MEMBERSHIP APPLICATION DECLARATION

DECLARATION:

documentation)

	ermine eligibility for membership of the Scheme and to inform the ACT Government of ort 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

The information you are asked to provide on this form will be kept confidential and only used

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