Application to register with the Blind Foundation

To register with the Blind Foundation, we need some information from your eye care specialist and some information from you. Please complete this form and send it to us at one of the addresses below. Please keep the “Your Privacy” information for your future reference

If your optometrist or ophthalmologist has not yet made a referral, please ask them to complete the attached Ophthalmic Referral and send it back to us.

Outside Auckland: Blind Foundation Dunedin Office
PO Box 2237
South Dunedin 9044
Fax 03 455 9454

Auckland Area: Blind Foundation Auckland Office
Private Bag 99941
Newmarket Auckland 1149
Fax 09 355 6919

Or nationwide e-mail to registrations@blindfoundation.org.nz
If you have any questions, please call us on

0800 24 33 33

Section A: **Personal Information**

Title: _____ First Name(s): _____

Surname: _____

Known as: _____

Date of Birth: _____ Occupation: _____

Address: _____

Suburb: _____ City/Area: _____

Rapid No/Post code (please state): _____

Home phone: _____ Mobile/Other: _____

Is this a resthome: □ Yes □ No

Postal address (if different from above):

_____

Email: _____

□ This is my own email address

□ This is the email address for a support person

Are you a NZ citizen/permanent resident?

□ Yes □ No

Which Ethnic group do you identify with?

□ New Zealand European □ Maori: Iwi _____

□ Tongan □ Niuean

□ Samoan □ Chinese

□ Cook Island □ Indian

□ Other (Please state): _____

What is your preferred language?

_____

Do you have learning, speech or language difficulties?

□ No □ Yes (please specify) _____

Do you have combined vision and hearing impairments which significantly affect your ability to communicate with others and your ability to be independent?

□ No □ Yes

If yes, please comment: _____

What is your preferred format for receiving information?

□ Large print □ Ordinary print

□ Audio (CD) □ Braille □ Email

Alternative Contact/Next of kin: Please note, we may contact this person and your details may be shared. You may wish to make them aware that you have named them as your alternative contact/next of kin.

Name: _____

Relationship: _____

Address: _____

Phone (Day): _____ Other: _____

Email: _____

Parent/Guardian Contact (if applicant under 16)

Name: _____

Relationship to Applicant: _____

Address: _____

Phone (Day): _____ (Other): _____

Email: _____

Parent/Guardian's preferred format (if required)

□ Large print □ Ordinary print

□ Audio (CD) □ Braille □ Email

Section B: **Being part of the Blind Foundation - Consents**

There are many sources of **information and support** you may want to find out about when you register with the Blind Foundation. Your contact details, including any email address provided, may be used by the Blind Foundation to keep you informed of news and information, unless you request otherwise.

When you have registered with the Blind Foundation you can access services such as the library; learning skills to keep you independent and safe; fostering opportunities for recreation, community and peer support; having the Blind Foundation advocate on your behalf for equal Human Rights; and as a member you will be able to partake in governance processes

Please complete the following:

I am 16 years or over and wish to be a Royal New Zealand Foundation of the Blind Full Member.

☐ **Yes** ☐ **No**

I wish to be a Royal New Zealand Foundation of the Blind Parent/Guardian Member on behalf of this child who is under 16 years old.

☐ **Yes** ☐ **No**

I wish to be eligible for Blind Foundation services if my application is accepted.

☐ **Yes** ☐ **No**

In many areas we have community based committees, local support groups and other contacts who run a variety of activities for clients in their area. These groups are supported by the Blind Foundation. We may share your contact details with these groups so they can advise you about support and activities available to you. If you want your contact details shared please indicate below:

☐ **Yes** I do want my contact details to be shared with groups run and overseen by the Blind Foundation.

☐ **No** I do not want my contact details to be shared with groups run and overseen by the Blind Foundation.

In addition, there are Blind Foundation endorsed organisations that represent the interests of people who are blind or have low vision. They offer peer support, advocacy and social activities. Sharing your contact details with these organisations will provide you with the opportunity to learn more about these groups, what support is available and how you can be involved if you choose. If you want your contact details shared please indicate below:

☐ **Yes** I do want my contact details to be shared with peer support groups.

☐ **No** I do not want my contact details to be shared with peer support groups.

If your application for registration with the Blind Foundation is **declined**, do you agree to the Blind Foundation sharing your details with peer support groups outside of the Blind Foundation that may have support and/or services to help you?

☐ **Yes** I do want my contact details to be shared with peer support groups.

☐ **No** I do not want my contact details to be shared with peer support groups.

Privacy

- The Blind Foundation will keep all my information confidential according to NZ privacy legislation, as outlined on the attached page titled, 'Your Privacy' which explains my privacy rights.
- The Blind Foundation will advise appropriate authorities if any client is known to be driving a motor vehicle, which may put public health and safety at risk.

Your Rights

The Blind Foundation is governed by the Health and Disability Code of Rights. I can access information about my rights under the Code at, http://www.hdc.org.nz/the-act--code/the-code-of-rights**.**

Signed: **……**

Full Name: ……

Date: **……**

Client Copy - Your Privacy

Beyond vision loss

Information about your vision loss

It is important that we fully understand your vision loss and any difficulties you may be encountering as a result. This information is used to assess your eligibility for membership and to provide you with appropriate services. Should it be necessary to clarify any information about your eye condition, we may contact the person who referred you. If at some time in the future we need further medical reports from your General Practitioner or Eye/Hearing Specialists, we will seek your consent to access this information.

Ethnicity

Information about ethnicity is used to provide culturally appropriate services. It is also used for administrative purposes to inform plan and evaluate services.

How your personal information is stored

Information about you is stored in your client record. The Foundation has hard copy and electronic records. These are available only to authorised staff.

Filling in the application form

When you apply for membership of the Blind Foundation, you will be asked to complete an application form. This brochure explains why we need this information and how it will be used.

Personal details

It is important that we have accurate information including your address and as many contact details as you can provide. It is helpful for us to be able to have alternative contacts should we be

unable to contact you directly for any reason. This information will be held in your file and will be used by Foundation staff to provide you with the appropriate services and supports. The information will not be shared with anyone outside of the organisation unless you give your permission. Your contact details, including any email address provided, may be used periodically by the Foundation to keep you informed of news and information, unless you request otherwise.

Accessing your personal information

You have a right to access personal information that we hold about you. You also have the right to correct any information that you consider is incorrect. If you wish to access your information, please talk with a staff member or call, 0800 24 33 33 for assistance.

If you have any concerns

We would be happy to talk with you if you have any concerns about the information that is being collected as part of this application process. Please talk with a staff member or call 0800 24 33 33 and staff will connect you with someone who can help.

Blind Foundation contact details

National office
Awhina House, 4 Maunsell Road, Parnell, Auckland 1052
Private Bag 99941, Newmarket, Auckland 1149
Ph: (09) 355 6900 or 0800 24 33 33
Fax: (09) 366 0099

0800 24 33 33

Blind Foundation Office use only:

Client number _____

Beyond vision loss

Ophthalmic Referral to Blind Foundation

Client details

Title: _____ Surname: _____ First names: _____

Phone: _____ Address: _____

Email: _____ _____

Date of birth: _____ Occupation: _____

NHI Number: _____ Ethnicity: _____

Best corrected visual acuity

Distance Vision: Right Eye _____ Left Eye _____ Binocular _____

Near Vision: Right Eye _____ Left Eye _____ Binocular _____

Field of Vision

Normal: Right Eye _____ Left Eye _____

Widest diameter 20° or less: Right Eye _____ Left Eye _____

Widest diameter 10° or less: Right Eye _____ Left Eye _____

Abnormal, please comment: _____

Diagnosis

Wet AMD: Right Eye _____ Left Eye _____

Dry AMD: Right Eye _____ Left Eye _____

Glaucoma: Right Eye _____ Left Eye _____

Diabetic Eye Disease: Right Eye _____ Left Eye _____

Other: Right Eye _____ Left Eye _____

If other, please write diagnosis: _____

Is the sight loss a result of an accident? No ☐ Yes ☐ ACC No: _____

Prognosis: May Improve ☐ Stable ☐ Deteriorating ☐ Unknown ☐

Date of eye examination: _____

Does the client have diabetes? Yes ☐ No ☐

Other health conditions: _____

_____

Does the client have significant functional hearing difficulties? Yes ☐ No ☐

Comments: _____

_____

Is the client aware of this referral? Yes ☐ No ☐

Referrer details: Ophthalmologist/Optometrist

Name: _____ Position: _____

Email: _____ Address: _____

Phone: _____

Date: _____ _____

_____

Signature: _____

Please send referral by mail, fax or e-mail to one of the following addresses:

Outside Auckland
Blind Foundation
Dunedin Office
PO Box 2237
South Dunedin 9044

Phone: 0800 24 33 33
Fax: 03 455 9454

Auckland Area
Blind Foundation
Auckland Office
Private Bag 99941
Newmarket
Auckland 1149

Phone: 0800 24 33 33
Fax: 09 355 6919

Or e-mail to registrations@blindfoundation.org.nz

People are eligible for registration with the Blind Foundation if their best corrected visual acuity is 6/24 or less, or if they have a significant restriction of visual field; generally visual field of 20 degrees or less. Some support services are available to people who don't quite meet these criteria, please contact us to find out more.

In addition, any child who is eligible to be enrolled with a Vision Resource Centre (BLENNZ) may receive services of the Foundation.