

1.	Family Name:	First Names:		
	Known as:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex	
2.	Street Address:			
	Suburb:	Town or City:	Post Code:	
3.	Postal Address if different from above: P O Box:			
	Street Address:	Suburb:		
	Town or City:	Post Code:		
4.	How can we contact you? (Tick the method you prefer) <input type="checkbox"/> Email:			
	<input type="checkbox"/> Phone:	<input type="checkbox"/> TTY:	<input type="checkbox"/> Fax:	<input type="checkbox"/> Cell phone:
	<input type="checkbox"/> Another contact person:	Phone:		
5.	What is/are your ethnic group/s?			
6.	What is your first language?	<input type="checkbox"/> English <input type="checkbox"/> Other (please state)		
7.	What is your residency status?	<input type="checkbox"/> NZ Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Holder of an open work permit		
8.	Who suggested you should apply?			
9.	Is any agency or organisation assisting you to find or stay in training or study? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	If yes, what is the name of the agency or organisation?			
10.	What is your <b>main</b> source of income?	<input type="checkbox"/> Employment <input type="checkbox"/> Work and Income <input type="checkbox"/> Family/Partner		
	<input type="checkbox"/> ACC <input type="checkbox"/> Sheltered Employment <input type="checkbox"/> Self Employment <input type="checkbox"/> Other sources			
11.	Do you receive <b>any</b> assistance from Work and Income? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	What is your Work and Income client number?			
	What type of benefit/assistance do you currently receive?			
12.	What is your disability?			
13.	Describe how your disability affects your training or study?			
	<input type="checkbox"/> Continued on another page attached to this application			
14.	Describe the assistance you need (Include quotations if you have them.)			
	<input type="checkbox"/> Continued on another page attached to this application			

15.	Where will you be working?
16.	Contact at work? <span style="float: right;">Phone:</span>
17.	What will be your job?
18.	How long will your placement be for? <input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months
19.	How many hours will you be working each day? Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
20.	What do you hope to achieve from your work experience or work trial?  
21.	Apart from this work experience or work trial, what else do you need to do to achieve your employment outcome?  
22.	Are you receiving any grant or subsidy to assist with your disability costs? <input type="checkbox"/> Yes – go to Q23 <input type="checkbox"/> No – Go to Q27
23.	Who are you receiving assistance from?
24.	What is the assistance for?  
25.	How much is the grant or subsidy? \$
26.	Where/who else have you approached for funding?
27.	Why was your application unsuccessful?  

**PRIVACY AND COMPLAINT INFORMATION** Your information is held in a secure manner in accordance with the principles of the Privacy Act 1993 & the Health Information Privacy Code 1994, at the Workbridge centre where you submit this application. The personal information held by Workbridge about you will be used for the purposes of considering your eligibility for the Support Fund & for associated administration purposes. The Privacy Act & the Health Information Privacy Code gives you the right to see & request correction of any information about you that is held by us. Phone 0508 858 858 if you wish to obtain a copy of any information held by Workbridge about you. By signing this agreement you agree that relevant information may be provided to, or collected from other parties working with Workbridge on your behalf. Other parties that might be included are your employer (with your explicit permission only), your Agent (if any), Occupational Therapist or any other person required for the purpose of evaluating your application or providing you with support. You also agree that, upon request from the Ministry of Social Development, any information relating to your application for Support Funds held by Workbridge can be given to the Ministry. Additionally, Workbridge's performance may be audited by the Ministry as the Support Fund owner & you may be contacted as part of that process. If you have a complaint about any aspect of Workbridge service, you can raise this directly with the manager of your local Workbridge centre, the Health

& Disability Commissioner, or any other person or organisation who represents you.

**DECLARATION** I have read & understood the terms of this application, including my agreeing to Workbridge providing information to other parties as stated above. To the best of my ability the information given here is true & complete. Details have been provided to the best of my ability. I accept that if information supplied is later found to be false or misleading, this may lead to a review of my eligibility for Support Funds. I agree that an Assessment may be required to be carried out by an Occupational Therapist or Assistive Technology Specialist as part of my application in order to determine the correct assistance to best meet my needs. If such Assessment is mandatory for my application, I agree to the Assessment being carried out & I agree that the cost of such Assessment will be paid for out of the Support Fund allocation provided to me. I agree that where Workbridge accepts my application for Support Funds, I may be required to provide receipts to Workbridge for the purposes of verifying payments made from the Support Fund. I understand that if I do not agree with the outcome of my application I may apply to the Support Funds Review Committee for an independent review. A Support Funds Review Application is available from any Workbridge centre.

<b>Name of Applicant/Agent</b>	<b>Person who completed this form</b>	<b>EC accepting Application</b>
_____	_____	_____
Date of Application _____	Relationship to Applicant _____	Date Received _____
Signature of Applicant/Agent _____	Signature _____	EC Signature _____

If signed by agent has an agent form been sighted and attached to application?  YES  NO

**AGENT TO SIGN**

I am the Agent for the applicant and confirm that in completing this form on the applicant's behalf that the responses are true and correct to the best of my knowledge and belief and that I have taken reasonable steps to verify the responses.

SIGNATURE OF AGENT _____	DATE _____
--------------------------	------------





# Documents you will need for your Training Support Application Unpaid Work Experience or Unpaid Workplace Training

Use this checklist to make sure you have everything for your application.

## 1. IDENTIFICATION

Choose one form of identification with your photo printed on from list **(A)** or two forms of identification that do not have your photo on from list **(B)**.

### (A) Identification with a photo – **Select one**

- Driver Licence
- Passport
- Student ID
- Photo membership card from a disability agency or organisation
- Firearms Licence
- 18+ Card
- Workbridge to approve something else

### (B) Identification without a photo – **Select two**

- Birth Certificate
- Community services card
- IRD card
- Bank statement with your name and address
- Phone or power bill showing your name and address
- Workbridge to approve something else

## 2. INFORMATION ABOUT THE DISABILITY FOR WHICH YOU REQUIRE ASSISTANCE

Please bring **one** of the following to confirm your disability. If **the disability you require assistance for is permanent**, you will only need to provide this information once, unless your condition or circumstances change.

- Medical certificate
- Doctor's letter
- Special Education Service report
- Psychologist report
- Occupational Therapist report
- A SPELD or school assessment
- Workbridge to approve something else

## 3. INFORMATION ABOUT YOUR PLACEMENT

To confirm your placement details we will need a letter or email showing:

- a.** employer name and contact details
- b.** hours of work
- c.** days of work
- d.** when the placement will start and finish
- e.** job title
- f.** that your work is unpaid

This could be either a:

- letter or email from the employer providing this work experience
- letter or email from the supported employment provider who found the placement for you
- letter or email from the training course provider

## 4. IS YOUR WORK EXPERIENCE OR WORK TRIAL PART OF A TRAINING COURSE?

If your work experience or work trail is part of a training course, please bring confirmation that you are enrolled in the course and that the course is NZQA, TOPS or Work and Income approved. This could be:

- A letter or email from the course provider
- A letter or email from your Work and Income Case Manager

## 5. APPOINTMENT OF AGENT

If the named applicant has not signed the application form, Workbridge will require evidence that the person signing on behalf of the applicant has authority to do so.

- If the named applicant has a properly appointed Enduring Power of Attorney (EPOA) who signs applications or contracts on behalf of the applicant, then the EPOA must sign this application and EPOA papers attached to the application.
- If the applicant has a properly appointed agent who is able to sign an application on behalf of an applicant, attach the Appointment of Agent form to the application. An Appointment of Agent form is available from Workbridge and must be signed by the client or EPOA (if one is appointed).



# TRAINING SUPPORT APPLICATION

## Unpaid Work Experience or Unpaid Workplace Training

The 'small print' on the back of this application form is re-printed here.  
Please keep this for your records

---

### PRIVACY AND COMPLAINT INFORMATION

Your information is held in a secure manner in accordance with the principles of the Privacy Act 1993 and the Health Information Privacy Code 1994, at the Workbridge centre where you submit this application. The personal information held by Workbridge about you will be used for the purposes of considering your eligibility for the Support Fund and for associated administration purposes. The Privacy Act and the Health Information Privacy Code gives you the right to see and request correction of any information about you that is held by us. Phone 0508 858 858 if you wish to obtain a copy of any information held by Workbridge about you.

By signing this agreement you agree that relevant information may be provided to, or collected from other parties working with Workbridge on your behalf. Other parties that might be included are your employer (with your explicit permission only), your Agent (if any), Occupational Therapist or any other person required for the purpose of evaluating your application or providing you with support. You also agree that, upon request from the Ministry of Social Development, any information relating to your application for Support Funds held by Workbridge can be given to the Ministry. Additionally, Workbridge's performance may be audited by the Ministry as the Support Fund owner and you may be contacted as part of that process.

If you have a complaint about any aspect of Workbridge service, you can raise this directly with the manager of your local Workbridge centre,

the Health and Disability Commissioner, or any other person or organisation who represents you.

### DECLARATION

I have read and understood the terms of this application, including my agreeing to Workbridge providing information to other parties as stated above. To the best of my ability the information given here is true and complete. Details have been provided to the best of my ability. I accept that if information supplied is later found to be false or misleading, this may lead to a review of my eligibility for Support Funds.

I agree that an Assessment may be required to be carried out by an Occupational Therapist or Assistive Technology Specialist as part of my application in order to determine the correct assistance to best meet my needs. If such Assessment is mandatory for my application, I agree to the Assessment being carried out and I agree that the cost of such Assessment will be paid for out of the Support Fund allocation provided to me.

I agree that where Workbridge accepts my application for Support Funds, I may be required to provide receipts to Workbridge for the purposes of verifying payments made from the Support Fund.

I understand that if I do not agree with the outcome of my application I may apply to the Support Funds Review Committee for an independent review. A Support Funds Review Application is available from any Workbridge centre.

---

### ADDITIONAL INFORMATION ABOUT ASSESSMENTS

If you are applying for equipment, a support person, job coach or productivity allowance you will need to have an assessment by a person who understands your disability and can make recommendations for what assistance you require. In some cases we may ask you to

have an assessment if you are applying for assistance with transport. Workbridge will discuss the need for an assessment and make the arrangements. The cost of your assessment will be met from your available Support Funds.