



## CLIENT NAME

## SUPPORT PERSON

Name of attending support person

If funding is required for a support person, please advise the reason

- Parent of a child client     Clinical decision maker     Learning technical skills – Ongoing  
 Client well being     Accessing Services     Emotional/Physical Support  
 Assistance with clinical decision     Escorting clinical care

Funding for a second support person requires an approval letter from the specialist.

**SPECIALISED TRANSPORT – If funding is required for specialised transport please advise the method**

- Air Travel     Taxi/Shuttle     Mobility Taxi     Ferry     Other   
(please specify)

Reason for specialised transport

- Client or support person's medical condition or disability     Due to distance travelled     Other   
(please specify)

## 3. REFERRING SPECIALIST SIGN-OFF

Specialist Name

Medical Council  
Number (MCNZ)

Referring Hospital

Contact Phone Number

Are you signing on behalf of the Specialist?

- Yes – Your name

I, the referring Specialist/designated signatory,  
certify that the above information is true and correct.

HOSPITAL STAMP

SIGN HERE

Date:

- Please tick if it is not reasonably practicable for the client to complete Section 1 of this registration form or sign the declaration.

(Note: Specialist may only sign in their capacity as a publicly funded Health or Disability Specialist)

## 4. DECLARATION

I, the client registering for National Travel Assistance, understand that:

- this form will be sent to the Ministry of Health where my registration will be processed on behalf of my DHB and that my DHB and the Ministry of Health may use this information to pay my claim and monitor access to health and disability services in a manner consistent with the Privacy Act 1993
- the information I provide will be held securely by the Ministry of Health and my DHB and will be kept confidential except when required to be disclosed by law. I have the right to access this information by enquiring to the Ministry of Health and I may also request that it be corrected
- the Ministry of Health can decline reimbursing the expenses of any person who does not meet Ministry of Health eligibility criteria
- the National Travel Assistance Scheme is funded according to the National Travel Assistance Policy Document effective 1 January 2006, published and amended from time to time by the Ministry of Health, and that the Ministry of Health may decline an entitlement to receive that assistance
- this registration is valid only for this course of treatment
- the Ministry of Health is not obliged to enter into any correspondence as a result of any decision made in relation to reimbursement under the National Travel Assistance Scheme
- if the Ministry of Health makes an overpayment to me, I may be obliged to repay the amount of the overpayment and that the Ministry of Health will contact me to discuss repayment options.

I declare that the above information is true and correct

Signature

Date

Signature of claimant or their representative. A parent or guardian may sign on behalf of a child.