



Australian Government

Department of Health,
Disability and Ageing

Stoma Appliance Scheme

Application for additional supplies — Travel or Remote location

About this form

Use this form to apply for additional supplies under the Stoma Appliance Scheme (SAS) for **more than 2 months' supply and up to 6 months' supply**, if you are:

- travelling outside Australia, or
- living remotely (including Norfolk Island residents).

Applications for additional supplies are valid for up to 6 months. If you still require additional supplies after 6 months, you will need to complete a new form.

Do not use this form if you need additional supplies for clinical reasons. Use the SAS Application for Additional Supplies - Clinical form, available at: www.health.gov.au/our-work/stoma-appliance-scheme/stoma-appliance-scheme-resources

Filling in this form

Part 1 and 2: 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).

Part 3: to be completed by the applicant's stoma association.

Submitting your application

When all parts of the application form are complete, send the application form to your nominated stoma association for assessment to receive additional supplies under the SAS.

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 assistance completing this form, contact your stoma association or call the SAS on 02 6289 2308 Monday to Friday 9am-5pm (AEST), or email stoma@health.gov.au.

Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles. Your personal information is being collected by your stoma association for the primary purpose of assessing your eligibility to access additional supplies of stoma appliances when you are travelling overseas or living remotely. 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. If you do not provide this information, you will be ineligible for products and services 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.



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PART 1 - Applicant's 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 complete 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; or
- 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



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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 giving false or misleading information is a serious offence.

Applicant signature

Date

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 access to additional supplies of stoma appliances under the SAS.
- I declare that I have read the privacy notice.
- I understand my personal information is being collected by the applicant's stoma association for the purposes indicated in this form.
- 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 that giving false or misleading information is a serious offence.

Authorised representative signature

Date



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PART 2 - Additional supplies required

8. Select the reason additional supplies are required:

- ☐ Travelling outside Australia
☐ Living remotely (including Norfolk Island residents)

Please attach a copy of supporting documentation with your application, for example:

- Travel documents
- Proof of address

9. Please indicate the total quantity of each additional product required in the total quantity required column. The total quantity approved column is to be completed by the applicant's stoma association.

Product Name	Company Code	Total Quantity Required	Total Quantity Approved For stoma association use only

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

From:

To:

11. Additional information if required



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PART 3 - Stoma association approval

12. This section is to be complete by the applicant's stoma association for approval for supplies for **more than 2 months' supply and up to 6 months' supply** of the maximum schedule quantity per month for additional supplies for applicants travelling overseas or for those living remotely (including Norfolk Island residents).

Name

Signature

Date