



Are you over the age of 18?    Yes                      No

If no, please include parent / guardian consent and contact details

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### **Parental / Guardian Consent (if under 18)**

I give permission for my child to register for BookLink. I agree to offer supervision of the content they access, to ensure it is of a suitable maturity level.

Child name:

Date:

Parent/guardian name:

Parent/guardian signature:

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### **Declaration**

**This section must be completed by a health professional.**

I declare the person stated on this form meets one of the following criteria of print disability as defined by the Copyright Act 1994. (Please tick)

is blind; or

suffers severe impairment of his or her sight; or

is unable to hold or manipulate books; or

is unable to focus or move his or her eyes; or

suffers a handicap with respect to visual perception

Signature:

Name:

Qualification/s:

Date:

### **Send completed form to**

Blind Foundation Auckland Office  
Private Bag 99941  
Newmarket,  
Auckland 1149

Send form via email: [library@blindfoundation.org.nz](mailto:library@blindfoundation.org.nz)

For any further information call 0800 24 33 33