

## EMS ASSESSOR DETAILS

Name \_\_\_\_\_ Date of Application \_\_\_\_\_ dd / mm / yyyy

Service/Organisation \_\_\_\_\_

Telephone \_\_\_\_\_ Ext No. \_\_\_\_\_ Mobile \_\_\_\_\_

Equipment Requested

## My EMS Assessor has told me:

- About Ministry of Health funding guidelines for the equipment.
- About the application process and how long I may have to wait for the equipment.
- About the information that will be included in the application 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 on the application will be used:

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

**accessible** will provide the Ministry of Health with information about the services you may receive.

Provision of information in this form is voluntary but assessment for funding may depend upon all relevant information being provided by you.

You have the right to access the information held about you, and the right to have corrections made to this information.

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

I understand that when I tick the application form or ask the EMS Assessor to tick it for me, I agree to the application for equipment being made. The information given in the application is true and correct and I authorise **accessible** to use/disclose information as described in the Statement above.

The signature of the person's guardian or authorised agent is required when the person is under 16 years of age, or is unable to complete and/or sign the application form.

Name \_\_\_\_\_ Relationship To Person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ dd / mm / yyyy