

# Australian Government Hearing Services Program - Application Form

## 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\*

- (a) Centrelink Pensioner Concession Card
- (b) Centrelink Sickness Allowance
- (c) DVA Pensioner Concession Card
- (d) DVA Gold Card – issued for all conditions
- (e) DVA White Card - issued for hearing loss
- (f) Dependent of a person with a concession above (provide applicant **and** primary cardholder's details below)
- (g) Current Serving Member of the Australian Defence Force

## Your eligibility details

Eligibility number\* (e.g. PCC CRN or DVA number, or PMK)

Title      Given name\*      Middle name

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Family name \*

Date of birth (dd/mm/yyyy)\*

Gender\*

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**Note:** If you ticked **option (f)** above, you **must** provide the primary card holder's details for your application to be processed

Eligibility type

Eligibility number

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Given name

Family name

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Date of birth (dd/mm/yyyy)

## Your details

Residential address\*

Suburb\*

State\*

Postcode\*

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Email address

Contact phone number\*

Postal address (if different to residential address)

### Optional Information

Are you a resident of an aged care facility?	<input type="checkbox"/> Yes
Are you of Aboriginal origin?	<input type="checkbox"/> Yes
Are you of Torres Strait Islander origin?	<input type="checkbox"/> Yes
Do you speak a language other than English at home?	<input type="checkbox"/> Yes
If yes, please list language/s spoken below	

## Medical certificate

Medical practitioner name, provider number and contact number\*

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

Medical practitioner signature\*

Date\*



## 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 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](http://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\*



If the applicant is unable to sign, a responsible person can sign on their behalf. In this case, please advise your relationship to them

Relationship of signer to applicant

**(Please turn over - form continues over page)**