Hāpai Access Card
Making Access Easy

Application Form - GP, Medical Organisation, Registered NGO

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 Access Card, 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.hapaiaccesscard.org.nz/barriers.

Important: Please do not provide any medical information beyond confirmation of the need, and identifying the relevant barriers. If you have any queries please email cards@hapaiaccesscard.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	
Address of applicant (No. and street)	
Address of applicant (City and Postcode)	
Contact number of applicant	
Email of Applicant (If known)	
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:	
Promocode (Registered NGO/Medical Org Only)	

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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Please place a **tick** against those barriers that apply.

	**Applicant has difficulty with queuing or standing.**	◯
	**Applicant has 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**	◯
	**Applicant has a physical or mental health illness or condition or disability that makes wearing a face covering unsuitable**	◯