

# Application Form - GP, Medical Organisation, Registered NGO



Thinking differently about intellectual disability.

This form is for use by individuals applying for a Hāpai Access Card. The card is available to people who have a physical or mental impairment, and where that impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The card’s aim is to improve accessibility for people with a disability and does so by engaging businesses to review and improve their accessibility, plus to offer free access to essential companions. . Many businesses also offer discounts on products and services.



As part of an application for the card, the applicant has to provide confirmation from a GP, recognised medical organisation, or an NGO that is registered with the Hāpai Foundation, that they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. In addition it is requested that the person giving this confirmation also identify which of the nine barriers identified below relates to the adverse effects on the applicants normal day-to-day activities. More information around the nine barriers can be found at [www.hapaifoundation.org.nz/barriers](http://www.hapaifoundation.org.nz/barriers).

**Important:** Please do not provide any medical information beyond confirmation of the need, and identifying the relevant barriers. It is assumed that in your role you have access to the medical information needed, as well as knowing the applicant sufficiently to be able state their barriers. If you have any queries please email [cards@hapaifoundation.org.nz](mailto:cards@hapaifoundation.org.nz).

Please complete the form below, including identification of the barriers. Note you may be contacted to validate the application.

Full name of applicant	
Name of person completing form	
Position/Role of person completing this form	
Organisation (plus registration number if applicable)	
Contact Number of person completing this form:	
Email of person completing this form:	

I confirm that I have access to medical, and other information, about the person named in this application, and can confirm that they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

Signature: \_\_\_\_\_

Date:

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To avoid missing a barrier, please place a **tick** against those barriers that apply to this applicant, and a **circle** against those that don't.



Applicant has difficulty with queuing or standing.



Applicant is in need of wheelchair access, special viewing areas.



Applicant has difficulty with distances. (Note: the applicant may have limited mobility, or be a self-propelled wheelchair user with limited capacity for distance).



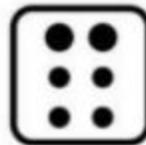
Applicant may need urgent access to a toilet.



Applicant needs an assistance dog.



Applicant needs assistance



Applicant has difficulty with accessing and/or understanding visual information.



Applicant has difficulty with accessing, and/or understanding audible information.



Applicant may have other relevant needs

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