accessable
Solutions for better living

INFORMATION FORM
EQUIPMENT

Please Keep a Copy of this Form in a Safe Place

Person's Name _____

EMS Assessor _____

Telephone _____ **Extn** _____ **Mobile** _____

Service/Organisation _____ **Date** / /

Proposed Equipment Requested

MY EMS ASSESSOR HAS TOLD ME:

- about Disability Support Services (MSD) funding guidelines for the equipment
- about the service request process and how long I may have to wait for the equipment
- that the fulfillment of the service request is subject to the successful trial of equipment
- about the information that will be included in the service request for the equipment
- that once I get the equipment, I will be given an information sheet on how to care for and use the equipment.

PRIVACY ACT STATEMENT:

The Information in the service request will be used:

- for the purpose of assessing the funding of Disability Support Services equipment and to ensure that the person is eligible
- to assist Disability Support Services in planning and funding future services
- for such other functions as permitted under law
- for the collection of statistical information to assist Disability Support Services to develop a clearer picture of the requirements for disabled people and to ensure that future access to Disability Support Services is fair and equitable.

Accessable will provide Disability Support Services with information about the services the person may receive.

Provision of information is voluntary but assessment for funding may depend upon all relevant information being provided.

The person has the right to access the information held about them and the right to have corrections made to this information.

The Health Information Privacy Code applies to the information collected under this service request.

PERSON'S AGREEMENT:

I agree to the service request for equipment being made. The information given in the request is true and correct and I authorise A**ccessable** to use/disclose information as described in the statement above.

Name _____ **Relationship to person** _____

Signature _____ **Date** / /

The signature of the guardian/agent is required when the person named is under 16 years, or is unable to complete and/or sign this form.