



## PART A – APPLICANT DETAILS

Applicant to complete all of Part A, sign the declaration & provide proof of ACT residency.

<b>Family name:</b>		
<b>First name:</b>		
<b>Middle name(s):</b>		
<b>Date of birth:</b>		
<b>Current residential address:</b>	Street number & name:	
	Building/complex name (if applicable):	
	Suburb:	
	State:	Postcode:
<b>Postal address:</b> (If different from above)	Street number & name:	
	Building/complex name (if applicable):	
	Suburb:	
	State:	Postcode:
<b>Daytime telephone:</b>	(   )	
<b>Mobile number:</b>		
<b>Email address:</b>		
<b>Preferred method of contact:</b>	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Alternative Contact	

### ALTERNATIVE CONTACT PERSON:

<b>Name of contact:</b>	
<b>Relationship to applicant:</b>	
<b>Contact phone number:</b>	
<b>Email address:</b>	

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you a permanent resident of the ACT?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you previously applied for or joined the ACT Scheme? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a member of an interstate taxi subsidy scheme?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require assistance with communication/language?    | <input type="checkbox"/> | <input type="checkbox"/> |

Assistance required: .....

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 5. Are you able to use a standard taxi? (No, if wheelchair taxi required) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your disability affect your ability to use the bus?               | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional Comments / Information:**

.....  
 .....

**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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