

# Application Form

More application forms are available for download from [www.nzrelay.co.nz](http://www.nzrelay.co.nz)

## 1. APPLICANT DETAILS

The Applicant is the person who will be using the textphone. An Applicant must meet the eligibility criteria.

Full Name Mr/Mrs/Ms/Miss/Dr .....

Date of Birth .....

Delivery Address .....

Mailing Address (if different from above) .....

.....

.....

Telephone /TTY ..... Mobile .....

Home..... Fax .....

Bus ..... Email .....

### If you are applying for free rental please complete this section

I have a spouse/partner

I have ..... dependent children

Gross annual income before tax (*combined family income*) .....

Please attach a copy of your Inland Revenue personal tax summary for you and your spouse/partner (if applicable), for the last tax year or a copy of your Community Services Card.

Community Services Card Number (If applicable) .....

## 2. GUARDIAN

This section is to be filled in by any Guardian of the Applicant where the Applicant cannot sign the Textphone Equipment Rental Agreement himself or herself (e.g. where the Applicant is under 18 years old or where a power of attorney exists).

If you sign the Agreement as the Guardian you are agreeing to be bound by the Agreement on behalf of the Applicant. This includes the obligation to pay any rental charges for the Equipment.

Full Name Mr/Mrs/Ms/Miss/Dr .....

Address.....

.....

.....

Telephone /TTY ..... Mobile .....

Home..... Fax .....

Bus ..... Email .....

# Application Form continued

When you have completed this form mail or fax to:  
New Zealand Relay  
Private Bag 4 , Pukekohe  
Fax 0800 4 329 697 (0800 4 FAX NZR)

### 3. APPLICANT'S EQUIPMENT NEEDS

To enable us to better meet your needs, please indicate the degree to which your hearing, vision or speech is impaired (please tick as applicable):

	Vision	Hearing	Speech
No impairment	[ ]	[ ]	[ ]
Mild	[ ]	[ ]	[ ]
Moderate	[ ]	[ ]	[ ]
Profound	[ ]	[ ]	[ ]

Please also answer the following questions (please tick as applicable):

I expect to use a textphone:

- a. Only at home [ ]
- b. Mostly at home and occasionally away from home [ ]
- c. Occasionally at home and mostly away from home [ ]
- d. As much at home as away from home [ ]

You are entitled to a rent free standard visual call alert device with a lamp that flashes or a wireless vibrator alert device that you can carry in a pocket to let you know when your telephone is ringing.

Do you require a standard visual call alert? Yes/No or wireless vibrator alert? Yes/No

I would prefer to receive  DVD or  Video as training guide. (Please tick preferred option)

Will you require Home visit TTY training? Yes/No

### 4. HEALTH PROFESSIONAL ENDORSEMENT

A General Practitioner, Speech, Hearing or Occupational Therapist, Ophthalmologist/Optomtrist, National Assessment Service Coordination agency, accredited assessor to Enable or other Ministry of Health approved disability service provider, or other relevant registered Health professional is required to complete this part of the application.

Full Name Mr/Mrs/Ms/Miss/Dr .....

Practice .....

Address .....

..... Email .....

Business telephone/TTY ..... Fax .....

I endorse that (full name of applicant) .....

has hearing, vision or speech impairments as set out in question 3 above.

Signature ..... Date .....

### 5. SIGNATURE OF APPLICANT/GUARDIAN

I declare that the details I have provided above are true.

I understand and agree to the terms and conditions in the attached Telephone Equipment Rental Agreement and accept that I will have to meet them where my eligibility to rent a textphone is approved.

Signature ..... Date .....

Would you like to receive NZ Relay newsletters by  email or  post ?