Wellington City Counci Parks, Sport and Recreation (205) Freepost Wellington City Council

Free Post Authority Number 2199

Me Heke Ki Pōneke Absolutely Positively **Wellington** City Council

50% off

entry to Wellington pools* and recreation centres.

*Excludes Khandallah Summer Pool

20% off

swimming lessons with SwimWell, Club Active fitness memberships, recreation programmes, and group exercise classes.



To complete this application form online, view discount information and frequently asked questions, visit wellington.govt.nz/leisurecard or if you have any questions, please phone 04 806 4745.

LeisureCard

Wellington City Council's LeisureCard allows **discounted access** to a range of recreation and leisure opportunities for people who meet specific criteria.



Who is eligible?

You qualify for the card if you are a Wellington city resident and meet one or more of the following criteria:

- You are a Community Services Card holder (includes people who have a SuperGold+CSC 'Combo Card').
- You have a permanent disability.
- You are on the Green Prescription (GRx) scheme.
- You are a Wellington City Council Housing, community housing or Housing NZ tenant.
- You are settling in New Zealand for the first time with help from the Red Cross or Changemakers.

Please note that people with a permanent disability are eligible for lifelong LeisureCard membership. All other LeisureCards are valid for two years.

Checklist

1. Please provide ONE of the following a photocopy of both sides of your Community Services or SuperGold+CSC 'Combo Card' Green Prescription referral a letter from your health professional stating that you have a permanent disability or long term health condition proof of City Housing tenancy proof of tenancy with a Community Housing Provider (e.g Housing New Zealand, or another CHP) written correspondence from the Red Cross or Changemakers regarding your recent

2. Proof that you live in Wellington

Photocopy or cut the top off a bill showing your name and address.

settlement in New Zealand

3. Photo (for first time applicants only)

| Include a head and shoulders photo |
|--|
| of yourself with your application form |

| or | You may email your photo to |
|----|-------------------------------|
| | leisurecard@wcc.govt.nz with |
| | your name in the subject line |

or

| | , |
|--|---|
| | You can get your photo taken at Wellington City |
| | Council indoor swimming pools or the Arapaki |
| | Library and Service Centre on Manners Street. |

Application form

| First name. |
|--|
| Surname |
| Address* |
| Suburb |
| Postcode_ |
| Phone number |
| Email address** |
| Ethnicity*** |
| Gender*** |
| Date of birth*** |
| Emergency contact name |
| Emergency contact phone |
| *We collect your address so that we can mail you a new LeisureCard if you renew it online |
| **From time to time we may send you promotional emails relevant to your membership - you can opt out of these emails in the next section |
| ***This information is used for reporting and will be grouped so individual people cannot be identified |
| |
| |



Please read and sign the following

- 1. I understand that the information I provide to Wellington City Council will be used to sign me up to the LeisureCard membership scheme, and for the continued management and administration of my membership and the scheme.
- 2. I have the right under the Privacy Act 2020 to request access to personal information Wellington City Council holds about me, and to ask for it to be corrected if I think it's wrong.
- 3. I agree to Wellington City Council notifying me of special offers and useful information relevant to LeisureCard holders. Please tick below:

| Yes | □ No |
|-----------|------|
| Signature | |
| Date | |

If you are filling out this form for someone else

I confirm I have the authority to submit this information on behalf of the named applicant.

Your name.....

| Relationship to applicant (e.g advocate, support person) |
|--|
| |
| Organisation (if applicable) |
| Signature |

| Office use only | | | |
|-----------------|--|--|--|
| | | | |

| Office use only | | | | | |
|---------------------------------------|------------------|--|--|--|--|
| ☐ CSC ☐ GP ☐ RM ☐ G☐ Address verified | CH □PD □CHP □HNZ | | | | |
| Application verified at | | | | | |
| by | Date | | | | |