

Application for Driver Accreditation

Fact Sheet

This fact sheet has been provided to assist your understanding of the legislation and our policy when completing an Application for Driver Accreditation. Please remove this page when submitting your application.

About this Application

Included in this form is:

- Application for Driver Accreditation
- Consent for the Taxi Services Commission (TSC) to conduct a National Police History Check on your behalf
- Medical and vision acuity certificate to be completed by a General Medical Practitioner (section 9)

The applicant is required to complete sections 1 to 8 of this application

Incomplete Applications

If you fail to provide or complete any relevant part of this application, it will not be assessed and will be returned to you as incomplete. You will be required to complete and or provide the missing information requested before re-submitting the whole application.

Driver Licence Requirements

You must hold a current, full Victorian driver licence and have held a driver licence in Australia or New Zealand for a **minimum of six months**. If you do not, your application will not be accepted.

Helpful Tip: Make sure your driver licence has your current address recorded with VicRoads as we are obligated to record the same address on our database.

Proof of Identity (POI)

Document types

As this form covers both your application for Driver Accreditation and the National Police History Check (NPHC), you will need to meet the Identification Requirements for both the Application and for the NPHC. You must provide certified copies of your Current Victorian Driver licence and evidence of entitlement to work in Australia. You are also required to provide 100 points of identification to conduct the NPHC.

For more information on acceptable types of identification, visit our website <http://taxi.vic.gov.au>

How to certify your identity documents

Step 1. Make a photocopy of each identity document. Make sure one of the documents shows your current residential address.

Step 2. Take your original documents and the photocopies to a member of the police force, a Chartered Accountant (CA), Certified Practising Accountant (CPA), Member of the National Institute of Accountants (MNIA), bank manager, honorary justice (JP), medical practitioner, dentist, school principal, veterinary surgeon, pharmacist, barrister or a solicitor. Please refer to our website for further information on proof of identity.

Entitlement to Work in Australia

It is a legislative requirement that **every applicant** must provide evidence of entitlement to work in Australia. Each of the following is proof of a person's entitlement to work in Australia:

- Current Australian Passport (or expired less than 2 years)
- Australian citizenship certificate
- Full Australian birth certificate (**NOT** an extract)
- Overseas passport with valid visa showing entitlement to work

Application for Driver Accreditation

Fact Sheet (cont'd)

Medical Requirements

As part of this application you will be required to undertake a medical and vision acuity assessment. This assessment is conducted in reference to the current Assessing Fitness to Drive Guidelines.

A copy can be downloaded for free from <https://www.onlinepublications.austroads.com.au/items/AP-G56-13>.

You will be required to disclose your full medical history to the Registered General Medical Practitioner conducting your medical assessment. If the Vision Acuity Assessment is to be completed by an Optometrist instead, please download the Vision Acuity Assessment form from the website for the optometrist to complete and attach it with this application.

Go to www.taxi.vic.gov.au to download the Driver Health Questionnaire to complete for the Registered medical practitioner's records.

Driver Photograph (taxi accreditation)

Upon receipt of your application, the TSC will post to you a confirmation letter with instructions on how to have your photo taken at your local VicRoads office.

National Police History Check (NPHC)

As part of this application, the TSC will conduct a NPHC on your behalf. The TSC does this through a contractual arrangement with the Australian Criminal Intelligence Commission (ACIC) – the government agency responsible for criminal history record checking. You will be provided with a copy of the results of your NPHC as a part of the application process. Information provided in this form will be disclosed to Australian Criminal Intelligence Commission (ACIC) and police agencies for checking action and updating records held about you by ACIC and police agencies. ACIC and police agencies will access their records to obtain and disclose police history information that relates to you to the TSC. That information may include outstanding charges, warrant information and criminal convictions, findings of guilt or pleas of guilt recorded against you. Police history information is disclosed according to the applicable laws of the relevant jurisdiction and, in accordance with the relevant jurisdiction's information release policies. That may include spent convictions legislation.

For more information about Police Checks please visit the TSC website at: www.taxi.vic.gov.au/police-checks.

Mutual Recognition

If you have held a driver accreditation/authority in another state or territory and wish to apply for mutual recognition, you must also complete a Mutual Recognition form and provide the required documentation as outlined in the form.

You can find out more information by visiting our website at www.taxi.vic.gov.au.

Lodgement details

Email – accreditation.applications@taxi.vic.gov.au. Emailed applications must be sent in a PDF format.

Accreditation Application fee

The current Driver Accreditation application fee is \$73.20 (fee is valid for period 1 July 2016 to 30 June 2017 only).

The application fee must be paid when submitting the application. Payment can be made via the credit card payment authorisation in section 8 of the application form.

For more information about fees, please visit our website at: www.taxi.vic.gov.au

Processing Times

Please allow 10 business days for the application to be processed. Upon approval of your application, your relevant accreditation documents will be posted to you in the mail.

Accreditation Types

For a full list of accreditation types including bus types, please go to www.taxi.vic.gov.au

Application for Driver Accreditation

Email your application to:
accreditation.applications@taxi.vic.gov.au

SECTION 1 – PERSONAL DETAILS

Driver Licence no:

Surname:

First Name/s:

(including middle names)

Previous Surname:

Previous First Name/s

(including middle names)

Maiden

Previous

Alias

You must provide all of your previous names, if more room is required, list on separate sheet, sign and send the sheet with this application form.

Date of Birth:

Gender: Male

Female

Unspecified

Place of Birth:

Suburb:

State/Territory:

Country:

SECTION 2 – ADDRESS & CONTACT DETAILS

You must provide five (5) years worth of address history. Please include any overseas addresses.

Current Residential Address:

Street:

Suburb:

State

Postcode

Period of Residence:

From:

To:

Postal Address (if different from above):

Street:

Suburb:

State

Postcode

Previous Address 1:

Street:

Suburb:

State

Postcode

Period of Residence:

From:

To:

Previous Address 2:

Street:

Suburb:

State

Postcode

Period of Residence:

From:

To:

If more room is required for your previous address details, list on separate sheet, sign and send the sheet with this application form.

Home Phone:

Mobile Phone:

Email Address:

SECTION 3 – DRIVER LICENCE DETAILS

Driver licence no: Expiry date:

Licence Categories

(Please indicate (x) category types below)

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

Do you hold a probationary or full licence?

- Probationary Full

How long have you held your motorcycle licence?
(if applicable)

Years Months

Firearms Licence no.
(if applicable):

Issued by:

How long have you held a Victorian driver licence?

You must hold a current, full Victorian driver licence and have held a driver licence in Australia or New Zealand for a minimum of six months. If you do not, your application will not be accepted.

Years Months

Have you held a driver licence in another State or Territory in Australia or New Zealand in the last three (3) years?

- Yes No

If yes, you must provide a driving history extract outlining any demerit points or infringements you may have accrued while driving in that State or Territory. Your application cannot be processed without this document.

If yes, in what State/Territory did you hold that driver licence?

SECTION 4 – ACCREDITATION TYPES

Have you ever applied for or held a driver accreditation in Victoria? Yes No

If yes, please provide your accreditation number:

What class of vehicle are you applying for? (Proposed place of work: Please indicate (x) vehicle types below)

- Taxi Hire Car Bus (heavy vehicle endorsement required)

SECTION 5 – MUTUAL RECOGNITION

Are you applying for Mutual Recognition? Yes No (if no, skip to section 6)

If you are applying for Mutual Recognition you must also complete the Mutual Recognition form and provide the required documentation as outlined in that form.

SECTION 6 – PROOF OF IDENTITY (POI)

If you provide certified copies of your full Victorian driver licence and evidence of entitlement to work in one of the below types, it will satisfy the identification requirements for both the Application and to conduct the National Police History Check:

Your Current Victorian Driver Licence	and	Evidence of Entitlement to Work At least one of the following (please indicate (x) below)	
		<input type="checkbox"/> Australian Passport	<input type="checkbox"/> Australian Citizenship Certificate
		<input type="checkbox"/> Australian Birth Certificate	<input type="checkbox"/> Overseas Passport (and Visa)

For a full list of acceptable ID, please refer to the TSC website at www.taxi.vic.gov.au.

SECTION 7 – DECLARATION, CONSENT & PRIVACY INFORMATION

I,
(Surname)

(First name/s)

CONSENT AND DECLARATION – APPLICATION FOR DRIVER ACCREDITATION

1. certify that the information provided in this application is true, correct and complete to the best of my knowledge and that the information provided by me in this application may be considered when issuing a driver accreditation under the Transport (Compliance and Miscellaneous) Act 1983 and during the term of any accreditation issued to me;
2. understand that providing false information is an offence under the Transport (Compliance and Miscellaneous) Act 1983;
3. certify that the information provided by me to the medical practitioner in order to complete the medical certificate and vision acuity assessment in this application form was true, correct and complete;
4. consent to the ongoing checking by the TSC of any criminal, traffic, medical or other records kept by Victoria Police, VicRoads, the Department of Justice and Regulation, the Sheriff's Office, any other government department or agency, any interstate or federal court or interstate law enforcement agency and to 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. Any matters that may be deemed to be relevant to me holding driver accreditation may include certified court extracts, the Law Enforcement Assistance Program (LEAP) narrative relating to an offence and/or the summary of offences obtained from the police brief of evidence;
5. consent to the TSC disclosing my medical information to an independent health professional or review panel and if my medical information is provided to such a professional or panel, I authorise them providing health information about me to the TSC;
6. consent to the disclosure of the status of my accreditation to relevant industry participants and to members of the public, including whether my accreditation is current, has expired, is the subject of lawful administrative action under the Transport (Compliance and Miscellaneous) Act 1983 and the result of that action;
7. if I am granted a driver accreditation, I accept that the TSC may receive complaints about my conduct as an accredited driver, that such complaints may be made by a person who is or may be aware of my identity (Complainant) and that the TSC may investigate the Complainant's complaint. I consent to the TSC, as the case arises and throughout the entire period of my accreditation, disclosing to the Complainant the result of any such investigation;
8. will at all times hereafter sufficiently indemnify and keep indemnified the Chief Commissioner of Police and all employees of Victoria Police from 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;

INFORMED CONSENT – NATIONAL POLICE HISTORY CHECK

9. consent to the TSC disclosing information in this application form to the Australian Criminal Intelligence Commission (ACIC) for the purposes of conducting a National Police History Check (NPHC) with respect to me;
10. declare that the occupation or entitlement being sought by me is 'Taxi Services Commission – Accreditation' and that this occupation or entitlement is likely to involve contact with children or vulnerable groups such as the elderly;
11. acknowledge that my personal information is being collected for the purpose of requesting a NPHC from ACIC and police agencies, and for the assessment of my application for the issue or renewal of a driver accreditation;
12. understand that the purpose for which an NPHC is being undertaken is to enable the TSC to check my national police history in order to assess my application in accordance with the Transport (Compliance and Miscellaneous) Act 1983 or the Road Safety Act 1986 and any Regulations made thereunder;
13. acknowledge that any information provided by me on this form relates specifically to the purpose of making and assessing my application. I acknowledge that any information provided by the police agencies or ACIC relates specifically to the purpose of me making this application and the TSC assessing it in accordance with the Transport (Compliance and Miscellaneous) Act 1983, Road Safety Act 1986 or any Regulations made thereunder;
14. understand that the purpose for which I am seeking an NPHC may be in a category for which exclusions from spent conviction legislation may apply;
15. understand that the meaning or nature of an NPHC is that information provided in this form will be disclosed to ACIC and police agencies for checking action and updating records held about you by ACIC and police agencies. ACIC and police agencies will access their records to obtain and disclose police history information that relates to me to the TSC. That information may include outstanding charges, warrant information and criminal convictions, findings of guilt or pleas of guilt recorded against me. Police history information is disclosed according to the applicable laws of the relevant jurisdiction and, in accordance with the relevant jurisdiction's information release policies. That may include spent convictions legislation;
16. understand that information will be disclosed to persons or bodies in accordance with applicable legislation and information release policies (including spent convictions legislation (however described in the Commonwealth, States and Territories) such as police and government agencies for the purposes of the TSC's or those agencies' lawful functions. I understand that personal information that I provide in this form may be disclosed to the TSC (including contractors or related bodies corporate) located in Australia or overseas;
17. understand that my personal information may be used for general law enforcement purposes and it is usual practice for an applicant's personal information to be disclosed to police agencies for law enforcement purposes including the investigation of any outstanding criminal offences;
18. confirm that I have fully and correctly completed this application form and that the personal information I have provided contains a correct description of my full name and any other names I have previously used, all of my residential addresses in the previous five years, driver's licence details and date and place of birth;
19. understand that I may dispute the Police History Information contained in my NPHC by contacting the TSC in the first instance and if I have any queries about the use, disclosure or collection of my personal information, I may contact the TSC's Privacy Officer by email at privacy@taxi.vic.gov.au or otherwise at the contact details contained on this form;
20. understand that the ACIC Privacy Officer can be contacted on (02) 6268 7000 or privacy@acic.gov.au or GPO Box 1573 Canberra City ACT 2601;
21. consent to:
 - a. ACIC and police agencies using and disclosing my personal information to conduct an NPHC;
 - b. The police agencies disclosing to ACIC, from their records, Police History information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies; and
 - c. ACIC disclosing the information sourced from the police agencies to the TSC;
22. acknowledge that any information sent, by mail or electronically, in relation to my form, including any identity documents, is sent at my own risk and I am aware of the consequences of these methods of lodgement.

INFORMATION COLLECTION NOTICE – Privacy and Data Protection Act 2014

1. The TSC requires you to provide information about you including personal information and sensitive information as defined in the Privacy and Data Protection Act 2014 (Information). The Information is required under the Transport (Compliance and Miscellaneous) Act 1983 (Transport Act). This information will be used for the TSC's functions and activities under the Transport Act, including assessing the application for driver accreditation and if the application is granted, in the monitoring of the person's ongoing suitability to hold a driver accreditation. If it is not provided, the application could be delayed or refused. The Information may also be used for other purposes under the Transport Act such as for the TSC's lawful regulatory purposes, including the prevention, detection, investigation, prosecution or punishment of criminal offences or misconduct.
2. The TSC usually discloses the Information to related transport bodies or associations and government agencies such as ACIC, Victoria Police, other police agencies, VicRoads and the TSC's medical panel any other government agency or other persons whose activities are relevant to the TSC's functions under the Transport Act. The disclosure is for the purposes of the statutory functions of either the TSC or these government agencies or other bodies or persons.
3. You may gain access to the information by contacting or writing to the TSC at the phone numbers or addresses found below.
4. The TSC has a Privacy Policy and this is available on the TSC web site at <http://www.taxi.vic.gov.au/about-us/privacy-policies>. Alternatively you may ask the TSC for a copy of the Privacy Policy at any time or ask that it be sent to you.

DECLARATION - Please indicate (x) next to the following questions:

- Have you been charged with any traffic offence/s where the charge has not yet been determined? Yes No
- Have you been charged with any criminal offence/s where the charge/s has not yet been determined? Yes No
- Have you had your driver licence suspended or cancelled in Victoria or any other State/Territory? Yes No
- Are you subject to any reporting obligations under Sex Offenders Legislation? Yes No

If you answered yes to any of the above questions you must attach a separate page outlining the details.

Please ensure you have read the following 2 statements and tick 'Yes' to confirm.

- I have read and understand the application requirements outlined in the fact sheet and the Information Collection Notice. Yes
- I give consent and make the declarations described above in Section 7 of this application form. Yes

Applicant's
Signature:

Date:

Parent/Guardian Consent – If you are under 18 years of age provide consent below from a parent /guardian.

Parent/Guardian
name printed in full:

Parent/Guardian
Signature:

POI VERIFICATION – (OFFICE USE ONLY)

NOTE: To be completed by the Taxi Services Commission (TSC).

I declare that I have sighted the Applicant's original or certified true copy of documents and that the Applicant has met the Minimum Identity Requirements above for the purpose of conducting a National Police History Check. I am satisfied as to the correctness of the Applicant's identity.

Signature of Authorised Checking Officer:

Printed Name / Stamp of Authorised Checking Officer:

Date:

SECTION 8 – PAYMENT AUTHORISATION

The authorisation on this form will only be used once. Credit card information will not be stored for future use. Visa or Mastercards only, AMEX not accepted. Once payment is processed by the TSC, a receipt will be forwarded to the address provided.

Date:	<input type="text" value="DD / MM / YY"/>
Amount:	<input type="text" value="\$73.20"/>
Name on Card	<input type="text"/>
Signature:	<input type="text"/>

Card Number:	<input type="text" value="□ □ □ □ □ □ □ □ □ □ □ □ □ □"/>
Expiry Date:	<input type="text" value="MM / YY"/>

OFFICE USE ONLY

(Please detach this slip and attach to database receipt)

Accreditation No:

Process Date:

Officer Name/Stamp:



THIS SECTION TO BE DETACHED

Medical and Vision Acuity Certificate

SECTION 9 – TO THE REGISTERED MEDICAL PRACTITIONER

To the registered medical practitioner

This medical examination must be conducted in accordance with the national medical standards described in the current Assessing Fitness to Drive Guidelines 2012. These are available from 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.

Completing the medical assessment

- The applicant will provide you with the driver health questionnaire and is required to sign it in your presence.
- You must complete the clinical examination pro forma 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 and private bus form. Please 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 TSC.

Completing the vision acuteness assessment

- The acuteness of vision of an applicant must be tested by means of a printed chart which has on each face seven horizontal lines of black letters printed on a white background and reducing downwards in the following fractions:

Line 1 – 6/60	Line 2 – 6/36	Line 3 – 6/24	Line 4 – 6/18
Line 5 – 6/12	Line 6 – 6/9	Line 7 – 6/6	

- The chart may be either the three metre or the six metre type and must be placed in the upright position a distance of six metres in the case of a six metre chart, or three metres in the case of a three metre chart, from the applicant and in a light of not less than 100 watts strength.
- An applicant must be shown one face of the chart and must be required:
 - to cover the left eye with palm of the hand and read with the right eye as far down the lines of the chart as the applicant is capable; **and**
 - to cover the right eye with palm of the hand and read with the left eye as far down the lines of the chart as the applicant is capable.
- In order to pass the test for acuteness of vision the applicant must –
 - correctly read line 5 with his or her right eye; and
 - correctly read line 5 with his or her left eye.
- This test may be conducted by an optometrist or medical practitioner within the meaning of the Health Professionals Registration Act 2005. If you have doubts about your patient's suitability to drive, you may suggest a driver assessment or referral to a suitable specialist, which must be indicated on the certificate that is returned to the TSC.

Indemnity

State legislation provides legal indemnity to practitioners who conduct an examination and provide the TSC 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

You may recommend conditions which may enhance driver competency or safety and allow their patient to continue to drive (eg. corrective lenses).

If you recommend a conditional licence, details of the recommended restrictions and reasons must be provided, otherwise a conditional accreditation will not be considered. A conditional licence for a commercial vehicle driver can only be recommended by a specialist in the relevant medical field.

For more information about conditional licences refer to the Assessing Fitness to Drive 2012 publication.

If you believe 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, driver assessment is necessary as the patient will need to demonstrate the ability to drive safely with these restrictions.

If you have any doubts about the information required, or wish to discuss the case personally, please contact the TSC directly.

The TSC may not accept a medical certificate if it is illegible. Care should be taken to ensure that all relevant details have been completed and can be read.

SECTION 9 – MEDICAL AND VISION ACUITY ASSESSMENT (Registered Medical Practitioner to complete)

Part 1 - Patient/Applicant Details

Surname:

First Name/s:

Date of Birth:

Date of Examination:

Part 2 - Medical Assessment (Registered Medical Practitioner to Complete)

I certify that I have examined the above mentioned patient (who is applying for driver accreditation) in accordance with the relevant national medical standards for licensing of Commercial Vehicle Drivers as set out in Assessing Fitness to Drive Guidelines 2012 (as amended to 30 June 2014) guidelines **AND** I was familiar with the patient's medical history prior to this examination / the patient disclosed their full medical history at the time of this assessment. In my opinion the patient:

- Meets the relevant medical criteria for an unconditional Accreditation and requires no further assessment
- Does not meet the medical criteria for an unconditional or conditional Accreditation (provide details of criteria not met in space below)
- Does not meet the medical criteria for an unconditional Accreditation but may be suitable for a conditional Accreditation based on information noted below (provide details of criteria not met, proposed restrictions, suggestions for management and periodic review in space below)
- 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)

Details of medical criteria not met; restrictions; management; review periods and requirements for further assessment.

Part 3 - Vision Acuity Assessment (Registered Medical Practitioner to Complete)

Details of Vision Acuteness Test

Please conduct a vision acuity assessment on the patient using the Snellen Code and provide the result for both Unaided and Aided (if applicable) in the section to the right.

Is the applicant required to wear glasses while driving a commercial passenger vehicle? Yes No

If yes, please provide an aided vision score to the right.

Unaided	Left	Right
	6/ <input type="text"/>	6/ <input type="text"/>
Aided	Left	Right
	6/ <input type="text"/>	6/ <input type="text"/>

Part 4 - Registered Medical Practitioner Details

Doctor's Name:

Practice Address:

Practitioner Number:

Signature:

Telephone:

Medical Practitioner Stamp

Part 5 - Declaration & Consent of Patient / Applicant

I, the above named patient and applicant for Driver Accreditation, declare that the above mentioned registered medical practitioner was familiar with my medical history / I disclosed my full medical history to the above mentioned registered medical practitioner, and consent to the examining medical practitioner providing information to the Taxi Services Commission 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: