



SELF START APPLICATION

APP#

W002415

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 with your self employment? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	If yes, what is the name of the agency or organisation?			
10.	What is your main 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 any 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 affect your employment?			
	<input type="checkbox"/> Continued on another page attached to this application			
14.	Describe what assistance you are applying for? (Include quotations if you have them.)			
	<input type="checkbox"/> Continued on another page attached to this application			

15.	What is the name of your business?
	Address:
	Phone number:
16.	What is the purpose of your business?
17.	What date will your business commence? (Already operating? – apply for Job Support)
18.	How many hours will you be working each week?
19.	Are you/will you be receiving any other assistance with your business costs? <input type="checkbox"/> Yes – go to Q20 <input type="checkbox"/> No – Go to Q24
20.	Who are you receiving assistance from?
21.	What is the assistance for?
22.	Value of assistance? \$
23.	Start date of assistance?
24.	Where/who else have you approached for funding?
25.	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 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.

Name of Applicant/Agent	Person who completed this form	EC accepting Application
_____	_____	_____
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 Self Start 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. INFORMATION ABOUT YOUR PROPOSED BUSINESS

Please attach information about your proposed business, income projections and your CV.

NOTE: Business plans submitted with your application will be referred for vetting to a business advisor appointed by Workbridge. The business advisor will give an opinion on whether your business venture is viable so it is in your interest to ensure your business plan is complete. Your local Work and Income office may be able give you information about getting assistance to write your business plan. Business plan templates are also available on the internet at no cost.

NOTE: Any costs associated with having the business plan vetted will be met from your available Self Start.

Attached is:

- 1. A comprehensive business plan
- 2. A statement of income projection
- 3. A current CV
- 4. Any other information you wish to provide to support your application.

4. 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).



SELF START APPLICATION

**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.

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ADDITIONAL INFORMATION ABOUT ASSESSMENTS

If you are applying for equipment, support person, physical support, workplace modification, 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.