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Accreditation No.

DC

OFFICE USE ONLY

Instruction to Applicants

- Complete pages 7 and 8 of this form in BLOCK LETTERS in your own handwriting and sign and date in the spaces indicated.
- As a requirement of driver accreditation you must have a medical assessment to ensure your fitness to drive a commercial passenger vehicle (CPV) or private bus. Please see detailed instructions on the attached Medical Assessment for Drivers form (**DA MA FORM**). The examining doctor/optometrist will complete the relevant parts of page 9 of this form and retain all medical papers including your questionnaire responses and clinical findings. The details of your medical assessment will be treated as confidential and will only be reported to the Director of Public Transport (DPT), officers of the Department of Transport (DOT) and VicRoads. No information will be disclosed to any other person or organisation without your permission, except where disclosure is required:
 - by law, or
 - by a subpoena; or
 - for an investigation by a government agency into an accident or incident.
- Applicants are warned that any person who gives false information when completing this form shall be guilty of an offence against the *Transport Act 1983*.

Signature of Applicant Date

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Motor Vehicle Driver Licence Details

Driver Licence Number Expiry Date

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How long have you held a Victorian Driver licence? Years

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Is your licence Probationary? Yes No

Licence Category Held (Please tick)

- Car LR (Light Rigid) R (Rider)
- MR (Medium Rigid) HR (Heavy Rigid)
- HC (Heavy Combination) MC (Multi Combination)

Personal Details

Surname/Family Name

First Name/Given Name Second Name 3rd Initial

Name at Birth if different to above

Residential Address

Postal Address - if different to above

Telephone - Business Telephone - Private

Male Female Date of birth

Driver Accreditation Details

Have you ever applied for or held a driver's certificate/driver accreditation to drive a commercial passenger vehicle/private bus? Yes No

What class of vehicle are you seeking to drive?

- Metropolitan Taxi or Hire Car
- Urban Taxi or Hire Car
- Country Taxi or Hire Car
- Special Purpose Vehicle or Restricted Hire Car
- Restricted Hire Motorcycle
- Buses Operated by persons accredited by the Department of Transport

What is the maximum seating of such a vehicle? Seats

Persons driving buses in declared Hazardous Areas must obtain additional authorisation from VicRoads

Victorian Taxi Directorate

Application for Accreditation to drive a Commercial Passenger Vehicle/Private Bus Authority for Information (Applicant to complete)

Details of Applicant (Please use BLOCK letters)

Surname / Family Name	First Name / Given Name	2nd Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Suburb	Postcode	Driver Licence Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Answer "Yes" or "No" to the following questions. If you answer "yes" to any question give details in the space provided. Particular care should be taken in providing complete details of your personal record as any omissions or misleading information may lead to your application being refused.

MEDICAL HISTORY

1. Are you subject to providing Medical Reports to VicRoads to hold a driver licence? Yes No

TRAFFIC OFFENCES

2. Have you in Victoria or elsewhere, ever been fined or convicted for any traffic offences? Yes No
 3. Has your driver licence ever been suspended or cancelled for any reason? Yes No
 4. Have you ever been notified that you have incurred demerit points for traffic offences? Yes No
 If so, state number of points incurred.
 5. Have you been charged with any traffic offence/s where the charge/s has not yet been determined? Yes No

Year	Details of Traffic Offences in questions 2 to 5 above (attach sheet if space insufficient)	Court	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CRIMINAL OFFENCES

6. Have you in Victoria or elsewhere, ever been fined, convicted, or have had a finding of guilt made against you by a court for any other offences whatsoever? Yes No
 7. Have you ever been placed on a good behaviour bond, community based order or on probation by a court of law? Yes No
 8. Have you been charged with any criminal offence/s where the charge/s has not yet been determined? Yes No
 9. Are you subject to any reporting obligations under Part 3 of the *Sex Offenders Registration Act 2004* (Vic) or an extended supervision under Part 2 of the *Serious Sex Offenders Monitoring Act 2005* (Vic)? Yes No

Year	Details of Criminal Offences in questions 6 to 9 (attach sheet if space insufficient)	Court	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby consent to the ongoing checking by the DPT and DOT of criminal or other records kept by Victoria Police or VicRoads and the release of information recorded against my name, including any matters, whether convicted or not, which may be deemed to be relevant to me holding a driver accreditation.

I have listed details of any charges pending, charges proven or convictions against me for any criminal offence, either in Victoria or elsewhere.

I undertake that I will at all times hereafter well and sufficiently indemnify and keep indemnified the Chief Commissioner of Police and all employees of the Victoria Police all liability and against all actions, suits, claims, demands, costs and expenses whatsoever which may be taken or made in respect of the release of any details of any convictions or other information relating to or involving me.

Signature of Applicant	Date
<input type="text"/>	<input type="text"/>

Protecting your privacy

The Department of Transport (DOT) is committed to protecting your privacy by fully meeting its responsibilities under the *Information Privacy Act (Vic) 2000* and the *Health Records Act (Vic) 2001*. The document titled Privacy Statement sets out DOT's privacy policy.

Department of Transport

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Victorian Taxi Directorate

Part 1. Medical Certificate – Assessment of Fitness to Drive

To be completed by a registered medical practitioner only and returned to applicant.

NOTE: The applicant should provide the examining registered medical practitioner with a Medical Assessment for Drivers form.

Patient/Applicant Details (Please use BLOCK LETTERS)

Surname/Family Name		First Name/Given Name	
Date of birth	/	/	Driver Licence Number

Were you familiar with the patient's medical history prior to this examination? Yes No

I certify that I have examined the above mentioned patient (who intends to drive a commercial passenger vehicle and/or private bus) in accordance with the relevant National Medical Standards for Commercial Vehicle Drivers as set out in *Assessing Fitness to Drive, 2003*. In my opinion the person subject of this report:

- Meets the relevant medical criteria for an unconditional licence and requires no further assessment. **(No further information required)**
- Does not meet the medical criteria for an unconditional licence or a conditional licence. **(Provide details of criteria not met in space below)**
- Does not meet the medical criteria for an unconditional licence but may be suitable for a conditional licence based on information noted below. **(Provide details of criteria not met, proposed restrictions, suggestions for management and periodic review in space below)**. Note: A conditional licence will not be issued unless adequate supporting information is provided by the examining medical practitioner.
- Requires appropriate specialist assessment. **(Provide details of type of specialist recommended/referred to in space below)**
- Requires practical driving test. **(Provide details of type of practical assessment required in space below)**
- Requires occupational therapist assessment. **(Provide details of specialist recommended/referred to in space below)**
- Previously unlicensed or on conditional licence but condition has now improved so as to meet criteria for a conditional or unconditional licence. **(Provide details of criteria previously not met; the response to treatment and prognosis, duration of improvement; other relevant information including consideration of the driving task, in space below)**

Details of medical criteria not met; restrictions; management; review periods and requirements for further assessment (attach additional information if required)

Part 2. Vision Acuteness Certificate

To be completed by a registered medical practitioner or a registered optometrist.

I certify that I have examined the vision acuteness of the above mentioned patient (who intends to drive a commercial passenger vehicle and / or private bus). In my opinion the person subject of this report:

- Meets the minimum acceptable standard of 6/12 (Snellen) in each eye separately.
- Does not meet the minimum acceptable standard of 6/12 (Snellen) in each eye separately.

Details of Vision Acuteness Test (Snellen Code)		Unaided		Aided	
		Right Eye	Left Eye	Right Eye	Left Eye
		6/	6/	6/	6/

The minimum acceptable standard is 6/12 (Snellen) in each eye separately

Registered Medical Practitioner Details (Please use BLOCK LETTERS)

Registered Optometrist Details, if applicable. (Please use BLOCK LETTERS)

Date of Examination	Reporting Professional's Name	Signature

Practice Address

		Postcode	
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Telephone Fax

Note: The publication *Assessing Fitness to Drive 2003* is available from Austroads on Tel: (02) 9264 7088 or at www.austroads.com.au

Consent of Patient / Applicant

I, the above named patient and applicant for a driver accreditation consent to the examining medical practitioner / optometrist providing information to the DPT, DOT and / or VicRoads, and I understand that I shall be responsible for any medical expense incurred in connection with the compilation of the above Medical Certificate.

Signature of Applicant	Date
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Victorian Taxi Directorate

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Privacy Statement

How the Victorian Taxi Directorate (VTD) manages information about you.

What is this statement about?

This statement is about how we, the VTD, collect, store, maintain, use, and disclose your personal information, sensitive information and health information, and how we will protect your privacy in doing so.

What is personal information?

Personal information is recorded information about you from which you can reasonably be identified.

What is sensitive information?

Some personal information is sensitive information such as information about your race, ethnicity, political opinions or memberships, religious beliefs or affiliations, philosophical beliefs, memberships of professional/trade unions or associations, sexual preferences or practices, or criminal record. We are especially protective of your privacy in collecting sensitive information, as explained below.

Managing sensitive information

Since sensitive information is also personal information, we will manage it in accordance with all the principles for managing personal information. But since it is sensitive, we will follow extra principles restricting when we may collect it. We may only collect sensitive information about you if:

- you consent; or
- you are incapable of giving consent, but we need the information to lessen or prevent a serious and imminent threat to a person's life or health; or
- we cannot practicably seek your consent, but the government needs the information to target its welfare or educational services; or
- the law requires us to collect the information; or
- we need the information to conduct or defend legal action.

What is health information?

Health information is information, whether true or false, about your physical, mental or psychological health, any disability you may have, your expressed wishes about the future provision of health services to you, the donation of body parts, organs or body substances by you, or genetic information about you in a form which is or could be predictive of your or any of your descendants' health.

Supplying taxi, commercial passenger vehicle, private bus or driving instructor services

If you are, have been, or seek to become involved in the supply of taxi, commercial passenger vehicle, private bus or driving instructor services, we may collect or use your personal or health information or disclose it to organisations and governmental agencies. We may do so if necessary to determine, or help another governmental agency determine:

- whether you are, were, or will be suitable to be involved in the supply of taxi, commercial passenger vehicle, private bus or driving instructor services; or
- whether you have broken the law in the course of your involvement in the supply of taxi, commercial passenger vehicle, private bus, or driving instructor services.

Some organisations that we may disclose your personal or health information to are; taxi depots/associations, bus depots/associations, driving instructor associations, and relevant state and federal governmental agencies.

Security cameras in taxis

If you have been a passenger in, or drive a taxi, you may have been photographed by a security camera installed in the taxi. If you were, those photographs may contain your personal information. We may collect or use that information, or disclose it to a law enforcement agency if necessary to determine, or help a law enforcement agency determine:

- whether a crime has been committed by or against you; and/or
- your identity, if a law enforcement agency suspects that a crime has been committed by or against you.

Multi Purpose Taxi Program Members

If you are, have been, or seek to become a member of the Multi Purpose Taxi Program, we may collect or use your personal or health information, or disclose it to

another governmental agency, medical practitioner or independent health panel. We may do so if necessary

to determine, or help another governmental agency determine, whether you are, were, or will be eligible to be a member of the Multi Purpose Taxi Program.

How we collect personal and health information

If we need personal or health information about you, we will, where practicable, collect it only from you. But whomever we collect it from; we will collect it lawfully, fairly, and without unreasonable intrusion. At the time the information is collected we will advise you in general terms if any other organisations will have access to your personal or health information, and whether there are any consequences of not providing information.

Security of information

We will take reasonable steps to protect your personal information from improper use, loss, access, modification, or disclosure. When we no longer need your personal information, we will take reasonable steps to destroy it or to modify it so that you cannot reasonably be identified from it.

Quality of information

If we collect, use, or disclose your personal information, we will take reasonable steps to ensure that it is accurate, complete, and up to date. If your personal information changes, please advise us.

Correcting your information that we hold

If you can establish that your personal information that we hold it is not accurate, complete, and up to date, we will take reasonable steps to correct, complete, or update it as required.

Accessing your information that we hold

When?

We will grant you access to your personal information that we hold, unless doing so would: pose a serious and imminent threat to the life or health of any individual; unreasonably invade someone else's privacy; be vexatious or frivolous; interfere with the enforcement of the law; reveal the intention of negotiations between you and us and prejudice these; be unlawful; or if denying access is required or authorised by law. You can contact us on 1800 638 802 (toll free), or via www.taxi.vic.gov.au.

continued overleaf

Privacy Statement continued

How the Victorian Taxi Directorate (VTD) manages information about you.

Access requests under the *Freedom of Information Act 1982*

Where your request for access involves information about an event, commercial activity or affects someone else's privacy, we may require you to make the request under the *Freedom of Information Act 1982* (Vic). Our Freedom of Information Officer can be contacted on (03) 9655 6380.

Sending information out of Victoria

We will not disclose or transfer your personal information to a person, governmental agency or organisation outside Victoria, unless we reasonably believe that the recipient will manage the information in accordance with principles substantially similar to the principles set out in this statement or you give your consent.

Anonymity

You may deal with us anonymously, where lawful and practicable.

Unique identifiers

What is a unique identifier?

A unique identifier is a number or other code that identifies only you, such as a driver's licence number or tax file number.

When may we assign a unique identifier?

If you are, have been, or seek to become:

- (a) involved in the supply of taxi services; or
- (b) a member of the Multi Purpose Taxi Program; we may assign you a unique identifier if necessary to efficiently identify you in our records.

When may we disclose a unique identifier?

If you are or have been involved in the supply of taxi services, we may disclose your unique identifier to an organisation or another governmental agency. We may do so if necessary to determine, or help a law enforcement agency to determine whether a crime was committed by or against you.

Privacy Complaints

If you suspect that we have mismanaged personal information about you, or have interfered with your privacy please contact our Privacy Officer:

Telephone: 9655 6666

Mail: The Privacy Officer, Department of Transport, GPO Box 2797, Melbourne VIC 3001

Internet: visit www.transport.vic.gov.au to download a complaint form

Medical Assessment for Drivers of Commercial Passenger Vehicles and Private Buses

The Director of Public Transport has a legal responsibility to ensure that all drivers have the appropriate skills and abilities, and are medically fit to hold a driver accreditation. Legislation gives the Director of Public Transport the authority to ask any driver accreditation holder or applicant to provide medical evidence of their suitability to drive and/or undergo a driver assessment.

To the Applicant/Holder of Driver Accreditation

- Make an appointment with your doctor and take this form with you to the appointment.
- The examination may take longer than a routine consultation so advise the receptionist when making the appointment that you are attending for this purpose.
- If you wear spectacles, hearing aids etc. please take them with you to the examination.
- Complete the Driver Health Questionnaire on this form and provide it to the doctor. Sign the bottom of the questionnaire in the presence of the doctor.
- If the medical report has been requested for a particular reason, you should let the doctor know this reason.
- You are required by law to advise the Director of Public Transport of any condition that may affect your ability to drive. You should make the doctor aware of any medical conditions you may have.
- On completion of the examination, the doctor will provide you with the Medical Certificate to return to the Director of Public Transport (Victorian Taxi Directorate).
- Payment for the medical examination is the responsibility of the applicant/accreditation holder.

To the Registered Medical Practitioner

- This medical examination must be conducted in accordance with the national medical standards described in *Assessing Fitness to Drive 2003*. These are available from the web on www.austroads.com.au The standards detail the examination process and the medical criteria for fitness for driving. Driver accreditation holders must meet the commercial vehicle driver standards.
- The applicant will complete the Driver Health Questionnaire and is required to sign it in your presence.
- Complete the Clinical Examination Proforma on this form as a record of your examination and retain it and the Driver Health Questionnaire for your records.
- Upon completion of the examination please complete the Medical Certificate and Vision Acuteness Certificate sections of the Application for Accreditation to Drive a Commercial Passenger Vehicle/Private Bus form.
- Distribute the completed certificates as follows:
 - Provide the original certificates (together with additional information relevant to the patient's fitness to drive) to the patient for them to present to the Victorian Taxi Directorate.
 - Retain a copy for the patient's medical record together with detailed examination notes and this form.
- Information not relevant to the patient's fitness to drive should not be forwarded to the Victorian Taxi Directorate.
- If you have doubts about your patient's suitability to drive, you may suggest a driver assessment or referral to a suitable practitioner, which must be indicated on the certificate that is returned to the Victorian Taxi Directorate.
- If you have any doubts about the information required, or wish to discuss the case personally, please contact the Victorian Taxi Directorate directly.
- Indemnity - State legislation provides legal indemnity to practitioners who conduct an examination and provide the Victorian Taxi Directorate with an opinion based on that examination.
- Criminal Liability and Insurance - Practitioners may be liable under civil law in cases where a court forms the opinion that they have not taken reasonable steps to ensure that impaired drivers drive only in circumstances that do not place them and other members of the community at increased risk. Professional indemnity insurers are aware of the potential liability of medical practitioners and may reasonably expect medical practitioners to comply with the national medical standards.

Conditions and Restrictions

- If appropriate, the medical practitioner may recommend conditions which may enhance driver competency or safety and allow their patient to continue to drive (eg. corrective lenses).
- If the medical practitioner recommends a conditional licence details of the recommended restrictions and reasons must be provided, otherwise a conditional accreditation will not be considered.
- For more information about Conditional Licences see *Assessing Fitness to Drive* page 20.
- If the medical practitioner believes that vehicle modifications are necessary (eg. hand controls, left foot accelerator), or a prosthesis is necessary to drive safely, or that a local area driving restriction is appropriate, the patient will need to demonstrate the ability to drive safely with these restrictions. In these cases a driver assessment is necessary.
- A conditional licence for a commercial vehicle driver can only be recommended by a specialist in the relevant medical field.

This record should be retained by the registered medical practitioner conducting the assessment

Medical Assessment for Drivers of Commercial Passenger Vehicles and Private Buses

Driver Health Questionnaire

Applicant to complete - Registered Medical Practitioner to retain

This questionnaire must be completed in order to help assess your fitness for driving a commercial passenger vehicle or private bus. Please answer the questions by ticking the appropriate box or circling the appropriate response. If you are not sure, leave the question blank and ask the medical practitioner what it means. The medical practitioner may ask you more questions during the assessment.

1. Are you currently being treated by a doctor for any illness or injury? No Yes
2. Are you receiving any medical treatment or taking any medication (prescribed or otherwise)? No Yes

Please take any medications with you to show the doctor. Please note brief details:

3. Have you ever had, or been told by a doctor that you had any of the following?

	No	Yes		No	Yes
3.1 High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	3.13 Double vision, difficulty seeing	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	3.14 Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Chest pain, angina	<input type="checkbox"/>	<input type="checkbox"/>	3.15 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Any condition requiring heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	3.16 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Palpitations/irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	3.17 Neck, back or limb disorders	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Abnormal shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	3.18 Hearing loss or deafness or had an ear	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Head injury, spinal injury	<input type="checkbox"/>	<input type="checkbox"/>	3.19 Do you have difficulty hearing people on the telephone (respond Yes if you require a hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Seizures, fits, convulsions, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	3.20 Do you smoke or have you ever been a smoker?	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Blackouts or fainting	<input type="checkbox"/>	<input type="checkbox"/>	3.21 Have you ever had any other serious injury, illness, operation, or been in hospital for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Migraine	<input type="checkbox"/>	<input type="checkbox"/>	3.22 Do you use illicit drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Stroke	<input type="checkbox"/>	<input type="checkbox"/>			
3.12 Dizziness, vertigo, problems with balance	<input type="checkbox"/>	<input type="checkbox"/>			

4. Please tick the box "No" or "Yes" in response to the following:

- 4.1 Have you ever had, or been told by a doctor that you had a sleep disorder, sleep apnoea, or narcolepsy? No Yes
- 4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep? No Yes

Epworth Sleepiness Scale

4.3 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

0 = would never doze off 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

Situation	Chance of Dozing (0 to 3)			
	0	1	2	3
4.3.1 Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.2 Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.3 Sitting, inactive in a public place (eg. In a theatre or meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.4 As a passenger in a car for an hour without a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.5 Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.6 Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.7 Sitting quietly after a lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.8 In a car, while stopped for a few minutes in the traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Assessment for Drivers of Commercial Passenger Vehicles and Private Buses

Driver Health Questionnaire

Applicant to Complete - Registered Medical Practitioner to Retain

5. (Audit Questionnaire) Please circle the answer that is correct for you:

Do you drink alcohol?

(If "No" please proceed to the Driver Declaration below) No Yes

	(0)	(1)	(2)	(3)	(4)
5.1 How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.2 How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 to 5	5 to 6	7 to 9	10 or more
5.3 How often do you have six or more drinks on one occasion?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.4 How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.5 How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.7 How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
5.9 Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
5.10 Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Driver Declaration *(In presence of medical practitioner)*

I, (Print Name)

Certify that to the best of my knowledge the above information supplied by me is true and correct and that I am aware that it is an offence to provide false or misleading information under the *Transport Act 1983*.

Signature of Applicant

Signature of registered medical practitioner conducting examination

Date

 / /

The completed questionnaire should be retained by the registered medical practitioner and not returned to the Victorian Taxi Directorate.

Medical Assessment for Drivers of Commercial Passenger Vehicles and Private Buses

Clinical Examination Proforma

Registered Medical Practitioner to Complete and Retain

The examiner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, eg Mini Mental State Questionnaire or equivalent for cognitive conditions. This form is to be retained by the registered medical practitioner and not returned to Victorian Taxi Directorate. Findings relevant to the person's fitness to drive should be recorded on the Medical Report supplied by the Victorian Taxi Directorate.

Applicant's Details

Surname/Family Name

First Name/Given Name

Address

 Postcode

Date of examination

 / /

1. Cardiovascular System:

1.1 Blood Pressure (repeat if necessary)

Systolic: mmHg mmHg

Diastolic: mmHg mmHg

- 1.2 Pulse Rate: Regular Irregular
 1.3 Heart Sounds: Normal Abnormal
 1.4 Peripheral Pulses: Normal Abnormal

2. Chest / Lungs: Normal Abnormal

3. Abdomen (liver): Normal Abnormal

4. Neurological/Locomotor:

- 4.1 Cervical spine rotation Normal Abnormal
 4.2 Back movement Normal Abnormal
 4.3 Upper Limbs
 (a) Appearance Normal Abnormal
 (b) Joint movements Normal Abnormal
 4.4 Lower Limbs
 (a) Appearance Normal Abnormal
 (b) Joint movements Normal Abnormal
 4.5 Reflexes Normal Abnormal
 4.6 Romberg's sign* Normal Abnormal

* A pass requires the ability to maintain balance while standing with shoes off, feet together side by side, eyes closed and arms by sides, for thirty seconds.

5. Vision:

5.1 Visual Acuity

Uncorrected		Corrected	
Right Eye	Left Eye	Right Eye	Left Eye
6/	6/	6/	6/

Are contact lenses worn? No Yes

5.2 Visual Fields

(Confrontation to each eye) Normal Abnormal

6. Hearing: Normal Abnormal

7. Urinalysis:

7.1 Protein Normal Abnormal

7.2 Glucose Normal Abnormal

8. Neuropsychological Assessment

Where clinically indicated apply the Mini Mental State Questionnaire or General Health Questionnaire or equivalent.

Score

Relevant Clinical Findings

Note comments on any relevant findings detected in the questionnaire or examination, making reference to the requirements of the standards outlined in the AFTD publication (attach additional pages if required).

This record should be retained by the registered medical practitioner conducting the assessment

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