

# Accessibility concession

Waikato Public Transport

**BUSIT**  
BUSIT.CO.NZ

**Waikato**  
REGIONAL COUNCIL  
Te Kaunihera ā Rohe o Waikato

# APPLICATION FORM

Within the Waikato Region people with a transport disability may be eligible for free travel on public transport provided by Waikato Regional Council. An eligible person must have an impairment that prevents them from being able to drive a private motor vehicle or is such that they will be unable to drive once of legal driving age. An eligible impairment is a physical, sensory, psychological, or neurological condition which results in the disablement of independent transport. For example, someone with a significant vision impairment that prevents them from being able to operate a motor vehicle would be eligible for this concession. Someone with a short term disability (is expected to recover from the impairment within six months) would not be eligible for this concession.

## NOTE TO ASSESSORS

If you are a licenced medical practitioner please complete the application to the best of your knowledge, in co-ordination with the applicant.

Please sign and stamp, or email a copy of the completed application to [busit@waikatoregion.govt.nz](mailto:busit@waikatoregion.govt.nz)

Waikato Regional Council BUSIT staff are available on 07 859 0509 if you have questions about the concession or application process.

## APPLICANT DETAILS

Title	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other	<input type="text"/>
<i>(Please check)</i>						
First name	<input type="text"/>					
Middle name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>					
Residential address	<input type="text"/>					
Postal address	<input type="text"/>					
<i>If different from above</i>						
Contact number	<input type="text"/>					
Email	<input type="text"/>					
Preferred contact method	<input type="radio"/> Phone	<input type="radio"/> Email	<input type="radio"/> Other	<input type="text"/>		

## ALTERNATIVE CONTACT PERSON

Name	<input type="text"/>
Contact number	<input type="text"/>
Relationship to applicant	<input type="text"/>

## TOTAL MOBILITY

<b>Is the applicant, or have they formerly been, a member of the Total Mobility Scheme?</b>		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
If yes, please state which region	<input type="text"/>	Total Mobility ID# <input type="text"/>
		<i>(if known)</i>

**Current Total Mobility members are eligible for this concession without further assessment.**

## ASSESSOR DETAILS

Name of agency/medical practice

Address

Phone number

Name of assessor

Date of assessment

## ELIGIBILITY ASSESSMENT

Within the Waikato Region people with a transport disability may be eligible for free travel on public transport provided by Waikato Regional Council. An eligible person must have an impairment that prevents them from being able to drive a private motor vehicle or is such that they will be unable to drive once of legal driving age. An eligible impairment is a physical, sensory, psychological, or neurological condition which results in the disablement of independent transport. For example, someone with a significant vision impairment that prevents them from being able to operate a motor vehicle would be eligible for this concession. Someone with a short term disability (is expected to recover from the impairment within six months) would not be eligible for this concession.

*Please detail below how the applicant meets the above eligibility criteria.*

**PLEASE BRIEFLY DETAIL RATIONALE FOR THE APPLICANT'S ELIGIBILITY:**


**Does a health problem or a condition the applicant have (lasting 6 months or more) cause difficulty with, or stop them from:**

- Seeing, even when wearing glasses or contact lenses
- Hearing, even when using a hearing aid
- Walking, lifting or bending
- Using their hands to hold, grasp or use objects
- Learning, concentrating or remembering
- Communicating, mixing with others or socialising
- No difficulty with any of these?

**The applicant's disability is:**

- Permanent
- Temporary - *is going to last for six months or more from date of assessment, but is expected to recover*
- Short term - *is expected to recover from the impairment within six months of the assessment date. People with a short-term disability are not eligible for the accessibility concession.*

**IF THE DISABILITY IS TEMPORARY, PLEASE STATE:**

Approximate date when disability started

When you estimate the disability will end

## Does the applicant use any of the following mobility aids?

FOR ASSESSOR/GP TO COMPLETE

- |                                 |                           |                          |                                 |
|---------------------------------|---------------------------|--------------------------|---------------------------------|
| Manual wheelchair               | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Electric wheelchair             | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Walking frame                   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Walking stick                   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Assistance dog                  | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Travel companion                | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Crutches                        | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| White cane                      | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Sometimes |
| Other ( <i>please specify</i> ) | <input type="text"/>      |                          |                                 |

### Is the applicant:

- Male
- Female

### Is the applicant: (tick all that apply)

- New Zealand European
- New Zealand Maori
- Polynesian (*please specify*)
- Asian (*please specify*)
- Other European (*please specify*)
- Other (*please specify*)

### Is the applicant:

- In full time paid work
- In part time paid work
- Undertaking voluntary work
- A superannuitant / SuperGold Card holder
- Receives government living assistance
- A student (*please check*)  Primary  Secondary  Tertiary

By signing this I declare that the following assessment is to my knowledge, true and fair.

The applicant agrees to abide by the terms of use that can be found on [busit.co.nz](http://busit.co.nz), or a paper copy requested by contacting 0800 205 305.

**Applicant Signature**

*OR signed and printed name signed  
on behalf of the applicant*

**Date**

FOR ASSESSOR/GP TO COMPLETE

In my opinion the applicant has a transport disability that prevents them from driving a motor vehicle.  Yes  No

**Assessor Signature**

**Date**

**GP Stamp**

**What happens now?**

This application needs to be emailed to [busit@waikatoregion.govt.nz](mailto:busit@waikatoregion.govt.nz) or dropped off to the BUSIT counter inside the Hamilton Transport Centre.

Please email applicant's head and shoulders photo, or ask the applicant to come to the BUSIT counter, where we can take their photo for the ID card.

Applications may take up to 2 weeks to be processed. If approved, the applicant will receive an accessibility concession photo ID card. This ID card needs to be shown to the bus driver to receive free travel.

For more information on the accessibility concession and Waikato Region's bus services please visit [busit.co.nz](http://busit.co.nz) or call 0800 205 305.

This application is valid as of 1 August 2019 and is subject to change.