Total Mobility Client Information Form

IMPORTANT: Driving Miss Daisy is not an assessor or administrator of the Total Mobility Scheme. This form is used to collect information, with your consent, to refer your details to Aged Concern Kaitaia for consideration and assessment of eligibility.

Driving Miss Daisy®
We're There For You

First name(s) _____Surname _____

Address_____

_____

Phone Number: (home) _____ Mobile_____

Email address _____

Postal Address (if different from above):__ _____

_____

Date of Birth: _____

Alternative Contact: (not living with you): _____

Address: _____

Phone Number: (home) _____ Mobile _____

Reason for application: (disability) _____

_____

I: _____ authorise Driving Miss Daisy Kerikeri / Northland to send my information onto Aged Concern Kaitaia for the purpose of application for a Total Mobility Card

Privacy Disclaimer: The personal information collected on this form is used solely to refer you to Aged Concern Kaitaia for a Total Mobility assessment. Driving Miss Daisy Kerikeri/Northland will not use your information for any other purpose, share it with any other person or organisation, or retain it beyond what is necessary to complete the referral. By signing this form, you consent to your information being forwarded to Aged Concern Kaitaia.

☐ **Attached: Recent Photo (Head Shot)**

Email: Kerikeri-farnorth@drivingmissdaisy.co.nz