Queensland Government

Patient Travel Subsidy Scheme (PTSS)

Repatriation Request (Form E)

Section A – Patient details (patient representative, HHS or specialist to complete)

Title:	Given name(s):	Family name:	Date of birth (DD/MM/YYYY):

Date of death (DD/MM/YYYY):	Place of death (Hospital / Facility name):

Does the deceased identify as being of Aboriginal or Torres Strait Islander descent?:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Patient escort details

Title:	Full name:	Date of birth (DD/MM/YYYY):	Contact number:

Notes:

Section B – Evidence

Please attach evidence to facilitate transport

☐ Life Extinct Form ☐ Funeral Director invoice for transport ☐ Other:

Name of Funeral Director:	Contact details:

Section C – Return travel for Escort (if travel not booked, specialist or treating HHS to complete)

Date ready to travel home (DD/MM/YY):	☐ Morning ☐ Afternoon

Recommended return mode of travel: ☐ Private motor vehicle ☐ Air ☐ Bus ☐ Rail ☐ Ferry

Section D – Approving hospital details (Home HHS)

Hospital name:	Contact person:	Contact number:

Transport authorised to:

Transport details:

Notes:

Section E – Escort declaration (Patient escort to complete)

The information provided is true and accurate at the time of application. I give my permission for Hospital and Health Service staff to obtain information about the deceased patient for the purpose of administering my application. I understand that the family of the deceased patient is responsible for making the transport arrangements with the Funeral Director in consultation with Hospital and Health Service staff. I understand that repatriation is for transportation costs and excludes costs associated with the funeral service.

Escort signature:	Date (DD/MM/YY):

Hospital and Health Service use only

I, as the medical superintendent (or representative), authorise the above transport as required.

Approver name:	Approver signature:	Date (DD/MM/YY):