

Optional Information

Are you a resident of an aged care facility? Yes

Are you of Aboriginal origin? Yes

Are you of Torres Strait Islander origin? Yes

Do you speak a language other than English at home? Yes

If yes, please list language/s spoken below

Correspondence preferences

Send your program correspondence to

You or Your alternate contact or Both

Check before you send us this form

- ✓ Have you provided your
 - ❖ Full name
 - ❖ Date of birth
 - ❖ Eligibility Number
 - ❖ Postal Address
 - ❖ Email and/or phone number
- ✓ Have you read the privacy and personal information section
- ✓ Have you signed and dated the form
- ✓ Has your doctor completed the medical certification and signed and dated the form
- ✓ ♦♦NDIS - has your planner completed their details
- ✓ ♦♦NDIS - the application must be emailed to hearing@health.gov.au from an NDIS email address

Further information

Under 21 year olds

Access to hearing services and support for children and young adults is delivered by Australian Hearing. They can be contacted on 131 797 or by email to info@hearing.com.au

♦♦National Disability Insurance Scheme (NDIS)

If you are a participant of the NDIS, your National Disability Insurance Agency planner will need to complete their planner information and email the completed form to hearing@health.gov.au.

More information on eligibility and services available to NDIS clients is available on the NDIS website at www.ndis.gov.au.

Disability Employment Services (DES) program

If you are a participant in an Australian Government DES program, your DES Case Manager will need to apply on your behalf. Please contact your case manager to discuss this further.

National Relay Service

If you are deaf or have a hearing or speech impairment, you can contact us via the National Relay Service (www.relayservice.gov.au) or call **1800 555 660**.

Looking for a hearing service provider?

If you would like to arrange an appointment for hearing services, you can find a list of service providers on the program's website. A service provider can also help you apply for the program online, which is a faster process than sending in this form (excludes NDIS applications).

Website www.hearingservices.gov.au

Email hearing@health.gov.au

Phone 1800 500 726

Post Hearing Services Program
Department of Health
Mail Drop Point 113
GPO Box 9848
Canberra ACT 2601



Australian Government

Department of Health

Australian Government Hearing Services Program

Providing access to hearing services for eligible people

Visit our website

www.hearingservices.gov.au

- **to find out if you are eligible**
- **to apply online(excludes NDIS)**
- **to find a service provider**
- **to find out about the services**
- **to find information on hearing**

Alternatively email your completed application form to
hearing@health.gov.au

or post to

Hearing Services Program
MDP 113, GPO Box 9848
Canberra ACT 2601

Australian Government Hearing Services Program

Your eligibility type

* Indicates mandatory information

* If you are an **Australian citizen or permanent resident 21 years or older**, tick the box that relates to your eligibility

- Centrelink Pensioner Concession Card
- Centrelink Sickness Allowance
- DVA Pensioner Concession Card
- DVA Gold Card – issued for all conditions
- DVA White Card - issued for hearing loss
- Dependent of a person with a concession above (provide applicant **and** primary cardholder's details)
- Current Serving Member of the Australian Defence Force
- NDIS participant , referred by an NDIA planner♦♦

Your eligibility details

* Eligibility number (e.g. CRN, DVA, NDIS or PMKey)

Title	*Given name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Family name

*Date of birth (dd/mm/yyyy)

*Gender

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Note If you are a dependent please provide the primary card holder's details below to enable processing of the application.

Eligibility type	Eligibility number
<input type="text"/>	<input type="text"/>

Given name	Family name
<input type="text"/>	<input type="text"/>

Date of birth (dd/mm/yyyy)

Your details

*Postal address

Email address

Contact phone number

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Australian Government Department of Health (the Department) for the purposes of determining eligibility for and administering the Australian Government Hearing Services Program (the program). If you do not provide this information then the Department will not be able to provide you with hearing services under the program.

You can get more information about the way in which the Department will manage your personal information, including our privacy policy, at www.hearingservices.gov.au.

By signing this form you are consenting to and authorising the Department to collect, store and disclose your information, including personal information.

*Your signature

*Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If the applicant is unable to sign, an authorised person can sign on their behalf.

Relationship of signer to applicant

Medical certificate*

*Medical practitioner name, provider number and contact number or stamp

*Are there any contraindications for the fitting of a hearing device? **No** **Yes**

*Medical practitioner signature

*Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

♦♦ NDIA Planner or Alternative contact

Given name

Family name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email address

Relationship to applicant

Contact number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Postal address

(Please turn over - form continues over page)