

When to use this form

Use this form to register your details and show you are eligible to receive products under the Stoma Appliance Scheme (SAS).

Parts 1, 2 and 3 must be completed.

This form must be completed by the following people:

- **Part 1:** you - the applicant or your authorised representative to receive products under the SAS.
- **Part 2:** your referring medical practitioner or stoma therapy nurse.
- **Part 3:** the nominated stoma association who is approved to supply products under the SAS.

Forms that are incomplete or cannot easily be read will be returned to your nominated stoma association.

For more information

Go to servicesaustralia.gov.au or if you need help completing this form, call **1800 700 270** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Go to servicesaustralia.gov.au/RHCA for more information if you are visiting from a country that has a Reciprocal Health Care Agreement with Australia, or if you are a resident of New Zealand or the Republic of Ireland.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

PART 1

To be completed by the **applicant** or their **authorised representative**.

Applicant's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Date of birth

 / /

3 Address

 Postcode

4 Medicare card number

 - - Ref no.

If Medicare card number is not available, the Department of Veterans' Affairs card number

or

Reciprocal Medicare card number

or

passport number (if a resident of New Zealand or the Republic of Ireland).

5 Do you already have a stoma?

No

Yes Provide SAS Entitlement number:

Status of new stoma?

Permanent

Temporary

Type of new stoma?

Colostomy

Ileostomy

Urostomy

Other Give details below

Privacy notice

- 15** The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

16 I declare that:

- the applicant is eligible to receive products under the Stoma Appliance Scheme as they do not have normal gastrointestinal tract and/or bladder function **and** have a temporary or permanent artificial body opening (whether surgically created or otherwise) which facilitates the removal of products of the gastrointestinal tract and/or urine.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Referring medical practitioner's or stomal therapy nurse's signature

Date

Next steps

- 1 Check Part 1 and Part 2 have been completed, then send to the applicant's nominated stoma association for supply of products.
- 2 They will send onto us at:
Services Australia
Stoma Appliance Scheme
GPO Box 9826
MELBOURNE VIC 3001

PART 3

To be completed by your nominated **stoma association**. Complete the details below or use an association stamp to provide this information.

Stoma association's details

17 Stoma association name

18 Stoma association address

 Postcode

19 Stoma association phone number

20 Stoma association approval number

Association stamp (must include association name, address, phone number and approval number)

21 Include the SAS Entitlement Number issued to the patient

Declaration

22 I declare that:

- the applicant is eligible to receive products under the Stoma Appliance Scheme.

I understand that:

- giving false or misleading information is a serious offence.

Association representative's signature who has reviewed this form

Date