# ENAV501 Referral for Driver/Passenger Assessment

*To be completed by the referrer and emailed to* *equipment@enable.co.nz*

### Client Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** | [Insert Family Name] | **First Name(s)** | [Insert First Name(s)] |
| **NHI** | [Insert NHI] | **Date of Birth** | Enter text |
| **Phone** | Enter text | **Email** | Enter text |
| **Address** | Enter text |
| **Diagnosis** | Choose an item *if other, please specify* |
| **Disability** | Enter text |

### Referrer Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Enter text | **AEA No.** (if applicable) | Enter text |
| **Phone** | Enter text | **Email** | Enter text |
| **Date Sent** | Click or tap to enter a date  |  |  |

### Eligibility

*Tick one box to indicate the best description for the person’s primary disability type:*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Physical | [ ]  Intellectual | [ ]  Sensory | [ ]  Age related |

### Assessment Details

*This application is for a vehicle assessment of vehicle modifications required for:*

|  |  |
| --- | --- |
| [ ]  the client to drive (please provide license details)[ ]  the client to travel safely as a passenger | **Driver’s License No**. \_\_\_\_\_\_\_\_ **Expiry Date** \_\_\_\_\_\_\_\_\_ |

*A driver/passenger assessment is essential for:*

[ ]  Full-time tertiary education (must attach confirmation of Student Status and course details from education provider)

[ ]  Full-time employment (must attach evidence of employment details from employer)

[ ]  Main carer of a dependent child aged 13 years or under (must attach copy of birth certificate)

[ ]  Child with a disability aged 15 years or younger

*Please include rationale:*

|  |
| --- |
| Click or tap here to enter text.  |

|  |
| --- |
| This application is being made for a Driving/Passenger assessment. The referrer is responsible for ensuring the client understands Enable New Zealand’s use/disclosure of information as described in the **Privacy Act Statement** below:The information on the application will be used:* For the purpose of assessing the funding by the Ministry of Health and to ensure that the person is eligible
* To assist the Ministry of Health in planning and funding future services
* For such other functions as permitted under law
* For the collection of statistical information to assist the Ministry of Health to develop a clear picture of the requirements for disabled people and to ensure that future access to Disability Support Services is fair and equitable.

Enable New Zealand will provide the Ministry of Health with information about the services you may receive. Provision of information in this form is voluntary but assessment for funding may depend upon all relevant information being provided by you. You have the right to access the information held about you and the right to have corrections made to this information. The Health Information Privacy Code applies to the information collected under this form. |