

Please complete the white sections of this form and sign below.
Please print clearly in ink using BLOCK letters.

Your personal details

Surname					Given name(s)																	
Home address																						
															Postcode							
Contact phone number (<i>mobile preferred</i>)																						
Date of birth		D	D	M	M	Y	Y	Y	Y	Driver licence number												

Consent

The examining practitioner may require you to fill in this form prior to any medical report being sent to The Department of Transport and Planning ABN 69 981 208 782 ('Department') and R&L Services Victoria Pty Ltd ABN 28 657 005 493 (as Trustee for the Victorian R&L Services Trust ABN 96 342 123 072), known as 'VicRoads' and acting on behalf of the Secretary to the Department, ('we, us'). Please complete it and hand it to your examining practitioner. Your examining practitioner should include a copy of this completed consent with the report.

There is no need for you to return this form directly to us, it should just be given to your examining practitioner.

dtp.vic.gov.au/privacy explains how we handle your personal and/or health information, including your rights to access and correct it.

Any personal and/or health information that we collect from you in connection with the administration of your driver licence or marine licence will be used for that purpose and may be used for other purposes permitted by applicable laws. This personal and/or health information may be disclosed to contractors and agents of VicRoads or other bodies advising VicRoads on the medical fitness of drivers, occupational therapists, law enforcement agencies, other road and traffic authorities (including Safe Transport Victoria, and the Transport Accident Commission), courts and other persons authorised to obtain it under applicable laws. You are required to give this information to us by the Road Safety Act 1986, Marine Safety Act 2010 and their associated regulations.

Failure to provide this information may result in your application not being processed, your driver licence records or marine licence records not being properly maintained, or your authority to drive on your interstate driver licence/learner permit or overseas driver licence removed. For other agencies or persons authorised to obtain your personal and/or health information, you should contact the agency directly for further information about their use and your rights of access to it.

I agree to the examining practitioner completing the report and forwarding it to The Department or VicRoads and agree to the use and disclosure of personal and health information contained in the report in accordance with the above statement. I agree to pay all the expenses connected with this report.

Signed																	
Date		D	D	M	M	Y	Y	Y	Y								