

F) General Practitioner sign off

I, Dr _____ confirm that _____ has Cerebral Palsy.

I, Dr _____ am confident that CP Society member _____ has the capacity to learn to safely operate a motor vehicle, and learn to drive with professional instruction, as part of the getDriving programme.

OR

I, Dr _____ am referring CP Society member _____ for a driving Occupational Therapist Assessment to determine if he/she can safely operate a motor vehicle, and learn to drive with professional instruction, as part of the getDriving programme.

OR

I, Dr _____ have determined that it is not safe for CP Society member _____ to drive.

GP signature: _____ Date: _____

GP stamp:

G) Support documents required

- 1) Have you enclosed a report from an Occupational Therapist detailing what vehicle modifications (if any) are required to enable the member to safely drive a vehicle? Yes No N/A
- 2) Have you enclosed a copy of the member's Learner License? Yes No

H) Previous support

Has the intended recipient been given a grant toward driving lessons by the Society in the last 24 months? Yes No

If Yes, please give brief details including dates and value of grant:

I) Permission to share this information

If the Society considers it appropriate to approach other funders to assist with funding this application, does the applicant give permission for the Society to do so, and allow the Society to disclose information in this application? Yes No

The Society may wish to share your story on our website, in our magazine *The Review*, in our Annual Report, or on our social media channels. Does the applicant give permission for the Society to do so? Yes No

J) Declaration

The intended recipient agrees that the information presented in this application is true and accurate.

The intended recipient agrees that if this application is successful then:

- funds granted will be spent only for that purpose stated in this application.
- if funds turn out to be in excess of requirements, then this excess will be returned.

I, the intended recipient, am in agreement with this declaration:

Signature or mark of recipient (or Power of Attorney. Filling out name electronically below is equivalent to signing).

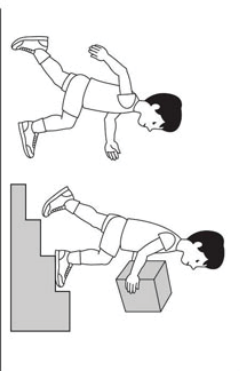
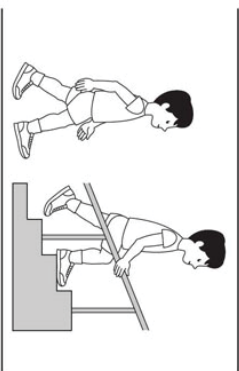
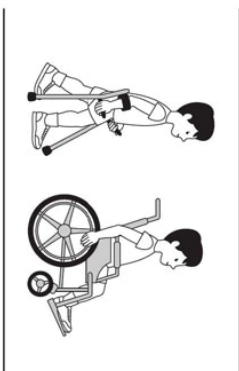
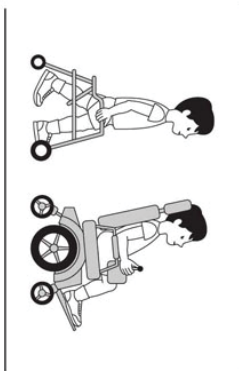
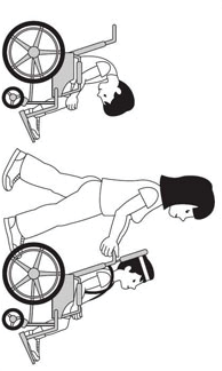
Signature: _____ Date: _____

General Information

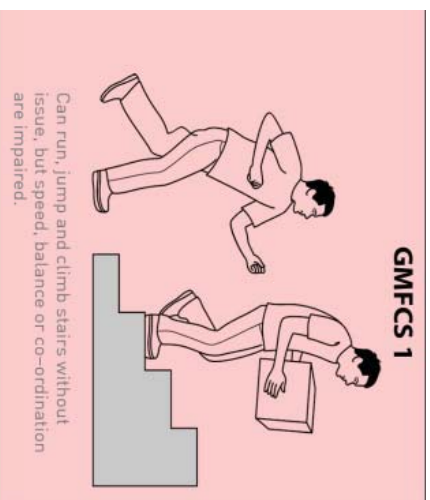
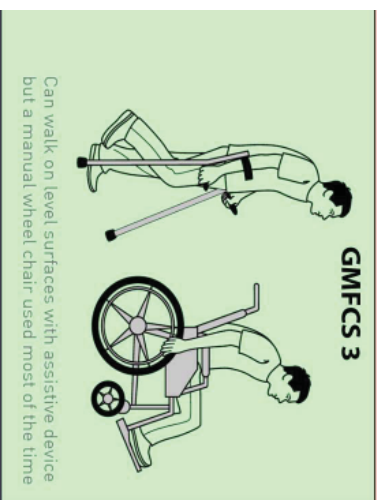
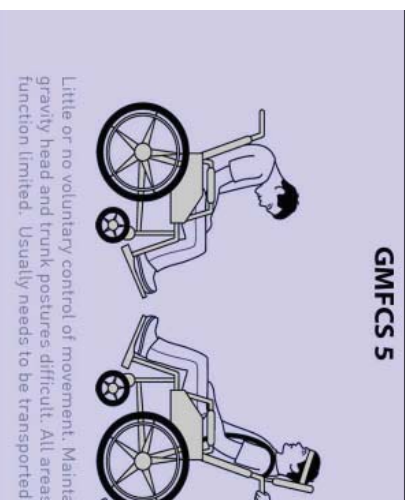
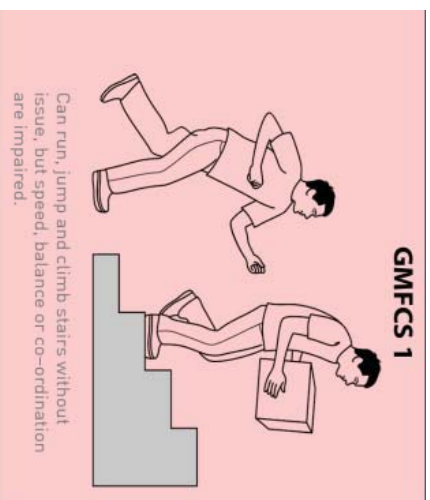
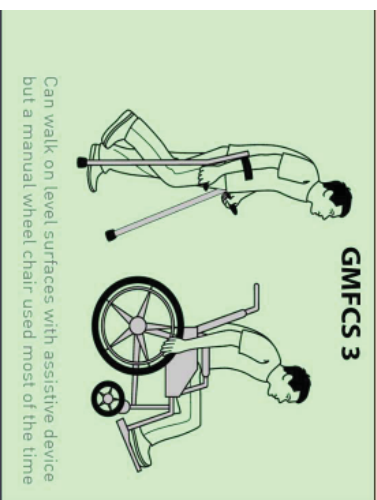
- Applications are usually considered on a monthly basis, with notification shortly thereafter.
- If successful the Society will pay the supplier directly.
- The Society may specify conditions under which the funding is given. These will be conveyed to the recipient for agreement, prior to funding being given.

Email or post this form to: Cerebral Palsy Society of NZ, DX Box CP 31005, Newmarket, Auckland
cpsociety@cpsociety.org.nz • 0800 503 603 • www.cpsociety.org.nz

Children GMFCS Levels

	<p>GMFCS Level I</p> <p>Children walk indoors and outdoors and climb stairs without limitation. Children perform gross motor skills including running and jumping, but speed, balance and co-ordination are impaired.</p>
	<p>GMFCS Level II</p> <p>Children walk indoors and outdoors and climb stairs holding onto a railing but experience limitations walking on uneven surfaces and inclines and walking in crowds or confined spaces.</p>
	<p>GMFCS Level III</p> <p>Children walk indoors or outdoors on a level surface with an assistive mobility device. Children may climb stairs holding onto a railing. Children may propel a wheelchair manually or are transported when traveling for long distances or outdoors on uneven terrain.</p>
	<p>GMFCS Level IV</p> <p>Children may continue to walk for short distances on a walker or rely more on wheeled mobility at home and school and in the community.</p>
	<p>GMFCS Level V</p> <p>Physical impairment restricts voluntary control of movement and the ability to maintain antigravity head and trunk postures. All areas of motor function are limited. Children have no means of independent mobility and are transported.</p>

Adults GMFCS Levels

	<p>GMFCS 1</p> <p>Can run, jump and climb stairs without issue, but speed, balance or co-ordination are impaired.</p>
	<p>GMFCS 3</p> <p>Can walk on level surfaces with assistive device but a manual wheel chair used most of the time</p>
	<p>GMFCS 5</p> <p>Little or no voluntary control of movement. Maintaining anti-gravity head and trunk postures difficult. All areas of motor function limited. Usually needs to be transported.</p>
	<p>GMFCS 2</p> <p>Can walk and climb stairs using a rail but issues with walking on uneven or inclined surfaces or walking in crowds or confined spaces.</p>
	<p>GMFCS 4</p> <p>Capable of walking with a walking frame but mostly relies on wheeled mobility at home and when out.</p>
<p>GMFCS Gross Motor Function Classification Scale</p> <p>This scale was originally designed to classify children with cerebral palsy according to their gross motor function. The Society has extrapolated this scale beyond children so that information gathered in our research, 'CP through the Life Span', will allow our members to relate the research data for people in a similar GMFCS group to themselves.</p>	<p>GMFCS</p> <p>Gross Motor Function Classification Scale</p> <p>This scale was originally designed to classify children with cerebral palsy according to their gross motor function. The Society has extrapolated this scale beyond children so that information gathered in our research, 'CP through the Life Span', will allow our members to relate the research data for people in a similar GMFCS group to themselves.</p>