



MEMBERSHIP RENEWAL AND CONSENT FORM DECLARATION

DECLARATION AND CONSENT:

The information you are asked to provide on this form will be kept confidential and only used to determine eligibility for membership of the Scheme and to inform the ACT Government of transport needs for people with disabilities.

- I certify that I am still unable to use public transport due to my disability and the information provided on this form is correct.
- I will continue to abide by the conditions governing the use of this scheme and acknowledge that any misuse of the subsidy provided may lead to the cancellation of membership and/or legal action.
- I consent to my doctor or occupational therapist providing any necessary information if required by the ACT Taxi Subsidy Scheme for the purpose of assessing my continued eligibility for membership of the Scheme.
- I consent to my information being provided to Cabcharge and to be used to inform the ACT Government of transport needs for people with disabilities.

Name of applicant:

Applicant signature: **Date:**

(If not signed by applicant, please provide a copy of Power of Attorney or Guardianship documentation)

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