**Tauranga Rotary Making A Difference In Our World**

###### **APPROVAL FORM -** Scooters Project

**FULL NAME**  \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_ Code Phone Age

Disability/Occupation \_\_\_\_\_\_\_ \_\_\_\_\_

Doctors Name Phone \_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_

FAMILY/SUPPORT SITUATION

Married Single  Divorced Widow(ed) 

Spouse Name Age \_\_\_\_\_\_

Occupation \_\_\_\_\_

**ACCOMMODATION**

 House **** Unit ****

Premises Owned **** Rented **** Shared ****

Resides with Spouse **** Family **** Alone ****

**TRANSPORT**

Has own Car? Yes **** No ****

**FINANCIAL DETAILS**

Source of Income

Salary/ Wage per month

Superannuation per fortnight

Other per month

TOTAL INCOME per month

REQUIREMENTS

If leased a scooter, how often would it be used and for what purpose?

(e.g. daily/ shopping)

Other comments to support this application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Signature of Interviewer Date

**APPROVED PRESIDENT**  Date