

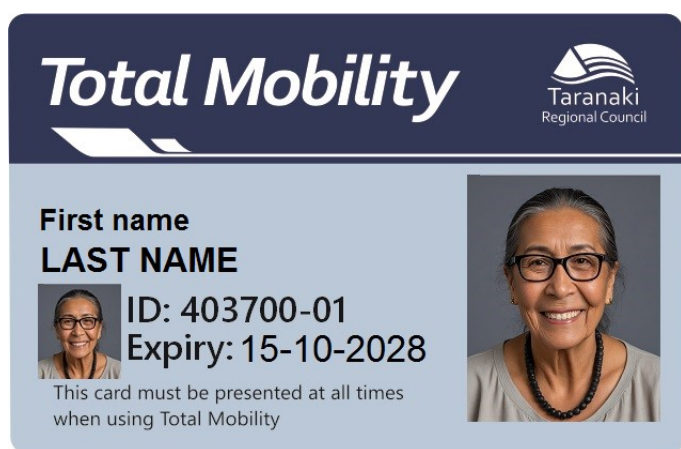
Taranaki

Total Mobility Scheme

The Total Mobility Scheme provides subsidised door-to-door transport for registered members, supporting community participation for people with impairments in areas where approved transport providers operate.

Eligibility is open to Taranaki residents of all ages who have a physical, intellectual, psychological, sensory, or neurological impairment that prevents them from safely and independently using public transport.

To receive the discounted fare, members must carry a valid Total Mobility photo ID card.



Example of a Total Mobility Card

Application checklist

Please ensure the following information is completed and provided:

- ☐ Section A: **Applicant details**
- ☐ Section B: **Declaration and signature**
- ☐ Section C: **Medical eligibility assessment**
- ☐ **Photo for your Total Mobility ID Card**
(please see below for photo requirements)
- ☐ **\$5 application fee**
(please see below for payment details)

You can post your application form, photo and payment to:

Total Mobility
Taranaki Regional Council
Private Bag 713
Stratford 4352

Alternatively, you can scan and email your application form and photo to:

transport@trc.govt.nz

Photo requirements for your Total Mobility ID card

Do

- ✓ We prefer applicants to submit a **digital photo** via email to transport@trc.govt.nz. The photo should include the applicant's head and shoulders with enough background for sizing and cropping.
- ✓ If a digital photo is not possible, passport photos are also acceptable. Please print the applicant's name clearly on the back.
- ✓ All photos must be less than two years old.

Don't

- × Do not send a photocopy of the applicant's driver's licence, passport, or any other form of photo identification.
- × Do not cut a photo from an official ID document and send it to us.
- × Only one photo is required—please do not send multiple photos or copies of the same photo.
- × If possible, avoid folding, bending, stapling, or taping the photo to prevent damage.

Application cost

- The cost of a Total Mobility ID card is **\$5**.
- You can send \$5 cash with your application or pay online into Taranaki Regional Council's BNZ bank account

Online payment details:

Account name: **Taranaki Regional Council**

Account number: **02-0756-0040555-00**

Please include **YOUR NAME** and **TOTAL MOBILITY** in the payment details so we can confirm your payment.

Questions?

If you have any further queries about the Total Mobility Scheme or the application process, please contact the Total Mobility Team or check out our website.

Phone: 0800 868 662 (Monday to Friday 9am – 4pm)

Email: transport@trc.govt.nz

Website: www.trc.govt.nz/total-mobility

Section A: Applicant Information

- Section A must be completed by the applicant (or on behalf of the applicant).
- Question related to ethnicity and employment are for statistical purposes only and will not be used to identify individual users of the Taranaki Total Mobility Scheme.
- Please print clearly and answer the questions as completely as possible.
- **The asterisks (*) indicate mandatory questions.**

Personal Information

*Title (please tick): ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (please state):

*Surname:

*First Name(s):

Preferred name (this will appear on your card):

*Date of birth:

Contact Information

*Residential address:

Postal address (if different from above):

*Primary phone number:

Secondary phone number:

Email address:

*Preferred communication method (please tick): ☐ Post ☐ Email

Alternative Contact

Name:

Relationship to applicant:

Primary phone number:

Additional Information

*Ethnicity (please tick): ☐ New Zealand European (Pakeha) ☐ Māori
☐ Pacific Islander/Pasifika ☐ Asian
☐ European (including the United Kingdom)
☐ Other (please state):

*Employment status (please tick): ☐ In full-time work ☐ In part-time work
☐ Undertaking voluntary work ☐ Superannuitant
☐ Student (primary/secondary/tertiary – please specify): _____
☐ Beneficiary (please specify): _____
☐ Other (please specify): _____

*Have you previously used the Total Mobility scheme in any other region in New Zealand?

☐ No ☐ Yes – If yes, please state where:

Please advise the name of any disability community organisation(s) or support agency you are a member of:
(For example: CCS Disability Action, IDEA Services, Age Concern, Stroke Foundation, etc.)

Section A: Applicant Information (continued)

Mobility Aids

Do you use any of the following mobility aids?
(please tick any that apply)

	Always	Sometimes
Manual wheelchair		
Electric wheelchair		
Mobility scooter		
Walking frame		
Walking stick		
Guide dog		
White cane		
Travel companion/buddy		
Crutches		

Trip Estimate

Please estimate the **average number** of one-way trips per week you would like to request for Total Mobility-assisted transport.

- A round trip (to a destination and back) is considered **two** trips.

Destination examples: Grocery shopping, Doctor appointment, social outing, family visit, etc

Trip Reasons	Weekly one-way trips (Please tick)		
	2 to 4	4 to 8	8 to 12

Section B: Declaration & Signature

Assessment Declaration & Condition of Use

1. I declare that the statements made in this application and the photo supplied are true and accurate.
2. I have never been refused Total Mobility services due to fraudulent use of the Scheme.
3. I agree to use my Total Mobility membership in accordance with the conditions set by the Taranaki Regional Council.
4. I understand that fraudulent use of the Total Mobility Scheme may result in the withdrawal of my access and potential prosecution.
5. I agree to use the Total Mobility Scheme responsibly, including taking the most direct and cost-effective route where possible.
6. I understand that the information provided in this application will be used to assess my eligibility for the Total Mobility Scheme and for statistical and research purposes in a way that does not identify me personally. Personal information will only be accessed by Taranaki Regional Council Total Mobility staff, supporting staff of NZ Transport Agency Waka Kotahi, or Audit New Zealand during official audits.

7. I authorise my doctor or other assessor to provide all necessary information for the assessment of my application.
8. I understand that if I do not provide sufficient information, I may not be registered for the Total Mobility Scheme.
9. I acknowledge that Taranaki Regional Council may revoke my membership at any time if I provide false information, fail to meet eligibility criteria, or for any other reason, including misconduct toward a driver or damage to a vehicle. Under the Privacy Act 2020, I have the right to access personal information held about me by an assessor or the Taranaki Regional Council.
10. I agree to notify Taranaki Regional Council Total Mobility staff of any changes in my circumstances that may affect my eligibility.
11. I understand that by accepting and using the Total Mobility (TM) card, I agree to the full Client Terms and Conditions of Use set by the Council. These terms and conditions are available upon request and may be updated from time to time. The latest version can be found at www.trc.govt.nz/total-mobility.

To be signed by Applicant (or representative of the Applicant if they are unable to sign)

Signature: _____

Name (please print): _____

Date: _____

Section C: Medical Eligibility Assessment

Section C must be complete by completed by a **Doctor, nurse, specialist or assessment facilitator.**

- The medical assessment guidelines are contained in the *Total Mobility Handbook for Assessing Medical Eligibility*. A copy is available on the website www.trc.govt.nz/total-mobility or by emailing transport@trc.govt.nz.
- Please print clearly and answer the questions as completely as possible.
- The asterisks (*) indicate mandatory questions.

Assessor responsibility

The evaluation of applicants depends on how they would manage a bus journey in Taranaki. If someone doesn't have access to public transport, we consider their situation based on hypothetical journeys instead of real ones to determine eligibility.

***Applicant's name:**

***When unaccompanied, can the applicant complete the following tasks?** (please tick)

Task	Yes	No
*Get to and from the nearest bus stop unassisted?		
*Stand and wait for a bus unassisted?		
*Get on or off a bus unassisted?		
*Handle money, a bus ticket, or bus card unassisted?		
*Travel securely on a bus unassisted?		
*Travel on a bus without getting confused or anxious?		
*Travel on an accessible bus if it was available		

Please note: 7 x 'yes' responses makes the applicant ineligible for the scheme.

***Which of these best describes the general nature of the impairment?** (select all the apply)

☐ Physical ☐ Intellectual ☐ Neurological ☐ Sensory ☐ Mental/Psychiatric

Description of impairment: _____

***What is the primary cause on the applicant's disability?** (select the one answer that is most applicable)

☐ Congenital ☐ Degenerative ☐ Result of an accident ☐ Due to illness/disease ☐ Multiple causes

***Does the applicant require the use of a wheelchair capable or hoist vehicle?** ☐ Yes ☐ No

***The applicant's impairment is:**

☐ **Permanent** – Please sign declaration below ☐ **Temporary** – Please answer the question below:

*An impairment is considered temporary if it lasts or is expected to last for at least six months. Please provide clear **start** and **end** dates covering this period. Failing to do so will require the assessment to be returned to the assessor, possibly delaying the applicant's application process.*

Please specify temporary impairment dates:

Impairment **start date:**

Impairment **end date:**

Do the dates above cover a period of 6+ months?

☐ *No – please amend dates to ensure eligibility*

☐ *Yes – please sign declaration below.*

Assessor declaration

I confirm that this applicant is eligible for the Total Mobility Scheme and that the information provided in the assessment has been recorded accurately and is true and complete, to the best of my knowledge.

*Assessor signature:

*Date of assessment:

*Assessor name (print):

*Organisation name:

*Practitioner number:

*Organisation phone number:

*Organisation email:

For Council use only: ☐ Section A ☐ Section B ☐ Section C ☐ Photo ☐ Payment

☐ Approved ☐ Declined Date: _____ Signature (TRC staff): _____ EFFECTIVE FROM 1 March 2025