Australian Government
Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

About this form

Use this form to apply for a temporary increase above the maximum schedule quantity of supplies under the Stoma Appliance Scheme (SAS) for clinical reasons.

- Applications for increases of up to and including 4 times the maximum schedule quantity will be managed by your stoma association and will not be sent to the Department of Health, Disability and Ageing (the department) for approval.
- Applications for an increase resulting in more than 4 times the maximum schedule quantity will be forwarded to the department for approval.

Applications for additional supplies are valid for up to six months and must be signed by the applicant or their authorised representative.

Filling in this form

- **Part 1:** to be completed by you - the applicant (or your authorised representative if one has been appointed. See Question 5 for further information regarding authorised representatives.
  Please note that the form must be signed by the applicant or their authorised representative or will not be processed
- **Parts 2 and 3: t**o be completed by a stomal therapy nurse or registered medical practitioner.
- **Part 4:** to be completed by the applicant's stoma association for applications for increases up to and including 4 times the maximum schedule quantity.
- **Part 5:** to be completed by the department for an increase resulting in more than 4 times the maximum schedule quantity.
- A justification letter is required from a stomal therapy nurse or registered medical practitioner for supplies more than 4 times the maximum schedule quantity.

Submitting your application

When all parts of the application form are complete, send the application form to your nominated stoma association. If necessary, your nominated stoma association will submit your application to the department which will assess your application.

For more information

For more information about the SAS go to www.health.gov.au/our-work/stoma-appliance-scheme/stoma-appliance-scheme-for-ostomates

If you need further information or assistance completing this form, contact your stoma association on email stoma@health.gov.au.

Australian Government
Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

Privacy Notice

Your personal information is **protected by law**, including the Privacy Act 1988 and the Australian Privacy Principles.

Applications for up to and including 4 times the maximum schedule quantity

Where your application seeks approval for up to and including 4 times the maximum schedule quantity, your personal information is being collected by your stoma association for the primary purpose of assessing your eligibility to receive additional supplies under the SAS for clinical reasons. This information may be disclosed to the Australian Council of Stoma Associations Inc (ACSA) to support administration of the SAS. Your personal information may also be used and disclosed for other purposes such as managing payments under the SAS.

You can contact your stoma association or ACSA to get more information about the way in which they will manage your personal information.

Applications for more than 4 times the maximum schedule quantity

Where your application seeks approval for more than 4 times the maximum schedule quantity, your personal information is being collected by your stoma association on behalf of the department. Your personal information is being indirectly collected by the department for the primary purpose of assessing your eligibility to receive additional supplies under the SAS for more than 4 times the maximum schedule quantity.

If you do not provide this information, you will be ineligible to receive additional supplies. The department may disclose your personal information to your stoma association to confirm your eligibility to receive additional supplies, or where otherwise authorised or required by law. The department will not disclose your personal information to any overseas recipients.

You can get more information about the way in which the department will manage your personal information, including our privacy policy and how to contact the department about complaints, access to and correction of your personal information, at: www.health.gov.au/resources/publications/privacy-policy.

Australian Government

Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

PART 1 - Applicant Details

To be completed by the applicant or their authorised representative if one has been appointed.

1. Dr ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐

Other Family name

First given name

Second given name (if applicable)

2. Date of birth (dd/mm/yy)

3. Email or phone number

4. Are you completing this form on behalf of the applicant?

☐ No - go to 6 and c**omplete the Applicant Consent and Declaration**

☐ Yes - **complete 5 and go to 7** and complete the Authorised Representative Consent and Declaration

5. Authorised representative

To complete this form as an applicant's authorised representative, you must:

- hold an enduring power of attorney for the applicant;
- be an appointed guardian of the applicant; or
- be an Authorised Representative for Medicare purposes - for more information go to: www.servicesaustralia.gov.au/someone-to-deal-with-us-your-behalf

If you have been appointed to act as an authorised representative on the applicant's behalf, please provide your details below:

Name

Email or phone number

Type of representative

☐ Enduring power of attorney

☐ Appointed guardian

☐ Medicare Authorised Representative

Australian Government
Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

Applicant Consent and Declaration

6. Only complete this section if you are the applicant applying for additional supplies of stoma appliances.

- I am the applicant applying for additional supplies of stoma appliances under the SAS.
- I declare that I have read the privacy notice.
- I consent to the collection of my personal information, including sensitive information, by my stoma association for the purposes indicated in this form.
- I understand that if my application seeks more than 4 times the maximum schedule quantity, my stoma association will need to seek approval from the department.
- I consent to the department collecting my personal information from my stoma association if I am seeking more than 4 times the maximum schedule quantity.
- I understand that giving false or misleading information is a serious offence.

Applicant signature

Date (dd/mm/yy)

Authorised Representative Consent and Declaration

7. Only complete this section if you are completing the form on the applicant's behalf in your capacity as the applicant's authorised representative.

- I am the authorised representative of the applicant applying for additional supplies of stoma appliances under the SAS.
- I declare that I have read the privacy notice.
- I consent to the collection of the applicant's personal information, including sensitive information, by the relevant stoma association for the purposes indicated in this form.
- I understand my personal information is being collected by the applicant's stoma association for the purposes indicated in this form.
- I understand that if the application seeks more than 4 times the maximum schedule quantity, the applicant's stoma association will need to seek approval from the department.
- I understand the department will be collecting my personal information and the applicant's personal information from the relevant stoma association if the applicant is seeking more than 4 times the maximum schedule quantity.
- I understand that giving false or misleading information is a serious offence.

Authorised representative signature

Date(dd/mm/yy)

Australian Government
Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

PART 2 - Additional supplies required

To be completed by a stomal therapy nurse or registered medical practitioner.

A. clinical justification letter is required from a stomal therapy nurse or registered medical practitioner for supplies more than 4 times the maximum schedule quantity. This letter should detail the clinical reason for additional supplies and describe how this is essential to manage the applicant's condition. Attach a copy of the justification letter with your application to your stoma association.

8. Please complete table below:

Product Name	**Company Code**	**SAS Schedule Max Quantity of Product per month**	**Additional Number Required of Product per month**	**Total Quantity Approved** (For associations or departmental use)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9. Dates additional supplies are required (up to 6 months)

From: To:

Australian Government
Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

PART 3 - Health professional details

To be completed by a stomal therapy nurse or registered medical practitioner.

10. Dr ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other

Family name

Given name

11. Professional title

12. Email or phone number

13. Ahpra number

Health professional declaration

14. I declare that the information I have provided in this form is complete and correct.

I consent to the indirect collection of my personal information by the department via the applicant's stoma association.

I understand that giving false or misleading information is a serious offence.

Health professional signature

Date (dd/mm/yy)

PART 4 - Stoma association details and approval

This section is to be completed by the applicant's stoma association for approval for supplies for up to and including 4 times the maximum schedule quantity for additional supplies for clinical reasons. Do not complete this section if the application for additional supplies is for more than 4 times the maximum schedule quantity.

15. Stoma association details

Stoma association name

Contact person name

Date (dd/mm/yy)

16. Stoma association approval

Name

Signature

Date (dd/mm/yy)

Australian Government
Department of Health, Disability and Ageing

Stoma Appliance Scheme Application for additional supplies — clinical

PART 5 - Department of Health and Aged Care approval

This section is to be completed by the department for approval of supplies more than 4 times the maximum schedule quantity.

17. Additional supplies approved (dd/mm/yy)

From: To:

18. Approved by

Position

Name

Signature

Date (dd/mm/yy)