



# JOB SUPPORT APPLICATION

APP#



W092411

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.	Contact Details: Home Phone: _____ Work Phone: _____ Cell phone: _____ Email: _____ TTY: _____ Fax: _____ Another contact person: _____ Phone: _____ I can be contacted by: <input type="checkbox"/> Letter <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Contact Person My preference for all communication is:
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 employment? <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? _____ Assistance Type: _____
12.	What is your disability?
13.	Describe how your disability affects your employment? _____ _____ _____ <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.	Who are you/will you be working for? Address: _____ Who can we contact at your work?: _____ Phone: _____
16.	What is your job title?
17.	Is this job: <input type="checkbox"/> A new job? <input type="checkbox"/> Your current job? <input type="checkbox"/> Self employment?
18.	Are you paid at least the legal minimum wage for your work <b>and</b> are you paid the same as what someone else without a disability would be paid to do the same job? <input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are you employed on an Under Rate Worker's Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	What date did you, or do you start work?
21.	How many hours per week do you work?
22.	Are you or will you be working with a group of people with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Are you receiving other subsidies or assistance for this job? <input type="checkbox"/> Yes – Go to Q24 <input type="checkbox"/> No – Go to Q27
24.	Who are you receiving the subsidy or assistance from?
25.	What is the subsidy or assistance for? _____
26.	How much is the subsidy and when does/did it start? (a) Amount \$ _____ (b) Start date? _____
27.	Where/who else have you approached for funding?
28.	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 _____
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# Documents you will need for your Job Support Application

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

## 1. IDENTIFICATION

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Driver Licence   | <input type="checkbox"/> Firearms Licence                     |
| <input type="checkbox"/> Passport   | <input type="checkbox"/> 18+ Card                             |
| <input type="checkbox"/> Student ID   | <input type="checkbox"/> Workbridge to approve something else |
| <input type="checkbox"/> Photo membership card from a disability agency or organisation |   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate       | <input type="checkbox"/> Bank statement showing your name and address        |
| <input type="checkbox"/> Community services card | <input type="checkbox"/> A phone or power bill showing your name and address |
| <input type="checkbox"/> IRD card                | <input type="checkbox"/> 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Medical certificate              | <input type="checkbox"/> Occupational Therapist report        |
| <input type="checkbox"/> Doctor's letter                  | <input type="checkbox"/> A SPELD or school assessment         |
| <input type="checkbox"/> Special Education Service report | <input type="checkbox"/> Workbridge to approve something else |
| <input type="checkbox"/> Psychologist report              |   |

## 3. EMPLOYMENT OR EMPLOYMENT OPPORTUNITY INFORMATION

Please bring **one** of the following to confirm that you are receiving at least minimum wage and that the pay is the same rate as someone without a disability would be getting. (Refer [www.dol.govt.nz](http://www.dol.govt.nz) for minimum wage information)

**NOTE:** If you are applying for a productivity allowance (wage subsidy) you will need to provide evidence of your hourly rate or your yearly salary.

- A letter on letterhead signed by your employer, or an email from your employer
- A copy of your employment agreement or contract
- A letter or an email from Work and Income
- Current wages slip or confirmation of your wages or salary (**must be supplied if you are applying for a productivity allowance (wage subsidy)**).

## 4. SELF EMPLOYMENT – APPLYING FOR JOB SUPPORT

- If your business has been running less than a year, your income statement or projections
- If you have been self employed for more than a year, an audited profit and loss statement

## 5. APPRENTICES

- If you are an apprentice, confirmation of your apprenticeship is required.

## 6. 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).



**JOB SUPPORT**

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The 'small print' on the back of this application form is re-printed here.

Please keep this for your records

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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.

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## 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.