

# your blue book

**THE BEGINNER'S  
GUIDE TO COPING  
WITH VISION LOSS**



**Your Blue Book is published by Retina New Zealand Inc.**

**RETINA NZ**



**FIGHTING BLINDNESS**

**0800 233 833**

**04 299 1801**

**PO Box 2232**

**Raumati Beach**

**Paraparaumu 5255**

**retina@retina.org.nz**

**www.retina.org.nz**

Retina New Zealand Inc. would like to acknowledge the financial assistance from;

- **Royal New Zealand Foundation Of The Blind**
- **New Zealand Lottery Grants Board**

We thank you for your support on this project and our other important peer support and public awareness projects.



**ROYAL NEW ZEALAND  
FOUNDATION OF  
THE BLIND**

**TE TUĀPĀPĀ O TE HUNGA KĀPŌ O AOTEAROA**



**NZ Lottery Grants Board**

**TE PUNA TAHUA**

**Distributor of NZ Lottery Profits**

# YOUR BLUE BOOK

Right now your eyesight may mean that you are experiencing difficulty with regular tasks around the home, are anxious about your current or future employment situation, uncertain about your personal relationships or feeling a degree of apprehension in social settings. It may be that you're just simply not yet in the know, you don't have all the knowledge.

Curiously, the word "blind" is often used to signify a lack of knowledge of something; a blind date, a blind experiment, or the colloquial expression "the blind leading the blind". According to the Oxford English Dictionary, knowledge is expertise and skills acquired by a person through experience or education or awareness or familiarity.

Learning the knowledge is well-known in London as the process by which a taxicab driver is licensed through the Public Carriage Office. Prospective cabbies seeking the knowledge are given The Blue Book, a guide to learning the knowledge of London, which sets out many routes they must learn. The points of interest along those routes they must learn include streets, squares, clubs, hospitals, hotels, theatres, embassies, government and public buildings, railway stations, police stations, courts, diplomatic buildings, important places of worship, cemeteries, crematoria, parks and open spaces, sports and leisure centres, places of learning, restaurants and historic buildings.

Retina New Zealand has written **Your Blue Book** with the intention of providing you with an opportunity to learn the knowledge that you will need as you set out on your path towards maintaining or restoring your independence and quality of life. Just as the London cabbie uses their Blue Book to access places of interest, you too will use **Your Blue Book** to learn the knowledge to be independent.

This is **Your Blue Book**, we hope it will help you access what you personally need. Information contained here will guide you (or your family member or friend) to understanding and dealing with your eye condition. We are confident this guide should start you on the journey of discovering how to do **EVERYTHING YOU DID BEFORE**, albeit in a different way.

We know you'll feel a renewed sense of freedom, independence and empowerment as you undertake this journey. We encourage you to regularly practice your new skills and to re-read Your Blue Book if you want to minimise the impact of sight loss on your lifestyle.

Retina New Zealand's Peer Support free phone, **0800 233 833** will put you in touch with our team of caring, experienced and supportive listeners and advisors - ready to support you as you go about accessing your own points of interest.

## CONTENTS

Chapter 1.	<b>The Professionals - the Who and How of getting help ....</b>	<b>Pg 3</b>
	(Editorial assistance from Dr Lesley Frederickson)	
Chapter 2.	<b>How do I make sense of my diagnosis? .....</b>	<b>Pg 5</b>
Chapter 3.	<b>Communication - making my thoughts &amp; needs clear .....</b>	<b>Pg 7</b>
Chapter 4.	<b>Financial and other Support - What am I entitled to? .....</b>	<b>Pg 9</b>
	(Editorial assistance from Maria Williams)	
Chapter 5.	<b>Moving On - from diagnosis to acceptance .....</b>	<b>Pg 11</b>
	(Editorial assistance from Delwyn Lopez)	
Chapter 6.	<b>Around the Home - Optical &amp; Non-Optical Aids .....</b>	<b>Pg 13</b>
	(Editorial assistance from Camille Guy)	
Chapter 7.	<b>Getting out and about .....</b>	<b>Pg 19</b>
Chapter 8.	<b>How will I read? How will I write? .....</b>	<b>Pg 21</b>
	(Editorial assistance from Neil Jarvis)	
Chapter 9.	<b>Employment and Education .....</b>	<b>Pg 27</b>
	(Editorial assistance from Maria Williams)	
Chapter 10.	<b>Leisure .....</b>	<b>Pg 29</b>
	(Editorial assistance from Marina Hanger)	
Chapter 11.	<b>Making contact .....</b>	<b>Pg 30</b>
Chapter 12.	<b>Glossary of terms .....</b>	<b>Pg 34</b>

First published Feb 2011  
 2nd edition updated & published Sept 2012  
 Cover design by Zane Bartlett  
 Typeset in 18pt Apple LiGothic by Mike Smith

# **1. The Professionals - Who can help you and how**

Who can help me with my diagnosis, treatment and rehabilitation? Here is some information about professionals who can help and how to access their services.

## **Ophthalmologist**

A doctor of medicine qualified to diagnose, manage and treat all eye and visual system disorders. An Ophthalmologist is trained to render total eye care, including vision services, contact lenses, eye examinations, medical eye care and surgical eye care. You will find Ophthalmologists listed in the medical practitioner section of your telephone directory.

## **Optometrist**

An eye health professional trained to provide primary eye care services, such as eye health & vision examinations, diagnosis of vision problems and eye diseases, prescribing of eyeglasses, contact lenses and medications. A full list of members of the NZ Association of Optometrists is available on their website: [www.nzao.co.nz](http://www.nzao.co.nz)

## **Low Vision Specialist**

In New Zealand this is usually an Optometrist with knowledge and experience of the special needs of people with low vision.

These skilled professionals will first conduct a clinical low vision examination before assessing both your functional visual abilities and the environment in which you will operate. This includes everyday tasks that are important to you; things such as reading and writing, moving about, grooming, cooking and cleaning.

The important point is that you can set your own priorities. There will also be a more technical assessment to determine the correct amount of magnification required for different tasks, to assess the issues of glare and contrast sensitivity, and to enable recommendations of possible aids and appliances.

Information on locating a Low Vision Specialist is detailed in chapter 11 of this book (Making Contact - page 30).

## **Rehabilitation Instructors**

If you qualify for membership of the Royal New Zealand Foundation of the Blind, you will be able to access the services of Rehabilitation Instructors free of charge. Rehabilitation Instructors can help with:

- A variety of communication systems.
- Activities of daily living.
- Leisure and recreation skills.
- Psycho-social aspects of sight loss.
- Basic orientation and mobility.

Criteria for registration as a member of the Royal New Zealand Foundation of the Blind (RNZFB) are:

“In the opinion of a registered Ophthalmologist or Optometrist the person's visual acuity does not exceed 6/24 in the better eye with corrective lenses, or there are serious limitations in the field of vision generally not greater than 20 degrees in the widest diameter.”

## **2. How do I make sense of my diagnosis?**

To understand your diagnosis and the options available to you it is important to play an active role in your health care. You and your medical professional will work in partnership to achieve your best possible level of health. Here are some questions you can ask your Ophthalmologist or Optometrist (or other medical professional):

### **At the initial diagnosis of your condition:**

- What kinds of tests will I have?
- What do you expect to find out from these tests?
- When will I know the results?
- Do I have to do anything special to prepare for any of the tests?
- Do these tests have any side effects or risks?

### **When a diagnosis has been made:**

- What is my diagnosis?
- A description in layman's terms would be?
- What caused my condition?
- Can my condition be treated?
- How will this condition affect my vision now & in the future?
- Should I watch for any particular symptoms and notify you if they occur?
- Should I make any lifestyle changes?

### **Similarly, when discussing treatments:**

- What is the treatment for my condition?
- When will the treatment start, and how long will it last?
- What are the benefits of this treatment, and how successful is it?
- What are the risks and side effects associated with this treatment?
- Are there foods, drugs, or activities I should avoid while I'm on this treatment?
- If my treatment includes taking a medication, what should I do if I miss a dose?
- Are there alternative treatments?

If you don't understand your doctor's responses, ask questions until you do understand. Take notes, or get a friend or family member to take notes for you. Alternatively, you could:

- Bring a recording device to assist in your recollection of the discussion.
- Ask your doctor to write down his or her instructions to you.
- Ask your doctor for printed material about your condition.

If you still have trouble understanding your doctor's answers, ask where you can go for more information.

Other members of your health care team, such as nurses and pharmacists, can be good sources of information. Talk to them too.



### **3. Communication - making my thoughts and needs clear**

Cherish your independence. Ask for things when you need them. Gently and cheerfully remind people when they fail to be inclusive and mention your sight loss only as a fact of life - like anyone else might mention having kids or growing up on a farm.

The essence here is that we each must balance opportunities for helping and for receiving help. Knowing when to ask for help is a dilemma for most people - whether they have a disability or not. So you are in good company in this sense.

Consult your own understanding of the real impact of your visual impairment and your own sense of fair play. Never decide what you can or cannot do, or should or should not do, or ask for help based on what others believe to be the capabilities of sight-impaired people. Do not allow the protective or pitying beliefs of others to determine your requests any more than you would normally allow a judgemental person to subvert your requests. Approach each and every task or responsibility by asking yourself:

- Can I do this myself?
- Is it really the other person's responsibility?
- Am I asking for something unrealistic?
- Am I giving as well as I'm getting?

Carefully consider who might be most appropriate to ask for help. If the help you receive is inappropriate for any reason, never make the helper feel bad. This does nothing to help you and merely makes the helper feel uncomfortable and apprehensive towards you and possibly others in a similar position.

Another important rule is never to make other people guess what you want or need. Be forgiving if you do ask and they forget your request. Your disability is not the central focus of their lives any more than some detail of their lives is central to yours. Concise and unambiguous requests are best. One has to be aware of, as well as accept, one's limitations and strengths and have the confidence to be able to share that information with anyone at any time.

[illegible]

## **4. Financial and other Support: What am I entitled to?**

The type of support available from Work and Income for people with a sensory disability like a sight loss includes the provision of the Disability Allowance, Child Disability Allowance, Sickness or Invalid Benefit, Invalid Benefit:Blind (additional benefits for those who are legally blind), as well as Accommodation Supplement and the Community Services Card.

For funding and support available from Work and Income call WINZ toll-free on their General Inquiries number **0800 559 009** or visit their website: [www.workandincome.govt.nz](http://www.workandincome.govt.nz)

When applying for a Sickness or Invalid Benefit it will be helpful if you are able to provide your most recent ophthalmic report or hospital clinic letter in conjunction with the medical certificate.

<http://www.workandincome.govt.nz/individuals/disabled-or-ill.html>

**ACC** is responsible for administering New Zealand's accident compensation scheme and will fund treatment, rehabilitation and weekly compensation for people who have sustained injury and disability as a result of an accident. ACC Case Managers are the pivotal point for rehabilitation management in partnership with a person. Any need for support such as home help, equipment or rehabilitation would be assessed and then options considered regarding approval within the ACC legislative framework. [www.acc.co.nz](http://www.acc.co.nz)

### **Housing New Zealand**

There are two key areas where Housing New Zealand provides support to disabled people. Housing New Zealand has a Suitable Homes service where Case Managers work with disabled people to assist them to find a modified home suitable to their requirements. In order to access this service an individual must live in New Zealand, have a long-term (longer than six months) physical disability and require housing that meets their disability needs. If any modifications need to be done to a home, the funding comes from other Government Agencies such as the Ministry of Health or ACC. Housing New Zealand can assist you to access this funding.

The Suitable Homes service also supports disabled people wanting to modify their existing home regardless of whether it is their own or a rental. Housing New Zealand maintains a database of Housing New

Zealand properties that are modified. They will also network with landlords and other disability support organisations to ascertain availability of modified properties. [www.hnzc.co.nz](http://www.hnzc.co.nz)

### **Health and Disability Commissioner**

The Health and Disability Commissioner is an independent agency that supports and protects the rights of consumers who use health and disability services. Contact the Nationwide Health and Disability Advocacy Service, Freephone **0800 555 050**. [www.hdc.org.nz](http://www.hdc.org.nz)

### **Nationwide Health and Disability Advocacy Service**

If you are a consumer of a health or disability service and are concerned that your rights have been disrespected, health and disability advocates will work alongside you in a support role to inform you of your rights when using health and disability services. You can contact them Toll Free on 0800 555 050 (North Island contact number)

Email: [advocacy@hdc.org.nz](mailto:advocacy@hdc.org.nz) [www.hdc.org.nz/advocacy](http://www.hdc.org.nz/advocacy)

### **New Zealand Lottery Grants Board**

The Individuals with Disabilities fund sub-committee allocates grants for mobility and communication equipment to assist people with disabilities to achieve independence and gain access to the community. Grants include the purchase and adaptation of communication devices. For funding purposes, an individual with a disability is defined as a person who has a permanently reduced capacity to be transported, personally mobile or to communicate, as a result of a physical, sensory, psychiatric or intellectual disability. To apply for funding or obtain further information contact toll free on 0800 824 824

Email [grantsonline@dia.govt.nz](mailto:grantsonline@dia.govt.nz) Web [www.cdgo.govt.nz](http://www.cdgo.govt.nz)

### **Total Mobility Scheme**

Total Mobility is a national scheme operated by local authorities. If you qualify for RNZFB membership, you can access a system entitling you to a significant reduction on the normal taxi fare (usually about half fare).

[www.transport.govt.nz/total-mobility-index/](http://www.transport.govt.nz/total-mobility-index/)

### **The Pearson Fund**

Is specifically for those who qualify for RNZFB membership and have blindness-related costs. (refer to Page 4 to determine if you are eligible).

## **5. Moving On - from Diagnosis to Acceptance**

You are told "There is no cure ... you can no longer drive ..." and it seems like your whole world is turned upside-down. It is normal to experience a range of emotions from shock, grief, confusion, helplessness, anger, denial, sadness to depression and isolation, believing no one understands what is involved.

While it is very important to ask the Eye Professional about all the implications of your condition, be mindful that a gap in courage or communication, while normal, can contribute to a delay in accepting your sight loss. Having a support person with you at this time can be most helpful in understanding the information more clearly and being able to ask relevant questions.

Successful adjustment to sight loss begins when people adopt some of the common coping strategies:

- Take time to assess how you are affected by this information and what it means for you.
- Ask sensible questions of yourself and others. Be open and honest with those around you.
- Devise personal coping systems. You may not necessarily like the change but you can begin to accept that it has happened and be willing to work it into your life.

The most helpful way people can assist those dealing with sight loss, is to be genuinely attentive, patient, empathetic and non-patronising. Open communication and a positive attitude will help everyone involved to manage the transition to incorporate change.

In recognition of the unique circumstances encountered by people coming to terms with their sight impairment, there is support available. For people unable to register with the Royal New Zealand Foundation of the Blind, Retina NZ have support groups to help individuals and their families learn to cope with sight loss. Support groups provide a safe, confidential environment in which to share your concerns of what the future might hold. You will hear how others having similar experiences to yourself, have found ways and developed strategies to help maintain their independence, achieve their goals and lead a fulfilling life.

If you prefer to speak to someone personally, you are welcome to call Retina New Zealand's Peer Support Service - 0800 233 833.

If face-to-face support is preferred, the RNZFB does offer an initial counselling session to non-members. The professional counsellor is experienced in working with issues around sight loss. Doubts and anxieties can be explored freely without fear of judgement or embarrassment. One of the counsellor's roles is to reassure you that you do have the skills and the resources necessary to adjust to this sight loss. RNZFB contact number: Auckland (09) 355 6900 or 0800 243 333.

For ongoing support, the counsellor will suggest counselling agencies which would best suit your needs and also let you know of any financial support available for this.

For a 24hr counselling service, contact Lifeline New Zealand: Auckland (09) 5222 999 or 0800 111 777. A nationwide service is reached by calling 0800 543 354.

Accessing these supports means that many solutions can be just one phone call away.

**Retina Youth on Facebook** - Retina NZ now has a youth forum for 18 to 35 year olds. In addition to the youth section of our quarterly newsletter, they also have the facebook site (follow the link below) to discuss issues that specifically confront young people with a degenerative eye disorder. Check it out, its worth it.



**JOIN US ON FACEBOOK**

Those of us tech savvy youngins will be pretty familiar with these things. QR codes, if you have a smart phone simply give this a snap on your phone and your there! Otherwise search for us "retina youth". We have a great support network. Give away loads of prizes, and keep you up to date with all the latest Retina news. You would be crazy not to jump on and join the discussion.

## 6. Around the Home

It takes time to work out what will most help you at home. You won't achieve maximum efficiency overnight but believe it, you will get there. Friends and family need to understand that you are in transition, and that you won't always be asking for help to find things.

It also takes effort to keep in touch with new developments in technical aids. Don't be deterred if you are older or think new technology is beyond your grasp. Many of those who lose sight in their 80s and 90s master computer and other technologies. That means they can keep in touch with friends and family by email, listen to audio books and work out ways of locating everything in the house.

“The trouble with you,” one totally blind woman told her partially blind friend, “is that you keep trying to use your eyes.”

There is a lot of truth in that. The habit of using our sight is deeply ingrained. If you have relied on it all your life, it is hard to stop being so sight dependent, even when using other senses would be more efficient.

We tend to keep creating larger and larger print and labels on household items or telephone lists, when there are other ways to handle this problem of identifying names and objects. Younger members of your family who grew up in a more technological era, will be able to help you find out about new devices for the blind and partially sighted.

Take for example, the electronic labelling device called a Penfriend. This small instrument comes with sheets of self adhesive stickers onto which you can record your own voice. It can be used to label medicines, CDs, household cleaners, pantry items and so on. It is genuinely simple to use. To identify the labelled object you point the Penfriend at the small label and it replays whatever you have recorded. It can even be taken to the supermarket and you can have your entire shopping list on a tiny label you have stuck on an envelope. This item is available from the RNZFB, at a subsidised price for members and normal price for non-members. Please contact the RNZFB for current prices.

## **Lighting**

Depending on your eye condition, controlling light intensity and minimising glare can be helpful. You might also find it useful to maximise contrast. Many of those who are legally blind can still see a piece of lint on a dark carpet, and this can be a cue about how to make objects more visible around the house. Lighting can be described as either general or task-oriented. General is overhead lighting, as in the type that lights up the whole room.

There are also different kinds of light, and each person tends to have a preference for one of them. The three main kinds are incandescent, halogen, and fluorescent. Chromalux is another type of light that mimics natural sunlight. It is well worth your time figuring out which type of lighting helps you most.

### **Here are some tips for using lighting to maximise your vision:**

- Provide light throughout the room with additional task lighting. Avoid creating shadows. Don't work in a pool of light surrounded by darkness.
- Move lamps close to your work. To minimise glare, use an adjustable lamp and position it to the side, rather than directly in front of you. Many people find it helpful to have lamps on both the right and left sides - that will eliminate shadows.
- When writing, to prevent shadows, place the lamps on the opposite side of the hand being used. Locate the bottom edge of the lampshade just below eye level.
- To reduce glare, cover bare light bulbs of all types with shades. Soften bright light from windows with coverings like blinds or sheer curtains. Also, position the chair and table so you don't have to look directly at the light coming from the window.
- To further reduce glare, cover or remove shiny surfaces such as floors and table tops. Shiny paper can increase glare, so try to use matte paper when reading or writing.
- In hallways and stairways, provide generous amounts of light and position it so that it shines on the walls, floors, steps, and railings.



- Keep all rooms evenly lit. It can be difficult for your eyes to adjust from bright light to low light, so if you keep all rooms well lit, it will be more comfortable to walk from room to room. Try not to walk from a brightly lit room immediately to a dark one.

The more contrast, the easier it is to find and use objects around the house. Below are a few hints for using contrast and other tricks to make your home more blind user friendly.

## **In the Kitchen**

- When pouring a light-coloured drink, such as milk, use a dark glass, and vice-versa.
- Use white dishes when eating dark coloured food, and vice-versa. Make use of table mats, table cloths and coasters to heighten contrast with plates and other objects.
- When measuring dark-coloured food, like coffee, use white measuring cups. Use black measuring cups to measure light coloured food, like flour and sugar. Or just forget about straining to see, and use your sense of touch.
- It can be helpful to install contrasting coloured handles on doors and drawers.
- Use contrasting coloured stickers or dots to mark oven dials, microwave switches, dishwashers, and other appliances.
- Finding items in the back of cupboards, especially corner ones, can be a trial. If able to do a kitchen makeover consider corner drawers or installing those units that swivel out or revolve from the cupboard.
- Store pantry items in groups, putting similar items into shallow plastic containers of different shapes and colours. Group all cooking oils together, all canned fruit, all baking items etc.
- There are many useful kitchen gadgets such as the device which you attach to the top of your cup and it beeps when the cup is nearly full. Other useful devices include talking scales, easy read or tactile timers, even talking microwave ovens!

## **Bathroom**

- For white countertops, use dark coloured toothbrushes, soap dishes, etc. and vice-versa for dark counter tops.
- In a white bathroom, a dark bathmat draped over a white tub will make the tub easier to see. Similarly, a dark toilet seat cover will make a white toilet easier to see. Contrasting coloured towels are also helpful.
- Use a light-coloured bottle for conditioner and a dark bottle for shampoo to make it easier to grab the correct product in the shower. If the shower walls and tub are white, use coloured soap.
- Avoid clear objects or objects that match the counter. They can disappear from view.
- Again, group similar items together so you don't use hair product to clean your teeth. A magnifying mirror can help with shaving or applying make-up.

## **General Areas of the House**

- Hooks and open shelves are a godsend. These make items more visible and they don't have to be scrabbled for in the recesses of cupboards.
- Put contrasting stripes on the edges of steps to make the steps visible and prevent the steps from disappearing from view. These can either be painted on, or you can purchase special tape.
- These days, many telephones have a raised dot on the number 5 to assist with dialling. It is easier to find the other numbers when you know where the number 5 is and use it as an anchor point.
- Paint gates and doors different colours than the rest of their respective fences and walls to make entrances easier to locate.

To maintain harmony at home, try to get co-operation over these two basic rules:

- Firstly, everything in the house must be put away immediately after use, in its designated place, otherwise the blind person will never find it again. They will also be forced to ask sighted family members or flatmates to locate the missing item, which can be trying for all concerned.
- Secondly, nothing must be left on the floor, otherwise it will be stood on or tripped over.

### **Low Vision Optical Aids**

Magnifiers vary. Some are used to see things that are near, like a newspaper, and others are used for seeing distant objects, like street signs.

It is helpful to think of low vision optical aids as specific tools for specific uses. One device may be used for reading mail, another for watching movies, and yet another for seeing menus at a restaurant.

These are not intended as all-purpose aids. Instead, they make it easier to use one's existing vision for specific tasks, like knitting or watching a football game.

Unfortunately, low vision aids do not replace vision that has already deteriorated or been lost, but they will maximise one's remaining vision and help one to enjoy favourite activities and hobbies.

It is critical that someone with low vision gets the correct magnifier at the correct strength. There are hand magnifiers, stand magnifiers, pocket magnifiers, closed circuit television magnifiers, and they come in all sorts of shapes. There are magnifiers that look like mini-telescopes and some that look like glasses. Some can be worn around the neck and some come attached to a desk lamp. Some have built in lights. And of course, they come in many different strengths.

Once someone has the correct magnifier for a specific task, practice is essential. Learning to use a magnifier to read, attend plays, buy groceries, or engage in any other activity takes practice. It can sometimes be a bit of a struggle to adjust to using a magnifier, but it is worth the effort. Being comfortable and skilled in using a magnifier can greatly improve its effectiveness.

When using a hand magnifier, it is important to hold it straight. The eye, the magnifier, and the material at which one is looking should all be in one straight line. Tilting the magnifier will distort what one is trying to see. It is sometimes easier to keep the magnifier straight if one places the material being read on a clipboard or stand.

When using a stand magnifier, one must keep the magnifier on the paper rather than lifting it to the eyes.

### **Low Vision Non-Optical Aids**

There are hundreds of devices that can help people with low vision manage their everyday living tasks. Readily available locally, including at the Low Vision Centre, and through catalogues, these devices can often be just the thing to enable someone with low vision to maintain independence.

For example, bright-coloured bumpy marks can be put on an oven dial or washing machine so that you can recognise points. Someone with low vision can then easily find the 200 degree mark.

To help tell time, there are talking clocks and watches as well as clocks, timers, and watches with large, easy-to-read faces. There are aids that thread needles, keep socks together, and help keep track of medication. For the exercise-conscious, even pedometers have learned to talk!

To help with writing, there are signature, letter, and envelope guides, bold black pens, and paper with thick black lines that are more easily seen. Playing cards, crossword puzzles, and even some board games come in low vision versions.

Big-button phones make it easier to dial and large-print address books make it easier to read addresses and telephone numbers.

A cordless, rechargeable vacuum cleaner can be much easier to use than one which has to be plugged in at a different power point in each room. There are a range of brands now available, some with detachable dust busters and not requiring disposable bags.

The RNZFB has many non-optical aids available for visually impaired people to try at their equipment display days where displayed items can be purchased.

## **7. Getting out and about**

Without any significant financial or time commitment, you can make it easier to move around your home and community.

**Around the home you could make things that much easier by:**

- Removing area rugs.
- Moving furniture out of the main traffic areas.
- Keeping desk chairs and table chairs pushed in and keeping cupboard and room doors fully open or fully closed.
- Making it easy to locate electrical outlets and light switches and doorknobs by using colour contrasts.

**Similarly, when travelling outside of your home:**

- Pre-plan your route by identifying landmarks that are easy for you to detect and use them as reference points.
- Remember (wherever possible) to cross at pedestrian crossings.
- If you require the assistance of a sighted guide, be sure to make your arrangements well in advance.
- If you require a mobility taxi you can freecall 0800 50 55 55 from anywhere in New Zealand to order a local taxi. Handy if you're out and about. Its also a free call from your mobile phone.
- If traveling by bus and are unable to read the bus timetable, almost all bus companies will have a customer help line. If you let them know you're blind they'll advise you how to get from A to B.

When moving around your community You should consider lighting (carrying a torch, planning your journey to avoid hours of darkness, choosing the best lit route etc.), using orientation landmarks for their ease of identification (size, contrast other sensory identifiers like smell and terrain), controlling glare (wear appropriate sunglasses and visors) and being organised and prepared (scenario plans enlarged route maps, phone numbers for assistance etc.).

### **Orientation and mobility specialists provide training in:**

- How to use your remaining senses to determine where you are.
- Techniques for safe movement from one place to another.

### **Instructional skills include:**

- Sensory and motor development.
- Use of residual vision and low vision devices.
- Sighted guide techniques.
- White Cane techniques.
- Route planning.
- Problem-solving skills.
- Techniques for crossing streets.
- The use of public transport.

Orientation and mobility instructors are called upon to assist public transport authorities to minimise the dangers caused by complex road patterns (e.g., roundabouts, multiple street intersections).

To assist both you and your sighted guide to move together efficiently, a free brochure is available by calling the RNZFB on 0800 24 33 33. You will be surprised how easy it is to be guided and how quickly your guides will become competent in assisting you in a dignified and effective way.

## **8. How will I read? How will I write?**

Fortunately the question "will I still be able to read, able to write" is no longer relevant to people with a sight loss, rather the question is "how will I read, how will I write". Assistive technology has advanced rapidly in recent years making it relatively affordable and easy to use. For more and more of us, our daily lives are not compromised by an inability to read and write. Here we describe each technology or piece of equipment and give you a brief insight into how assistive technology could re-claim much of your independence.

### **Reading Print**

A sight loss does not mean losing your ability to independently read printed material such as letters and menus. There are several options depending on your residual vision and how and where you want to read print.

Following a professional assessment using a range of magnification options, you may find you cope well with just simple magnifiers. Video magnifiers are great if you have adequate residual vision. They magnify and enhance the contrast of text. Some models allow you to use a pen and thus write as well as read and there are portable units that can focus on distant objects such as signs and notice boards. Some mobile phones have software which will read printed material - you simply take a picture of the text and it is read aloud.

### **Accessible Books**

Whether your level of vision means you qualify for RNZFB membership or not, you have a number of options. Audio books are available from public libraries in New Zealand. These can be on cassette tape or on CD. Recently they have become available in MP3 downloadable format which can be read aloud on your computer. If you do not have a computer and wish to read CD books without being confined to a sound system, it is still possible to buy a small portable battery or mains operated CD player that you can keep in a handbag or pocket.

International commercial organisations offer extensive catalogues of books, magazines and so on. Some of these lend the audio books free of charge to visually impaired people. Others are strictly commercial organisations which provide these for payment.

## **Downloadable audio books from Audible.com**

This is a commercial site offering over 30,000 downloadable audio books. The books are delivered in a choice of proprietary formats offering different trade-offs between audio qualities and download size. These books can be played on a computer or can be transferred to a mainstream and special purpose MP3 players and mobile phones. The audible format remembers your position in the book meaning that you can listen to multiple audible books and switch between them returning to your last reading position in each book. The audible server maintains your library allowing you to download again any book you have previously purchased. Audible sell the books on an individual basis or you can subscribe to a plan.

**The Spoken Network** and **Simply Audio Books** offer a wide range of downloadable audio books in MP3 or WMA format.

**iTunes** also sells audiobooks that can play on any AAC or MP3 format device. You can also burn an MP3 audio file on to a CD and it will play in a Daisy player with chapter markers. There is also the ebook format available for the iPad for those who can still see enough to read, the screen illumination offers that bit extra contrast that you just can't get from a printed page. Alternatively, Voiceover - the built in accessibility software will read it to you.

Accessible books in text format are also available on the internet. Here you can download books which you can listen to using a screen reader on your computer or which you can transfer to a portable player which supports text-to-speech.

The two key providers are **Project Gutenberg** (most of the classics but few modern books, free access) and **Bookshare** (affordable initial registration and annual subscription fees apply)

So you have your book, magazine or newspaper, how do you play it or display it?

Some mainstream MP3 players (e.g. Apple iPod shuffle) will play some audio books and can be operated by people with a sight loss. The iPod Touch, iPad and iPhone come equipped with Voiceover, a screen-reader which gives you full access to the device's facilities.

Another popular player is the Zen Stone which, unlike most portable players, will play protected WMA files allowing the user to download books from local public libraries which use the Overdrive audio book



service or similar. Simplified navigation may be enjoyed when choosing a player designed for visually impaired people. They are more expensive than mainstream players but the features ensure a reading experience that is almost identical to that of a sighted person. Currently available brands include:

- Victor Reader Stream from Human Ware
- Book Sense portable Daisy player from GWMicro
- Book Port Plus from the American Printing House for the Blind.

Should you qualify for membership of the RNZFB (see page 4), a library of accessible books, newspapers and magazines, along with the device to play the book, are available free of charge.

### **Computer Access**

Computers are especially useful to people with a visual impairment. Even if you are totally blind you can independently use a computer to, for example:

- Keep in touch with friends and family around the world via email.
- Use the Internet to get information about almost anything.
- Use the Internet to do your supermarket shopping.
- Talk to your friends & family around the world for free via Skype.

### **So how can you use a computer if you cannot see the screen very well or not at all?**

- If you have reasonable residual vision you can change the colours and fonts to achieve better contrast.
- If you have less residual vision you can use screen magnifier software to enlarge selected parts of the screen and to make the cursor and mouse pointers easy to locate and see.
- If you are blind you can use screen reader software to read aloud selected parts of the screen using synthesised speech.

Whatever your residual vision you do not have to use a mouse to operate your computer. You can do everything via the keyboard. If you cannot use a computer because you cannot see the keyboard you can purchase high visibility labels to label the keys of your current keyboard or you can purchase an alternative easy to see keyboard.

Although harder at first it is well worth learning to touch type. To that end you can buy a self voicing touch typing tuition program.

Although harder at first it is well worth learning to touch type. To that end you can buy a self voicing touch typing tuition program.

Long term it is well worth learning to touch type and you will then never have to look at the keyboard. Initially touch typing is slower than using two fingers, but you will soon get faster. If you plan to use a screen reader or screen magnifier, remember that these are most easily controlled using the numeric keypad, so avoid keyboards which lack the numeric keypad.

You can install basic assistive software for free, and this free software is increasingly capable (although not appropriate where high productivity is necessary). Every Apple computer has accessibility built into its operating system, so comprehensive screen reader and screen magnifier function is available straight away.

A screen magnifier can be very helpful if you still have useful residual vision. Some of the ways a screen magnifier can help include:

- Enhancing screen contrast by changing the colours.
- Enlarging the screen image.
- Choosing of magnification modes (the entire screen magnified or the screen split).
- Making the mouse pointer and the data entry cursor easier to find.

Every Windows version since Windows 98 includes a basic screen magnifier called Magnifier (look in Accessories/Accessibility). This optionally inverts the displayed colours to bright text on a dark background and magnifies the area round the cursor or mouse pointer in a window at the top of the screen.

Commercial screen magnifier programs include Zoom-text, Magic and Lunar-all of which offer free trial periods and incorporate screen readers (see below). Every Apple Computer including portable devices, has a built-in screen reader (Voice Over) and a built-in screen magnifier.

If you only use your computer for email, internet access, creating and printing simple documents, and working with simple spreadsheets then you can use one of the free Windows screen readers. These are becoming more powerful and work with an increasing number of applications, so are a good starting point.

Free screen readers can be stored on a portable memory card and used on any computer. The leading free screen readers are NVDA, System Access to Go and Thunder.

The leading full function screen readers are reasonably expensive but can be funded by Workbridge (see section 9 on employment and education). All fully-functional screen-readers offer time limited free trial versions and can be tailored to be highly usable and productive for specific applications, which may be vital for your employment. Fully-functional screen readers include Window Eyes, JAWS and Hal.

### **Mobile Phones**

Obviously a mobile phone is especially useful as you get out and about and you will be reassured to know you will be able to get your hands on a phone that works for you. From a basic model allowing you to access the screen right through to models that support the global positioning system (GPS) and one which will read printed documents to you after you take a photograph of the document.

After installing the relevant software to a compatible mobile phone, you can access nearly all functions of your phone, such as managing your contacts, making and receiving phone calls, sending and receiving SMS text messages, sending and receiving emails, managing appointments, playing music and playing audio books.

### **Other useful gadgets**

Other liberating gadgets used by people with a sight loss include accessible watches (either easy-to-see, tactile or audible) and talking colour indicators (from checking clothes to checking fruit!). A recent addition to your “reading and writing tool box” is the Pen Friend audio labeller. These can be used to record a message and associate this recorded message with a self-adhesive label which you can attach to almost anything (food items, CD's or documents). When placed near the label, the pen friend will then audibly identify the item.

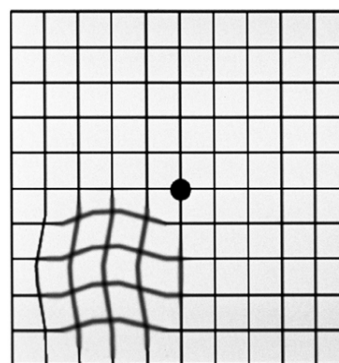
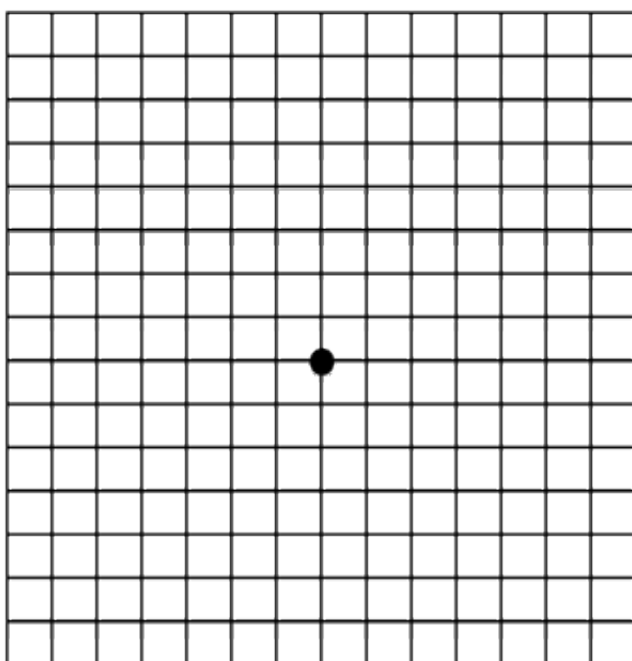
Having read about all these wonderful machines and services here, you might want some independent advice on whether a device or software option is suitable. You can find independent appraisals, advice and reviews of equipment on the internet at "Access World Technology" "Blind Cool Tech" and "ATMac.org".

## Take the Amsler Test

With an Amsler grid you can detect early signs of distortion in vision. Distortion is a warning that you may be developing macula degeneration. Straight lines may look distorted and the centre of vision may look more distorted than the rest of the scene when you have a macula problem.

Carry out this simple test each week. Wear reading glasses if you use them. Cover one eye at a time. At a comfortable reading distance look directly at the dot in the centre of the grid. Are all the lines straight? Are all of the squares the same size? If the grid is distorted, blurred or discoloured, you may have a macula eye problem.

**Contact an eye professional immediately.**



Example of distorted vision.

**Age Related Macula Degeneration - (ARMD)** is a common eye condition in people aged over 50. The back of the eye contains a light sensing layer called the retina. The macula is a small area of the retina that is specialised for tasks involving fine detail such as reading.

With ARMD, the function of the macula deteriorates. A person may develop significant visual impairment, but rarely becomes totally blind.

- **The warning signs.** Distorted vision - a kink in a doorframe, a wavy line of print or obvious blind spot.
- **Early diagnosis is important.** One form of ARMD is responsible for the majority of serious vision loss. If this form is detected early, treatment may be able to limit additional damage.
- **What can I do?** Have eye examinations every 2<sup>nd</sup> year after the age of 50 and self-monitor with an Amsler grid. Smoking is a strong risk factor. There is also increased risk if there is a family history of ARMD.

## 9. Employment and education

### Support for work

Ministry of Health and Ministry of Social Development have funding available for equipment to support people at work. Each of these funding sources has different eligibility criteria. With the right equipment or support it may be possible to overcome the difficulties you are experiencing at work, or you might decide to retrain or move into another area of work.

Workbridge is a free employment service for people with any type of disability. To be eligible, you will have been living with the effects of your disability for a minimum of six months, be aged 16 to 65, and be a NZ citizen or have a valid work permit.

Workbridge administers government funding to help with work-related costs that are additional as a direct consequence of disability. Funding is available whether you are seeking to enter or retain employment, to commence or complete a tertiary education programme or enter into self-employment.

Workbridge's "Job support" funding can be accessed for workplace modifications, specialised training, assistive equipment and transportation costs. Contact them on 0508 858 858 or visit [www.workbridge.co.nz](http://www.workbridge.co.nz)

If you qualify for RNZFB membership, you could access the assistance of the Employment Service for all areas relating to gaining or retaining employment including funding applications and equipment assessments. There is a comprehensive brochure available about this service called "Working It Out" at

[http://www.rnzfb.org.nz/newsandevents/publications/brochures/workingitout/index\\_html](http://www.rnzfb.org.nz/newsandevents/publications/brochures/workingitout/index_html)

Mainstream is an employment incentive programme funded by MSD through Work and Income. At the time of writing this programme is still available although it has been suggested that it may be phased out.

If you are actively seeking employment, are a Work and Income client aged between 16 to 65 years and your sight loss will last longer than six months, Work and Income NZ may also provide assistance.

Employment Coordinators work with people on a Sickness or Invalid Benefit who are looking for work. They can also provide information about other Work and Income products and services such as the Skills Investment Subsidy, Mainstream Employment Programme or Job Modification Grant. [www.workandincome.govt.nz](http://www.workandincome.govt.nz)

### **Support for tertiary education**

Universities have Disability Coordinators who help students identify what resources they will need to complete their studies and arrange the necessary support. This might include having a person or equipment to record information for you in class, and organising assistive technology, such as screen readers. Disability Coordinators can advise you about getting funding for equipment through Workbridge, Accessable (if you live in Auckland or Northland) or Enable New Zealand (link to [www.enable.co.nz](http://www.enable.co.nz)) (if you live in the rest of NZ).

They can also liaise with teaching staff to make sure your needs are known, help make alternative arrangements for exams if needed, and ensure that you can find your way around the University and classrooms. Contact the Disability Coordinator or Disability Resource Office at your University for more information. You might also like to check with the University or the RNZFB regarding scholarships available for disabled students to help with fees and resources.

There may be assistance to help with the cost of fees and/or course materials for approved courses up to Level 4 on the NZQA framework through Work and Income if you are in receipt of DPB or Invalid Benefit. Ask your Case Manager about Training Incentive Allowance.

It is recommended to plan about six months in advance for your study as it takes time for equipment assessments and disability support needs to be arranged. If you are a member of the Royal NZ Foundation of the Blind, the Employment Consultant may be able to assist you to coordinate your study support.

## 10. Leisure

Participation in recreational activities, whether they are energetic and challenging or quiet and relaxing, is integral to our well being. You won't be surprised to know this equally applies to people experiencing vision loss. But you may be somewhat enlightened to discover some of the ways in which participation in recreation and leisure activities is made possible for people with a sight loss.

It may well be that your chosen sport or recreational pursuit is being enjoyed by people with a sight loss in a similar way to, and alongside, their sighted peers. If you enjoy board games and cards there are enlarged print and tactile options, if you're a music lover you'll just become slightly more organised about managing your collection, if the garden is where you're at peace with the world, you'll learn the simple logical ways to compensate for reduced sight. Similarly, your bowls game will improve with a little guidance, tramping through the wilderness will be safer on your guide rope or your volunteers elbow, cycling will be a little more intimate on your tandem and you'll not give kayaking away either as obviously the tandem option is available here too. And then there are the sports with special adaptations; Goalball, blind cricket and blind sailing. Something for everyone you might say.

The enduring experiences of people with a sight loss participating in both specialised and mainstream recreational pursuits are characterised by positive outcomes socially, physically and psychologically. Worldwide studies have revealed benefits such as a sense of belonging and peer support, improved self-esteem, increased fitness level leading to decreased stress and increased resistance to fatigue.

So you're ready to get out there and enjoy those special times? Advice and support is available to help you get the most out of your recreation and leisure activities. A good initial point of contact is your local Regional Sport Authority Sport Opportunity Service or if you qualify, the Royal New Zealand Foundation of the Blind Recreation Service.

## **11. Making contact**

To make an appointment, most Low Vision Clinics require a referral from either your GP, an Eye Health Professional or from the RNZFB. We are aware of Low Vision Clinics at the following locations;

### **Whangarei**

Eye Specialists Limited  
19 Kamo Rd, Regent  
Ph 0800 437 1160

### **Auckland**

Low Vision Clinic  
Ophthalmology Department,  
2nd Floor, Building 4  
Greenlane Clinical Centre  
Ph: (09) 307-4949 ext 27641

University of Auckland  
Grafton Campus Optometry Clinic  
Level 4, Building 502  
85 Park Road, Grafton.  
Ph: (09) 373 7527

Tamaki Campus Optometry Clinic  
Level 1, Building 730  
Gate 1, 261 Morrin Road, Tamaki  
Ph: (09) 303 5979

### **Wanganui**

Wanganui Low Vision Trust  
RNZFB rooms  
102 Peat Street, Wanganui  
Ph: (06) 348 4401

### **Wellington**

Department of Ophthalmology  
Wellington Hospital  
Riddiford Street, Newtown  
Ph: (04) 385 5999

### **Christchurch**

Burwood Low Vision Clinic  
Beacon House,  
Burwood Hospital Entrance 2,  
Burwood Road, Christchurch  
Ph: (03) 383 6820

### **Dunedin**

Low Vision Clinic  
2nd Floor, Clinical Services Block  
Dunedin Hospital  
Cumberland Street, Dunedin  
Ph: (03) 474 7970



## **Optometrists who offer Low Vision Appointments:**

### **Northland**

Sandra Field  
Northland Optometry  
36 Kamo Rd  
Kensington, Whangarei  
Ph (09) 437 0005

### **Auckland**

Tony Cradwick  
Highbury Optometrists  
52 Mokoia Rd, Birkenhead  
Ph (09) 418 1347

Heather Laird  
Visique Frith & Laird Optometrists  
Manurewa Medical Centre  
157 Great South Rd, Manurewa  
Ph (09) 267 3160

Jan Birt  
OPSM Optometrists Mt Eden  
460 Mt Eden Rd,  
Mount Eden  
Ph (09) 630 3280

Wendy Hill  
Gates Eyewear  
17 A Remuera Rd,  
Newmarket  
Ph (09) 524 4962

Naomi Meltzer  
Magnifiers + More  
437 Remuera Rd  
Remuera  
Ph (09) 520 5208

### **Waikato**

Rodney Stedall  
Paterson Burn Optometrists  
387 Anglesea Street, **Hamilton**  
Ph (07) 839 3072  
Ph (07) 821 1958 - **Cambridge**  
Ph (07) 871 7000 - **Te Awamutu**  
Ph (07) 885 0080 - **Tokoroa**  
Ph (07) 869 0420 - **Thames**

Linda Tarbutt  
Tarbutt Optometrists  
33 Duke St, **Cambridge**  
Ph (07) 827 6597

Nelson Retter  
Visique Matamata Visioncare  
48 Broadway, **Matamata**  
Ph (07) 888 8726

Ross Gordon  
Taupo Visioncare  
66 Ruapehu St, Taupo  
Ph (07) 378 7529

### **Bay of Plenty**

Lynley Smith  
Langford Callard Optometrists  
40 Elizabeth St, Tauranga  
Ph (07) 578 6413

Keith Miller  
Visique Greerton  
157 Chadwick Rd  
Greerton, Tauranga  
Ph: (07) 577 0113

Visique Rotorua  
1129 Pukuatua St,  
Rotorua  
Ph: (07) 348 5288

## **Hawkes Bay**

Frederick Swain  
Frederick Swain Optometrists  
Cnr Hastings & Tennyson Sts  
Napier  
Ph (06) 835 7265

Scott Charlton  
Specsavers  
205 Emerson Street  
Napier  
Ph: (06) 835 3569

Diane Pearson  
Visique Bennett & Pearson  
7 Carlyle St, Napier  
Ph (06) 835 1234

Pearson & Hooker Optometrists  
306 Gloucester St, Taradale  
(06) 844 4710

Amanda Shepherd  
Visique Taradale Optometrists  
299 Gloucester St, Taradale  
Ph (06) 845 9500

Phil Donaldson  
Visique Shattky on Russell  
116 South Russell St, Hastings  
Ph (06) 876 3777

Niall McCormack  
Specsavers  
247 Heretaunga Street West  
Hastings  
Ph (06) 878 8686

## **Manawatu**

Brian Gifford  
Visique Fielding  
4 Manchester Square, Fielding  
Ph (06) 323 9067

Peter Giles  
Eyes on Broadway  
251 Broadway Ave,  
Palmerston North  
Ph (06) 357 9782

Brian Naylor  
Visique NaylorPalmer Optometrists  
211 Broadway Ave,  
Palmerston North  
Ph (06) 358 8781

Bruce Little  
Horowhenua Vision Centre  
276 Oxford Street, Levin  
(06) 368 6172

John Mellsop  
Wanganui Visique Eyecare Centre  
211 Wicksteed St, Wanganui  
Ph (06) 345 4665

David Goldsbury  
Goldsbury Visique Optometrists  
Suite 1, 210 Victoria Ave  
Wanganui  
Ph (06) 345 2874

## **Wellington Region**

Annette Morgan  
Visique Kapiti Eyecare Ltd  
7a The Pier, Howell Rd  
Paraparaumu Beach  
Ph (04) 298 6373

Andrew Black  
Andrew Black Optometrists  
7 Bay Rd, Kilbirnie, Wellington  
Ph (04) 387-9747

Peter Turner  
Peter Turner Optometrists  
70 The Terrace, Wellington Central  
Ph (04) 472-8720

## **Nelson**

Julie Jones  
Visique Harrington Eyecare  
55 Halifax Street  
Nelson  
03 546 9160

## **Christchurch**

John Veale  
Veale & Hulme  
52 Shirley Rd, Shirley, Christchurch  
Ph (03) 385-2071

Catherine Churchman  
Visique Foate  
1 Bishopdale Mall, Bishopdale,  
Christchurch  
Ph (03) 539-9074

Leesa Stuart  
Lincoln Eye  
32 Gerald St, Christchurch  
Ph (03) 325-7267

**Patients please note** - If there is no listing for your area, please call us on **0800 233 833** and we will help you locate an optometrist near where you live.

While this list is updated prior to printing, it is not comprehensive.

Our website [www.retina.org.nz](http://www.retina.org.nz) has an updated list including new additions added after this book was printed.

**Optometrists please note:** If you do Low Vision appointments and would like to make users of this book aware of that fact, please contact us either by phone on **0800 233 833** or by email at [retina@retina.org.nz](mailto:retina@retina.org.nz) and we can add you to our online directory and in our next reprint of this book.

## 12. Glossary of terms

**Assistive technology** - a generic term that includes assistive, adaptive, and rehabilitative devices for people with disabilities. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to or changed methods of interacting with the technology needed to accomplish such tasks.

**Audible** - capable of being heard.

**Goalball** - a team sport designed for blind athletes where participants compete in teams of three, and try to throw a ball that has bells embedded in it, into the opponents' goal. They must use the sound of the bell to judge the position and movement of the ball. Games consist of two 12 minute halves. Blindfolds allow partially sighted and sighted players to compete on an equal footing.

**Low vision** - a subspecialty within the professions of optometry and ophthalmology dealing with individuals who have reduced vision even when using the best possible spectacle or contact lens correction available.

**Optical** - of or pertaining to vision or sight.

**Sensory disability** - An umbrella term for an impairment of one of the senses that affects important activities or functions of daily living.

**Sighted guide** - a person who guides a blind or partially sighted person - normally via the blind person grasping the elbow of the guide.

**Tactile** - of, relating to or being the sense of touch.

### References:

"The glossary of Professions", American Foundation of the blind, accessed in April 2010.

"Talking to your doctor", Lighthouse International, April 2010

"Technology and RP", RP Fighting Blindness, UK April 2010

"How do Blind People Use Computers?" Assn. of Blind Citizens of New Zealand, April 2010

Peer Support Manual, Retina New Zealand 2005

"Living with Low vision" The Low Vision Centre, April 2010

"Losing Your Sight, finding Your Way", Sight Loss Services

"Funding and disability" from [www.supportoptions.co.nz](http://www.supportoptions.co.nz)



0800 233 833  
04 299 1801  
PO Box 2232  
Raumati Beach  
Paraparaumu 5255  
retina@retina.org.nz  
www.retina.org.nz

## Membership Application Form

NAME .....  
(Mr/Mrs/Miss/Ms/Dr) (First name) (Surname)

ADDRESS: .....  
..... POST CODE .....

PHONE: Home: (0 ) ..... Work: (0 ) .....

EMAIL: ..... Mobile: .....

YEAR OF BIRTH: ..... For statistical purposes

OCCUPATION: .....

### MEMBERSHIP SUBSCRIPTIONS:

Waged:	\$20.00
Unwaged/Retired	\$10.00
Donation: Retina NZ - Members' Services	\$.....
Donation: Retina NZ - Research	\$.....
Total Payment	\$.....

All donations over \$5.00 are tax deductible. (A receipt will be issued.)  
There are three ways to pay your annual subscription. Please circle one:

1. By telephone banking or on-line bank transfer, the bank account number for payments to go into is: **12-3013-0845604-00**. Please put your initials & surname in the reference column so that we can easily identify your payment.
2. Go into your local ASB branch with this form and pay cash into the account number quoted above. Please put your initials & surname in the reference column so that we can easily identify your payment.
3. Send us a cheque with the completed application form.

(When paid this form becomes a Tax Invoice – G.S.T. No. 53-686-885)

**How do you want to receive your newsletter PRINT / CD / EMAIL?**  
(Please circle applicable format(s))

**Are you a member of the Foundation of the Blind? YES / NO**

**SIGNED .....** **DATE .....**

**Retina NZ has a database showing the type of macular and retinal conditions that our members have. We ask that new members complete the Database Information Form. The information in this form will be securely stored on the data information file. It will only be released to or accessed by Society office holders to enable these persons to do their work. Organisers of local meetings will only have access to the contact details of people in their local area.**

## **Database Information Form**

**My diagnosed eye condition is: .....**

**Please tick in the brackets on the left hand side of the page if any of this information applies to you.**

- ( ) I am a parent of a child/young adult with a retinal or macular condition (State what) .....**
- ( ) I am the partner/sibling/ friend of someone with a retinal or macular condition (State what) .....**
- ( ) I am an ophthalmologist**
- ( ) I am an optometrist**
- ( ) I am a scientist**
- ( ) I am a healthcare or RNZFB professional**

# Important Phone Numbers

Retina NZ ..... 0800 233 833

RNZFB ..... 0800 24 33 33

Your Eye Specialist \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Other publications from Retina New Zealand Inc.

- Coping with some sight loss or a degenerative retinal condition.  
(DL Brochure)
- Supporting people with degenerative retinal disorders.  
(DL Brochure)
- Detached Retina - A matter of urgency. (DL Brochure)
- Take the Amsler Test - A self test for early detection of Macular Degeneration (A5 Card)

We also publish a quarterly newsletter which is available at no cost to members. It is available in print, audio, or via email as a pdf or text file. It serves to keep us informed of research updates, clinical trials and potential treatments, as well as practical advice to help us better understand our eye problems and the challenges that go with it, as well as interesting stories of member's personal experiences.

Membership is \$20 per year for waged and \$10 per year for unwaged or retired. To join simply fill out the application form and post it to us. If you're not sure about something or have any questions, simply give us a quick call on **0800 233 833**

**FREE INFORMATION LINE**  
**0800 233 833**

