

Application for driving instructor authority

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A person who holds a driving instructor authority (Authority) may teach a person to drive a motor vehicle, other than a motor cycle. The vehicle may only have a gross vehicle mass of 4.5 tonnes or less, and with a seating capacity of 12 or fewer adults including the driver, for the term, and subject to any conditions, specified in the Authority.

The Taxi Services Commission (TSC) requires all applicants for an Authority to:

- hold a current full Victorian driver licence granted under section 19 of the *Road Safety Act 1986* (Vic.)
- demonstrate that they are a fit and proper person to hold an Authority
- be qualified to hold an Authority (this includes successfully completing the Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction) TL141210.

If you have held a Victorian driver licence for less than 12 months, you must supply an extract or record from the state or territory authority where you previously held your driver licence that lists any infringements, suspensions or cancellations recorded against your driver licence.

Driving instructors who intend to instruct children under the age of 18 must hold a current Working with Children Check issued by the Department of Justice for 'Employment' purposes only (not 'Volunteer'). Visit www.justice.vic.gov.au/workingwithchildren.

An Authority may be granted if the TSC is satisfied under Section 33(1) of the *Road Safety Act 1986* (Vic.) (Road Safety Act) that the applicant is qualified to hold such an Authority.

Under the *Road Safety Act*, it is an offence for any person to, for financial gain or in the course of any trade or business, teach an unlicensed person to drive a motor vehicle without holding an Authority.

The TSC **strongly recommends** that prior to enrolling in the Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction) TL141210 prospective applicants self-assess their eligibility to hold an Authority against the criteria used by the TSC when determining applications.

This includes:

- (1) Meeting the national medical standards for licensing of commercial vehicle drivers as set out in the publication *Assessing Fitness to Drive 2012*. All registered medical practitioners should have a copy of this publication. Alternatively a current copy is available at www.austroads.com.au. This includes meeting the visual acuity standard (Snellen code) of 6/9 in the better eye and 6/18 in the worse eye.
- (2) Passing a criminal history check. Broadly, applicants will be checked for convictions or findings of guilt for serious violent, sexual, drug related, fraud or dishonesty offences. A conviction or finding of guilt for one or more of these types of criminal offences may result in a person's application for an Authority being refused.
- (3) Passing a driver history check. Broadly, applicants will be checked for serious and/or frequent traffic infringements or offences. A history of serious and/or frequent breaches of the *Road Safety Act* may result in a person's application for an Authority being refused.

Any prospective applicant that has concerns about his or her eligibility to be granted an Authority should contact the TSC.

How to apply:

Applications must be lodged with the TSC in person or by mail together with all supporting documentation described in the checklist on page two. All documents provided with the application must be originals or certified copies. Any application received that does not contain all required documentation will be returned.

Application for driving instructor authority

Driving instructor authority application

Application form checklist

- Complete details about yourself in Section A.
- Authority for information (section B) completed and signed.
- Medical certificate (section C) completed by a registered medical practitioner, which must be dated within the last six months.
- Consent and statutory declaration (section D) completed, signed and witnessed.
- Complete a TSC Informed Consent Form. This allows the TSC to conduct a criminal history check on your behalf. This form is available at www.taxi.vic.gov.au/police-checks
- Two colour passport size quality photographs of yourself that:
 - are current
 - have a plain, light coloured background
 - 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.
- Evidence of successful completion of the Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction). The original or certified copy of the certificate or a statement of attainment of results is acceptable, and must be accompanied by a letter advising if training was completed in a manual or automatic vehicle.
- A certified copy of your Victorian driver licence plus one primary and one secondary evidence document listed on the Proof of Identity (POI) pages.
- A certified copy of your current Working with Children Check issued by the Department of Justice for ‘Employment’ purposes only (not ‘Volunteer’), if held.

An Authority may be issued for up to three years. Please do not attach any payment to the application. Only bank cheques and money orders are accepted via mail and in person at our customer service centre. Upon receipt of payment, your driving instructor authority cards will be forwarded to you by mail.

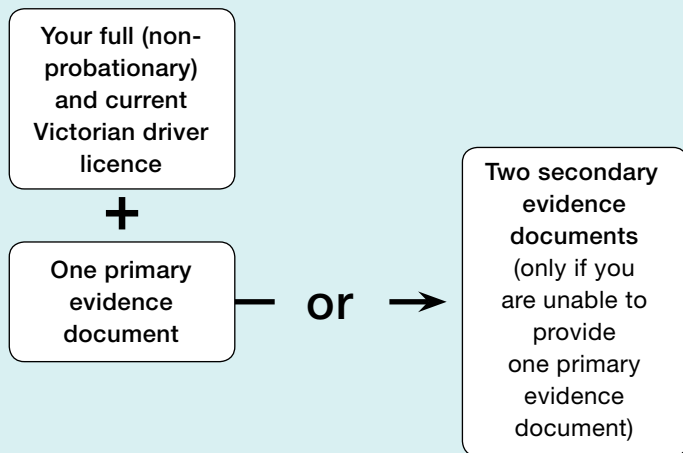
Applicants may be eligible for exemption from some or all course units based on Recognised Prior Learning (RPL). Registered Training Organisations (RTOs) will assist you in assessing your relevant level of experience. Details of RTOs offering the Certificate IV in Transport and Logistics (Road Transport – Car Driving Instruction) may be obtained from the TSC or at www.taxi.vic.gov.au.

Proof of identity (POI) for lodging an application for a driving instructor authority

Proof of identity (POI) for lodging an driving instructor authority

In order to process an application you must provide proof of identity.

The following proof of identity needs to be presented:



Primary and secondary evidence documents must be separate documents. One document must contain your signature.

POI must include a full and current Victorian driver licence.

If presented in person

Only original POI documents will be accepted. These documents will be sighted, copied and returned immediately.

Applying by mail (or if the person whose POI documents are required is not present when application is lodged)

Photocopies of original POI documents need to be certified by either a member of the police force, an accountant (Chartered Accountant (CA), Certified Practising Accountant (CPA), Member of the National Institute of Accountants (MNTA)), bank manager, honorary justice of the peace (JP), medical practitioner, dentist, school principal, veterinary surgeon, pharmacist, barrister or a solicitor and have to be included with the application. Original documents will NOT be accepted and will be returned immediately, delaying the application process. Faxed or emailed copies will not be accepted.

To obtain certification you must present to one of the people listed above the original documents and a photocopy of it.

The person authorised to certify must write on the photocopy 'I certify that this copy is a true and accurate copy of the original' and also state their name, occupation and date.

Primary evidence documents

One of the following current documents must also be produced:

- An Australian passport in your name
- An overseas passport in your name*
- A document of identity issued by the Passport Office (usually issued to travellers to Norfolk Island)
- An Australian Federal Police or officer of Australian Defence Force photo identity card (excluding civilian staff)
- A consular photo identity card issued by the Department of Foreign Affairs and Trade
- A full Australian birth certificate or change of name certificate issued by the registrar of Births, Deaths and Marriages (birth extracts and Commonwealth Commemorative birth certificates will not be accepted)
- An Australian naturalisation or citizenship document, or immigration papers issued by the Department of Immigration and Citizenship or the Passport Office
- A New South Wales (NSW) Photo Card (issued by NSW Roads and Maritime Services from 14 December 2005).

*An overseas passport that has expired by up to two years is acceptable if appropriate Australian documentation can be provided giving strong evidence of permanent residence (eg. a permanent or residency visa).

OR

One of the following documents that is current or expired by no more than two years:

- An Australian passport in your name
- An Australian photo driver licence
- An Australian photo learner permit
- An Australian Defence Force photo licence
- A Victorian boat operator photo licence**
- A Victorian firearm photo licence.**

**Or equivalent interstate photo licence.

Proof of identity (POI) for lodging an application for a driving instructor authority

Secondary evidence documents

One of the following current documents must be produced:

- A Medicare card
- A Pensioner Concession card
- A Department of Veteran's Affairs card
- A current entitlement card issued by the Commonwealth
- A student identity card
- A credit card or account card issued from a bank, building society or credit union.

OR

One of the following documents that is current or no more than two years old:

- A water rates, council rates or land evaluation notice
- A electoral enrolment card or other evidence of enrolment
- Armed services discharge papers
- A Victorian proof of age card issued by the Business Licensing and Regulation section of Consumer Affairs Victoria.

Evidence of Victorian residence

You will need one of the following documents if your Victorian residential address is not shown or is different on your primary or secondary evidence documents:

- A contract of sale, lease or rental document that shows your current address
- A current renewal notice for a driver licence or vehicle registration
- An Australian Taxation Office Assessment (last or current financial year).

Differing name or change of name

Where there is a difference in name between the primary and secondary evidence documents, or to change a name, you will need one of the following documents:

- A marriage certificate issued by a Registrar of Births, Deaths and Marriages in Australia
- Divorce papers (bearing the name being reverted to)
- Deed poll (pre-November 1986 in Victoria)
- A change of name certificate (post-November 1986 in Victoria).

Application for driving instructor authority

SECTION
A

OFFICE USE ONLY

TSC officer must complete this section when determining an application.

Proof of identity Driver licence sighted Second proof (type) Number

As a delegate of the TSC, I have determined this application in accordance with the relevant provisions of the *Road Safety Act 1986 (Vic.)* as follows:

Issue full Authority
 Issue temporary (12 months) Authority
 Refuse Authority

Authority currency period From To

Officer's name (print) Officer's signature Date / /

Authority Number

OFFICE USE ONLY

Motor vehicle driver licence details

Driver licence number Expiry date / /

Do you hold a current full Victorian driver licence? Yes No

Note: You must hold a full Victorian driver licence to apply for an Authority.

How long have you held a Victorian driver licence? Years

Have you ever applied for or held an Authority? Yes No

If yes, state Authority number

Personal details

Surname/family name

First name/given name

Second name 3rd initial

Other names – if different from above (ie. name at birth or former names)

Residential address
 Postcode

Postal address (if different from above)
 Postcode

Email

Male Female Date of birth / /

Telephone mobile Telephone home

Training

Have you successfully completed Certificate IV in Transport and Logistics (Road Transport – Driving Instruction)? Yes No

Which form of vehicle was this qualification obtained? Manual transmission
 Automatic transmission

Originals of the above qualifications attached

Working with Children

Do you intend on instructing students under the age of 18 years on a regular basis? Yes No

If yes, attach a certified copy of your Working with Children Check card.

Authority for information – (applicant to complete)

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 AND INFRINGEMENTS

2. Have you in Victoria, or elsewhere ever been fined, convicted or found guilty of any traffic offences or infringements? 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 or infringements?
If so, state number of points incurred. Yes No
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 or infringements in questions 2 to 5 above (attach sheet if space is insufficient)	Court	Penalty

CRIMINAL OFFENCES

6. Have you in Victoria or elsewhere, ever been fined, convicted or found guilty of any criminal 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 order under Part 2 of the *Serious Sex Offenders Monitoring Act 2005* (Vic.)? Yes No

Year	Details of criminal offences in questions 6 to 9 above (attach sheet if space is insufficient)	Court	Penalty

Medical certificate for driving instructor authority applicant

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

Patient/applicant details (please use BLOCK LETTERS)

Surname

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 be a driving instructor) in accordance with the relevant national medical standards for licensing of Commercial Vehicle Drivers as set out in *Assessing Fitness to Drive 2012*.

In my opinion the patient:

- Meets the relevant medical criteria for an unconditional Authority and requires no further assessment (*no further information required*)
- Does not meet the medical criteria for an unconditional Authority or conditional Authority (*provide details of criteria not met in space below*)
- Does not meet the medical criteria for an unconditional Authority but may be suitable for a conditional Authority 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 Authority 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 did not hold an Authority or held conditional Authority but condition has now improved so as to meet criteria for a conditional or unconditional Authority (*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).

Vision acuteness

I certify that I have examined the above mentioned patient and he/she:

- Meets the minimum acceptable standard of vision acuteness for commercial vehicle drivers
- Does not meet the minimum acceptable standard of vision acuteness for commercial vehicle drivers.

Details of vision acuteness test
(Snellen code)

	Unaided	Aided		Unaided	Aided
Right eye	6/	6/	Left eye	6/	6/

Registered medical practitioner details (please use BLOCK LETTERS)

Date of examination	<input type="text"/> / <input type="text"/> / <input type="text"/>	Registered medical practitioner's name	<input type="text"/>
Practice address	<input type="text"/>		Signature
	<input type="text"/>		
	Postcode <input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>

Consent of patient/applicant

I, the above named patient and applicant for an Authority, 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 / /

Consent and statutory declaration

Surname

First name/given name

Consent:

I acknowledge that I have read and understood the
Privacy Statement and

- consent to the ongoing checking by the TSC of any criminal or other records kept by Victoria Police 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 driving instructor authority
- consent to the ongoing checking by the TSC of any traffic or other records kept by 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 driving instructor authority
- consent to my medical reports and any other relevant personal and/or health information that affects my ability as a driving instructor held by VicRoads being released to the TSC records and any other relevant personal and/or health information about me for the purposes of assessing my suitability to hold a driving instructor authority and the TSC using the information contained in my medical
- consent to the TSC disclosing my medical information and any other relevant personal and/or health information that affects my ability as a driving instructor to an independent health professional or review panel and if my medical, personal and/or health information is provided to such a professional or panel, I authorise them providing that information to the TSC
- consent to the TSC providing information to VicRoads if the independent health professional or review panel provides medical, personal and/or health information about me that affects my ability as a driving instructor to the TSC
- consent to the disclosure of the status of my driving instructor authority to relevant industry participants
- consent to my information being published on the public register, specifically my Authority number the status of my Authority and the transmission type of the vehicle in which I will instruct.

- 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.

Signature of applicant

Date

Application for driving instructor authority

Declaration:

I declare that:

- all of the information provided in this application form is true and correct and that this declaration is made in the knowledge that a person making a false declaration is liable to the penalties of perjury
- the information provided by me to the medical practitioner in order for the medical certificate and vision acuity certificate in this application form to be completed was true and correct
- I have listed details of any charges pending, charges proven or convictions against me for any criminal offence, either in Victoria or elsewhere

Declared at (city/suburb)

this day of (month/year)

<input type="text"/>	<input type="text"/>
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Signature of person making this declaration (to be signed in front of an authorised witness)

Date

Before me,
(Signature of authorised witness)

Date

Address (of authorised witness)

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

The authorised witness must print or stamp his or her name, address and title under section 107A of the *Evidence Miscellaneous Provisions) Act 1958 (Vic.)* (as of 1 January 2010), (previously *Evidence Act 1958*), (eg. justice of the peace, pharmacist, police officer, court registrar, bank manager, medical practitioner, dentist).

Protecting your privacy

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

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Taxi Services Commission Privacy Policy

1. Introduction

This policy sets out the manner in which the Taxi Services Commission (TSC) will collect, use, hold, disclose and dispose of personal information and health information. This policy may be varied from time to time.

2. Definitions of personal, sensitive and health information

The TSC will collect, hold and disclose personal information and health information in accordance with the Information Privacy Principles (IPPs) set out in the *Privacy and Data Protection Act 2014* (Vic) (PDP Act) and the Health Privacy Principles (HPPs) set out in the *Health Records Act 2001* (Vic) (HRA).

2.1 Definition of personal information

Under the PDP Act, 'Personal Information' means any information or opinion (including information or an opinion forming part of a database), that is recorded in any form about an individual whose identity is apparent or can easily be ascertained from the information or opinion, but does not include information to which the HRA applies.

2.2 Definition of sensitive information

Under the PDP Act, there is a subset of personal information called 'Sensitive Information' which includes 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.

The PDP Act applies stricter provisions on how sensitive information is used. Where the TSC collects Sensitive Information about you, it will ensure that it complies with these provisions.

For the purposes of this policy, a reference to Personal Information will include Sensitive Information.

2.3 Definition of health information

Under the HRA, 'Health Information' means information or an opinion about an individual's physical, mental or psychological health, a disability, an individual's expressed wishes about the future provision of health services or a health service provided which can be linked to a living or deceased individual.

3. Collection of Personal and Health Information

The TSC only collects Personal Information or Health Information from an individual that is necessary for its functions or activities, the activities of managing or administering that function or activity, or as required by law in regard to its statutory obligations.

The TSC will take reasonable steps to collect information directly from the individual. The TSC may collect information via written or electronic correspondence including telephone, email, fax and/or social media such as Facebook and Twitter. Information may also be collected in person.

The TSC may collect Personal Information or Health Information from you when you:

- apply for accreditation as a driver, permit holder (operator), or Taxi Booking Service (Network Service Provider);
- apply for a job with the TSC;
- request to be placed on the TSC's mailing list;
- make an inquiry or give comment about the TSC's functions and services; or
- lodge a request for access to documents under the *Freedom of Information Act 1982* (Vic.) (FOI Act).

The types of Personal Information the TSC may request from you include your name, date of birth, contact details, qualifications and employment history and the types of Health Information that the TSC may collect from you, include information relating to your physical or mental health or any disability you may have.

3.1 Types of specific Personal Information the TSC may collect

3.1.1 Supplying commercial passenger vehicle services, commercial or local bus services or driving instructor services

If you are involved in the supply of commercial passenger vehicle services (including services relating to taxi-cabs, hire cars, restricted hire cars and special purpose vehicles), commercial or local bus services, or driving instructor services, we may collect or use your Personal Information or Health Information where required.

3.1.2 Security cameras in taxi-cabs

If you have been a passenger in, or drive a taxi-cab, you may have been photographed and/or filmed by a security camera installed in the taxi-cab. If you were, those photographs and/or film may contain your Personal Information. We may collect or use that Personal 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.

3.1.3 Multi Purpose Taxi Program members

If you apply to become a member of the Multi Purpose Taxi Program, we may collect or use your Personal Information or Health information, or disclose it to another governmental agency, medical practitioner or independent health panel where this is required to assess your eligibility under the membership program or application process.

3.2 Collection statement/notice

Where the TSC collects Personal Information from you, it will take reasonable steps to ensure that you are given a collection statement that sets out the purpose for collecting that information, how that information will be used and the consequences, if any, for not providing the information. Wherever it is lawful and practical, the TSC will provide you with the option of not identifying yourself.

4. Use and disclosure of Personal Information or Health information

The TSC will only use or disclose Personal Information or Health Information as set out in this Privacy Policy or for the purpose which was either specified or reasonably apparent at the time of collection unless you have consented to, or would reasonably expect, another related use.

4.1 Disclosure required by law

In certain circumstances, the TSC may be required by law to provide Personal Information or Health Information to another organisation. Examples include warrants, court orders or demands to provide documents permitted under legislation. Examples of organisations with these powers include ASIO, ASIS and Centrelink.

Under Division 6A of Part VI of the *Transport (Compliance and Miscellaneous) Act 1983*, the TSC is required to keep a register of taxi industry participants (Register) and to make the Register publicly available, including on its website. The Register must include the name of each person who holds:

- accreditation as a taxi-cab operator;
- accreditation as a provider of taxi-cab network services;
- accreditation to drive a commercial passenger vehicle;
- a hire car licence; or
- a special purpose vehicle licence, and any other information prescribed by regulations.

The TSC may also include on the Register for each person whose name is on the Register:

- business contact details including a telephone number, facsimile number, postal address, email address and internet address;
- details of any taxi-cab network service provided by the person; and
- the number of taxi-cabs operated by the person.

Information about a person whose name is on the Register will only be included with the person's consent or after the person has been given 28 days' notice of the information that will be published (this notice is given on all TSC application forms). A person may apply to the TSC to restrict public access to information that is included on the Register. The TSC will only approve such an application if satisfied that there are exceptional circumstances that justify the restriction.

4.2 Disclosure authorised by law

In certain situations, the TSC is authorised to disclose Personal Information or Health Information to related transport and government agencies. Examples include booking services/associations, bus depots/associations, driving instructor associations, Melbourne Airport and relevant state and federal government agencies including Victoria Police and VicRoads.

We may do so if necessary to investigate or report on:

- whether you are, were or will be suitable to be involved in the supply of commercial passenger vehicle services (including services relating to taxi-cabs, hire cars, restricted hire cars and special purpose vehicles), commercial or local bus services or driving instructor services; or
- whether you have broken the law in the course of your involvement in the supply of commercial passenger vehicle services (including services relating to taxi-cabs, hire cars, restricted hire cars and special purpose vehicles), commercial or local bus services or driving instructor services.

Personal Information may be shared with related government agencies via phone, email, post, fax or a shared database. Personal Information shared may include names, drivers licence numbers, credit card details and police records.

4.3 Disclosure to third party contractors

From time to time the TSC may contract out some of its functions and services, for example IT and market research. In these situations your Personal Information or Health Information may be shared with third parties. Where the TSC engages third party providers, it will ensure that these parties have suitable data protection programs and privacy policies in place.

4.4 Disclosure outside Victoria

The TSC will only transfer your Personal Information or Health Information to another individual or organisation outside Victoria in limited circumstances, including when the recipient is subject to a law which upholds similar principles to the IPPs or HPPs, or you consent to the transfer. Specific disclosures will be made with consent or otherwise in accordance with the use and disclosure standards of the PDP Act and the HRA.

5. Data security and destruction

Irrespective of whether your Personal Information or Health Information is stored electronically or in hard copy form, the TSC will take reasonable steps to protect it from misuse and loss, and from unauthorised access, modification or disclosure.

The TSC will also take reasonable steps to destroy or permanently de-identify your Personal Information or Health Information if it is no longer required for the TSC to perform its regulatory functions.

6. Data quality, access and correction

The TSC will take reasonable steps to ensure that any Personal Information and Health Information it holds is accurate, complete and up to date. You are entitled to contact the TSC Privacy Officer (contact details are set out below) and request access to and correction of any of your Personal Information or Health Information held by the TSC.

Under Section 169ZC of the *Transport (Compliance and Miscellaneous) Act 1983*, the TSC may, if it decides that it is necessary to do so, correct any error or omission in the Register or the public version of the Register (refer to section 4.1).

6.1 Freedom of Information requests

Access to some information that the TSC holds may require a formal request under section 17 of the *Freedom of Information Act 1982* (Vic). Your FOI application and any queries should be made to:

TSC Freedom of Information Officer

Taxi Services Commission, Lower Ground Floor, 1 Spring Street, Melbourne, VIC 3000

Telephone: 1800 638 802 Facsimile: 03 8683 0777 Email: FOI@taxi.vic.gov.au

7. Unique identifiers

A unique identifier is a code consisting of letters or numbers (not the individual's name) that is assigned to an individual to distinguish them from other individuals, for example a driver's licence number or tax file number.

The TSC will not:

- assign, use or disclose unique identifiers to individuals unless it is necessary to do so to carry out one of its organisational functions efficiently;
- adopt, use or disclose a unique identifier assigned to you by another organisation except in limited circumstances; or
- require you to provide a unique identifier in order to obtain a service, unless it is required or authorised by law or connected to the purpose for which the unique identifier was assigned.

The TSC generally assigns a unique identifier if you are, have been or seek to become:

- involved in the supply of commercial passenger vehicle services; or
- a member of the Multi Purpose Taxi Program.

8. Privacy complaints

If you believe that your Personal Information or Health Information has been used by TSC in a manner contrary to the PDP Act or HRA, you may contact the TSC Privacy Officer (on the details below) or lodge a complaint with the Commissioner for Privacy and Data Protection at: www.dataprotection.vic.gov.au.

Information for submitting complaints to the Health Services Commission in respect of your Health Information is available at: www.health.vic.gov.au/hsc

9. Further information and contact details

Further information about the TSC's Privacy Policy is available at the TSC website, or can be requested by contacting the TSC Privacy Officer. All requests and communications may be made to the TSC Privacy Officer at:

The TSC Privacy Officer

Legal & Regulatory Services, Taxi Services Commission, GPO Box 1716, Melbourne VIC 3001

Telephone: 1800 638 802 (toll-free) Email: privacy@taxi.vic.gov.au

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Driving instructor health questionnaire

This questionnaire must be completed in order to help your medical practitioner assess your fitness as a driving instructor.

Note: This is not sufficient documentation of a medical assessment, it is for reference only and should be retained by the medical practitioner following the assessment.

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?

Yes No

2. Are you receiving any medical treatment or taking any medication (prescribed or otherwise)?

Yes No

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

3. Please tick the box 'No' or 'Yes' in response to the following:
Have you ever had, or been told by a doctor that you had, any of the following?

- | | No | Yes |
|--|--------------------------|--------------------------|
| 3.1 High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Heart disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 Chest pain, angina | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 Any condition requiring heart surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 Palpitations/irregular heartbeat | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 Abnormal shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.7 Head injury, spinal injury | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.8 Seizures, fits, convulsions, epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.9 Blackouts or fainting | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.10 Migraine | <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"/> |
| 3.13 Double vision, difficulty seeing | <input type="checkbox"/> | <input type="checkbox"/> |

- | | No | Yes |
|--|--------------------------|--------------------------|
| 3.14 Colour blindness | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.15 Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.16 Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.17 Neck, back or limb disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.18 Hearing loss or deafness or had an ear operation or use a hearing aid | <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"/> |
| 3.20 Do you smoke or have you ever been a smoker? | <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"/> |
| 3.22 Do you use illicit drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

4. Please tick the box 'Yes' or 'No' 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?

Yes No

4.2 Has anyone noticed that your breathing stops or is disrupted by episodes of choking during your sleep?

Yes No

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

Driving instructor health questionnaire (continued)

Epworth sleepiness scale

4.3 How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling 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"/>

Driving instructor health questionnaire (continued)

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.

5. Please circle the answer that is correct for you:

Do you drink alcohol?

(If 'No' please proceed to the driving instructor 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 alcoholic 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 alcohol 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 alcohol?	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 alcoholic 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 alcohol?	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 alcohol?	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 alcohol?	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 alcohol drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Driving instructor 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 *Road Safety Act 1986* (Vic.).

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 Taxi Services Commission.

Application for driving instructor authority

**REGISTERED
MEDICAL
PRACTITIONER
TO RETAIN
THIS FORM**

Clinical examination pro forma

This is to be completed by the medical practitioner and retained for their records, it should not be returned to the Taxi Services Commission.

Findings relevant to the person's fitness to drive should be recorded on the medical certificate (section C) supplied by the Taxi Services Commission.

The examiner will be guided by findings in the questionnaire or a referral letter and may apply appropriate tests other than those outlined here, for example Mini Mental State Questionnaire or equivalent for cognitive conditions.

Applicant's details

Surname/family name	First name/given name
<input type="text"/>	<input type="text"/>

Address

<input type="text"/>				
<input type="text"/>				
Postcode			<input type="text"/>	<input type="text"/>

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 *Assessing Fitness to Drive 2012* publication (attach additional pages if required).

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

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