



MEMBERSHIP APPLICATION DECLARATION

DECLARATION:

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 unable to use public transport due to my disability and that the information provided on this form is correct.
- I understand that if my application is approved, I may be required to undergo periodic reviews to confirm my continued eligibility to access the subsidy.
- If this application is approved, I will 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 the necessary information required by the ACT Taxi Subsidy Scheme for the purpose of assessing my 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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