Corporate SmartRider Card Application Form

The Corporate SmartRider Card is for business use only

Please ensure you have read the guidelines before applying for the Corporate SmartRider Card. Complete your details below which will be discussed with a Client Liaison Officer (CLO) at your appointment.

Section A: Contact Details

Surname:			
Given Name:			
Hospital Site:			
Department:			
Phone:	**Mobile:**		**Work:**
Home address:			
Personal Email: (if no email, a contact address must be provided)			
Employee No:		**HE Number:**	

Section B: Work Details

Please tick if you have you been on the program before? ☐

Corporate SmartRider Travel Nomination							
Shifts per fortnight	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Other – Please provide details							
Do you require TransPerth parking?	☐	Vehicle Registration					

Do you have a current parking permit? If yes, you may be required to surrender your parking permit, please contact your parking department for more information.

Section C: HSP Authorisation

HSP Approval to access the Scheme
Required if requesting an exemption to the Corporate SmartRider Card Guidelines

Name of Approving Officer	
HE Number and Title	
Signature	

Section D: Deduction for Direct Debit – move to section E

'For HSS office use ONLY'

Corporate Smartrider Card # (issued at appointment)			
No. of Days per fortnight to use the card:		**Transperth zone:**	
Calculations - to be discussed & completed by an appointed officer at your appointment	**Parking at Station:** $ ($2.00 x days)	**Deduction per fortnight:** $	**PTA total on card:** $

Section E: Direct Debit Request

1. Declaration

I acknowledge that this application is for a Corporate Smartrider Card, and that I am a permanent WA Health employee or temporary WA Health employee with an employment contract of 6 months or longer. By signing this form below, I declare that I have read the Corporate Smartrider Guidelines and will use the Corporate Smartrider Card for work purposes only.

I understand the following:

- HSS has the right to withdraw my card at any time should an audit prove that I have misused the card as outlined in the guidelines.
- In the event of a card being lost or damaged, a fee of **$22.00** will be charged to cover a replacement card and administration. However, if a card is faulty (and confirmed by Transperth) or stolen, no fee will apply.
- If I go on leave for 2 weeks or more, I should inform HSS to suspend funds, so the balance does not increase.
- If I need to top up the card prior to the next payment, I can add value to the card on the bus or at bus / train station or via BPay. However, the discount will be 10% and not the PTA 20% corporate discount until the next payment.
- If I cancel within 8 weeks of the first processing date, there is a fee of **$22.00**. This covers the cost of the card and administration to process any refunds.
- If I leave my employer (Department of Health), or cancel the card, any refund on the card will be calculated minus the 18.75% HSS contribution.

I _____ request and authorise Health Support Services (APCA ID 403342) to arrange for funds to be debited from my account at the financial institution identified below through the Bulk Electronic Clearing System (BECS). This authority is in accordance with our Corporate Smartrider agreement and subject to the following conditions:

Maximum amount to be debited: $_____ Frequency debit: Fortnightly

First Payment date _____

2. Payment Details:

- Direct debit, through the BECS, is not available on all accounts.
- The employee is advised to check their account details with their financial institution, before completing this Direct Debit Request form.

The payment is for: Corporate Smartrider

Identify by the number **(Employee ID):** _____

3. Details of the Account to be Debited **(all details must be supplied):**

Bank name: _____

Account Name: _____Branch name: _____

BSB: _____ - _____ Account number: _____

4. Direct Debit Service Agreement:

4.1 The employee will be advised 14 days in advance of any changes to the Direct Debit arrangement.

4.2 For all matters relating to the Direct Debit Request, including cancellation, alteration or suspension of drawing arrangements, stopping or deferring a payment, or to investigate or dispute a previous payment, you should allow 8 business days for the amendments to take effect or a response to be given to a dispute.

4.3 The Direct Debit can not be used for lost card payments.

4.4 The payments will be on the next day of the payroll payment. If the due date for payment falls on a non-working day or public holiday, the payment will be processed on the next working day.

4.5 For all matters relating to the Direct Debit arrangements, the customer will need to:

- Call our Corporate Smartrider team on 13 44 77 option 3 option 3.
- Email correspondence to Smartrider.Scheme@health.wa.gov.au
- It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.

4.6 HSS ensures that all employees' records and account details will be kept private and confidential. Details will only be disclosed at your request or at the request of the Financial Institution in connection with a claim made to correct / investigate an alleged incorrect or wrongful debit or otherwise as required by law.

4.7 I authorise the following:

- The Debit User to verify the details of the above-mentioned account with my Financial Institution.
- The Financial Institution to release information allowing the Debit User to verify the above-mentioned account details.

4.8 The amount debited is subject to change, in accordance with increases / decreases by the Public Transport Authority (PTA). Any alteration to the amount will be notified to the employee by HSS in writing 14 days prior to the change, subject to notification from the PTA.

EMPLOYEE FULL NAME: _____ SIGNED: _____

DATE: _____

Section E: Authorisation

This form must be authorised by the officer conducting the appointment to become valid.

STAFF MEMBER NAME: _____ SIGNED: _____

DATE: _____

Section F: Processing Your Application

This application form can only be processed by an officer at your appointment. A new Corporate Smartrider Card will be issued at the appointment; however, the deductions will only begin from the next payment cycle indicated by the HSS staff member.

For further information:
Website: ww2.health.wa.gov.au/Articles/J_M/Metropolitan-Access-and-Parking-Strategy/TravelSmart
Email: Smartrider.Scheme@health.wa.gov.au
Phone: 13 44 77 option 3 option 3

10/11/2026