

EMPLOYER DECLARATION

Vehicle Purchase & Modifications Level 1

APPLICANT DETAILS

Full Name	<i>Auto populates</i>
Accreditation Number	<i>Auto populates</i>
Organisation	<i>Auto populates</i>
Email Address	<i>Auto populates</i>
Phone Number	<i>Auto populates</i>

EMPLOYER/SUPERVISOR DETAILS

Full Name	<i>Auto populates</i>
Accreditation Number	<i>Auto populates</i>
Organisation	<i>Auto populates</i>
Email Address	<i>Auto populates</i>
Phone Number	<i>Auto populates</i>

DECLARATION QUESTIONS

1.	I have discussed the content of the EMS Core Module with the applicant. I am satisfied that the applicant has a good understanding of the EMS Core Module.
2.	I confirm that the applicant has a minimum of two years post basic experience in physical (rehabilitation or acute) occupational therapy.
3.	I confirm that the applicant understands the eligibility and access criteria and processes for Ministry of Health and/or ACC funding for assessment, vehicle purchase and modifications.
4.	I confirm that the applicant understands the requirements for Lottery Grants Board funding including the dual Ministry of Health and Lottery Grants Board funding process for vehicle modifications for children under 16 years.
6.	I confirm that the applicant understands the indicators for seating changes that promote safe transit and postural management and has linkages with a Wheelchair and Seating Level 1 Assessor ¹ to collaboratively discuss suitable solutions.
7.	I confirm that the applicant can demonstrate and implement knowledge gained at a recognised Driver Assessment and Training Course.
	I confirm that the applicant has a working knowledge of Low Volume Vehicle standards and New Zealand legislation and regulation pertaining to Land Transport rules – Section 56.
8.	I confirm that the applicant uses evidence based assessment tools to undertake assessments.
9.	I confirm that I have observed three different types of vehicle assessments undertaken by the applicant.
10.	I confirm that the applicant has completed a case study that I have reviewed. The case study demonstrates clinical reasoning to present a preferred option that met the person's needs, was cost efficient and met the appropriate funding guidelines.
	<input type="checkbox"/> I verify that this information is correct <input type="checkbox"/> I cannot verify this application

¹ ACC equivalent: Seating and Wheelchair Assessor