



# CONFIDENTIAL

## Disability Access Membership APPLICATION FORM

**Applicant to Complete**

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Applicant or Caregiver Email: \_\_\_\_\_

Male / Female \_\_\_\_\_ D.O.B \_\_\_\_\_

Emergency Contact details: \_\_\_\_\_

Applicant or Caregiver Signature: \_\_\_\_\_

**Medical Practitioner / Disability Service Provider to Complete**

Description of Permanent Disability (Physical or Intellectual)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caregiver Requirement Disclaimer

In considering the nature of my patient's permanent disability, I advise that they:

- Require a caregiver to be safe in and around water
- Are able to use and be safe in and around water without a caregiver

Medical Practitioner / Disability Service Provider Signature: \_\_\_\_\_

**This application form must be stamped by the medical practitioner or disability service provider or have a letterhead attached in order to be identifiable and considered for approval.**

*Please allow up to five days for Bay Venues staff to consider your application and contact you with the outcome. If your application is approved, your card may take up to another seven days to be available for collection at the aquatic venue of your choice.*

Office Use:

Application: Approved / Declined (please circle)  
Caregiver Required: Yes / No (please circle)  
Card Mailed: Mount Hot Pools / Baywave / Greerton Pools / Otumoetai Pools / Memorial Pools  
Staff Name: \_\_\_\_\_