

1.	Family Name: _____	First Names: _____	
	Known as: _____	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
2.	Street Address: _____		
	Suburb: _____	Town or City: _____	Post Code: _____
3.	Postal Address if different from above: P O Box: _____		
	Street Address: _____	Suburb: _____	
	Town or City: _____	Post Code: _____	
4.	Contact Details: Home Phone: _____	Work Phone: _____	
	Cell phone: _____	Email: _____	
	TTY: _____	Fax: _____	
	Another contact person: _____	Phone: _____	
	I can be contacted by: <input type="checkbox"/> Letter <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Contact Person		
	My preference for all communication is: _____		
5.	What is/are your ethnic group/s? _____		
6.	What is your first language? <input type="checkbox"/> English <input type="checkbox"/> Other (please state) _____		
7.	What is your residency status? <input type="checkbox"/> NZ Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Holder of an open work permit		
8.	Who suggested you should apply? _____		
9.	Is any agency or organisation assisting you to find or stay in training or study? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	If yes, what is the name of the agency or organisation? _____		
10.	What is your main source of income? <input type="checkbox"/> Employment <input type="checkbox"/> Work and Income <input type="checkbox"/> Family/Partner		
	<input type="checkbox"/> ACC <input type="checkbox"/> Sheltered Employment <input type="checkbox"/> Self Employment <input type="checkbox"/> Other sources		
11.	Do you receive any assistance from Work and Income? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	What is your Work and Income client number? _____	Assistance Type: _____	
12.	What is your disability? _____		
13.	Describe how your disability affects your training or study? _____		
	<input type="checkbox"/> Continued on another page attached to this application		
14.	Describe the assistance you need (Include quotations if you have them.) _____		
	<input type="checkbox"/> Continued on another page attached to this application		

15.	What major qualification do you hope to achieve?	Completion date:
16.	What is the name of the course you have enrolled on?	
17.	What is the name of the Training Provider?	
18.	Who can we contact about your course?	Phone:
19.	What job do you hope to get when you have completed your studies?	
20.	Career Plan: Apart from this course, what else do you need to do to get the job you want?	
		<input type="checkbox"/> <input type="checkbox"/>
21.	Are you receiving any grant or subsidy to assist with your disability costs?	Yes – go to Q22 No – go to Q26
22.	Who are you receiving assistance from?	
23.	What is the assistance for?	
24.	How much is the grant or subsidy? \$	
25.	Where/who else have you approached for funding?	
26.	Why did you not get funding?	

PRIVACY AND COMPLAINT INFORMATION Your information is held in a secure manner in accordance with the principles of the Privacy Act 1993 & the Health Information Privacy Code 1994, at the Workbridge centre where you submit this application. The personal information held by Workbridge about you will be used for the purposes of considering your eligibility for the Support Fund & for associated administration purposes. The Privacy Act & the Health Information Privacy Code gives you the right to see & request correction of any information about you that is held by us. Phone 0508 858 858 if you wish to obtain a copy of any information held by Workbridge about you. By signing this agreement you agree that relevant information may be provided to, or collected from other parties working with Workbridge on your behalf. Other parties that might be included are your employer (with your explicit permission only), your Agent (if any), Occupational Therapist or any other person required for the purpose of evaluating your application or providing you with support. You also agree that, upon request from the Ministry of Social Development, any information relating to your application for Support Funds held by Workbridge can be given to the Ministry. Additionally, Workbridge's performance may be audited by the Ministry as the Support Fund owner & you may be contacted as part of that process. If you have a complaint about any aspect of Workbridge service, you can raise this directly with the manager of your local Workbridge centre, the Health

& Disability Commissioner, or any other person or organisation who represents you.

DECLARATION I have read & understood the terms of this application, including my agreeing to Workbridge providing information to other parties as stated above. To the best of my ability the information given here is true & complete. Details have been provided to the best of my ability. I accept that if information supplied is later found to be false or misleading, this may lead to a review of my eligibility for Support Funds. I agree that an Assessment may be required to be carried out by an Occupational Therapist or Assistive Technology Specialist as part of my application in order to determine the correct assistance to best meet my needs. If such Assessment is mandatory for my application, I agree to the Assessment being carried out & I agree that the cost of such Assessment will be paid for out of the Support Fund allocation provided to me. I agree that where Workbridge accepts my application for Support Funds, I may be required to provide receipts to Workbridge for the purposes of verifying payments made from the Support Fund. I understand that if I do not agree with the outcome of my application I may apply to the Support Funds Review Committee for an independent review. A Support Funds Review Application is available from any Workbridge centre.

Name of Applicant/Agent	Person who completed this form	EC accepting Application
_____	_____	_____
Date of Application _____	Relationship to Applicant _____	Date Received _____
Signature of Applicant/Agent _____	Signature _____	EC Signature _____

If signed by agent has an agent form been sighted and attached to application? YES NO

AGENT TO SIGN

I am the Agent for the applicant and confirm that in completing this form on the applicant's behalf that the responses are true and correct to the best of my knowledge and belief and that I have taken reasonable steps to verify the responses.

SIGNATURE OF AGENT _____ DATE _____





Documents you will need for your Training Support Application

Use this checklist to make sure you have everything for your application.

1. IDENTIFICATION

Choose one form of identification with your photo printed on – see list **(A)** or you can bring two forms of identification that do not have your photo on – see list **(B)**.

(A) Identification with a photo – **Select one**

- Driver Licence
- Firearms Licence
- Passport
- 18+ Card
- Student ID
- Workbridge to approve something else
- Photo membership card from a disability agency or organisation

(B) Identification without a photo – **Select two**

- Birth Certificate
- Bank statement showing your name and address
- Community services card
- A phone or power bill showing your name and address
- IRD card
- Workbridge to approve something else

2. INFORMATION ABOUT THE DISABILITY FOR WHICH YOU REQUIRE ASSISTANCE

Please bring **one** of the following to confirm your disability. If **the disability you require assistance for is permanent**, you will only need to provide this information once, unless your condition or circumstances change.

- Medical certificate
- Occupational Therapist report
- Doctor's letter
- A SPELD or school assessment
- Special Education Service report
- Workbridge to approve something else
- Psychologist report

3. TRAINING OR STUDY INFORMATION

(A) Course Confirmation

- Confirmation of enrolment from the course provider

If you withdraw from the course you must advise Workbridge and your Training Support Application will be withdrawn.

(B) Confirmation course is NZQA or Work and Income Approved

- Course information showing NZQA approved
- An email or verified letter from a Work and Income Case Manager or Service Centre stating that the course meets the Work and Income criteria for TIA (Training Incentive Allowance)

4. APPOINTMENT OF AGENT

If the named applicant has not signed the application form, Workbridge will require evidence that the person signing on behalf of the applicant has authority to do so.

- If the named applicant has a properly appointed Enduring Power of Attorney (EPOA) who signs applications or contracts on behalf of the applicant, then the EPOA must sign this application and EPOA papers attached to the application.
- If the applicant has a properly appointed agent who is able to sign an application on behalf of an applicant, attach the Appointment of Agent form to the application. An Appointment of Agent form is available from Workbridge and must be signed by the client or EPOA (if one is appointed).



TRAINING SUPPORT APPLICATION

The 'small print' on the back of this application form is re-printed here.

Please keep this for your records

PRIVACY AND COMPLAINT INFORMATION

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By signing this agreement you agree that relevant information may be provided to, or collected from other parties working with Workbridge on your behalf. Other parties that might be included are your employer (with your explicit permission only), your Agent (if any), Occupational Therapist or any other person required for the purpose of evaluating your application or providing you with support. You also agree that, upon request from the Ministry of Social Development, any information relating to your application for Support Funds held by Workbridge can be given to the Ministry. Additionally, Workbridge's performance may be audited by the Ministry as the Support Fund owner and you may be contacted as part of that process.

If you have a complaint about any aspect of Workbridge service, you can raise this directly with the manager of your local Workbridge centre,

the Health and Disability Commissioner, or any other person or organisation who represents you.

DECLARATION

I have read and understood the terms of this application, including my agreeing to Workbridge providing information to other parties as stated above. To the best of my ability the information given here is true and complete. Details have been provided to the best of my ability. I accept that if information supplied is later found to be false or misleading, this may lead to a review of my eligibility for Support Funds.

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I agree that where Workbridge accepts my application for Support Funds, I may be required to provide receipts to Workbridge for the purposes of verifying payments made from the Support Fund.

I understand that if I do not agree with the outcome of my application I may apply to the Support Funds Review Committee for an independent review. A Support Funds Review Application is available from any Workbridge centre, or on-line at www.workbridge.co.nz.

ADDITIONAL INFORMATION ABOUT ASSESSMENTS

If you are applying for equipment, a support person, job coach or productivity allowance you will need to have an assessment by a person who understands your disability and can make recommendations for what assistance you require. In some cases we may ask you to

have an assessment if you are applying for assistance with transport. Workbridge will discuss the need for an assessment and make the arrangements. The cost of your assessment will be met from your available Support Funds.