Membership Renewal and Consent Form ACT Taxi Subsidy Scheme

Please complete this form and return to our office along with your proof of ACT residency and updated photo (optional).

Name:	
Date of birth:	
Residential address:	
Postal address:	
Daytime telephone:	
Mobile number:	
Email address:	
Preferred method for correspondence:	☐ Email ☐ Post ☐ Alternative Contact Person *Please note, any new Smartcards will be sent to the member's postal address, regardless of the selection made here.*

Alternative Contact Person:

Name of contact:	
Relationship to applicant:	
Contact phone number:	
Email address:	

PROOF OF RESIDENCY ATTACHED

☐ A photocopy of a document demonstrating permanent ACT residency

(For example: current Centrelink card, utilities account, bank statement, ACT Services Access Card)

PHOTOGRAPH FOR SMARTCARD ATTACHED

☐ One full colour passport size photograph (optional)

(If a photograph is not attached, the last photograph provided will be used for your Smartcard)

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: .....

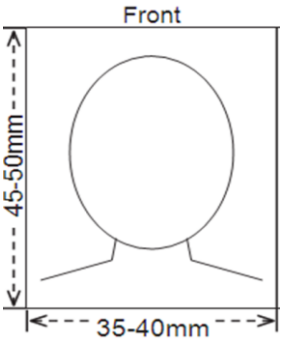
Applicant signature: ..... **Date:** .....
(If not signed by applicant, please provide a copy of Power of Attorney or Guardianship documentation)

Privacy Statement: *Information collected by the ACT Revenue Office (ACTRO) is protected by secrecy provisions contained in Acts administered by ACTRO and is used for the purposes of administering those Acts. In addition, personal information and personal health information provided to ACTRO is protected by the Information Privacy Act 2014 and the Health Records (Privacy and Access) Act 1997 , respectively. Information (including personal information) is not disclosed to any third party without the consent of the person involved, unless authorised by law.*

Please go to our website www.revenue.act.gov.au to read or print out a copy of our privacy policy which sets out how personal information is collected, used and disclosed by the Commissioner for ACT Revenue and the ACT Revenue Office, how you may access and seek correction of your personal information, and how you may complain about breaches of privacy.

SMARTCARD PHOTO IDENTIFICATION

APPLICANT NAME:		**DATE OF BIRTH:**	



The photograph must:

- Be in colour
- Be no more than six months old
- Be passport size, which is 45-50mm high and 35-40mm wide
- If printing a hard copy photograph, it must be printed on photo-quality paper without visible pixels or dot patterns
- Have plain, light coloured background
- Show applicant's head and top of shoulders
- Show the applicant looking directly at the camera with eyes open (if possible)
- Show the applicant with his/her hat and sunglasses removed
- A high-resolution colour photo can be taken by a mobile phone and emailed with your application

If attaching the photo to the above form, please use a paperclip only, DO NOT pin, staple or glue your photograph to this form.

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