

Application for a Hearing Services Voucher for New Clients



Please bring or send the completed form to:

Abel Hearing Clinic
170 St. John Street
Launceston, TAS 7250
PH: 03-6334 4805

Applicant Details

If you are an Australian citizen or permanent resident 21 years or older and you meet one of the following, you are eligible for a Hearing Services Voucher

Eligibility Type (tick relevant box)

- Centrelink Pensioner Concession Card (PCC)
- Centrelink Sickness Allowance
- DVA Pensioner Concession Card
- White Health Repatriation Card (for hearing loss)
- Gold Health Repatriation Card
- Are a member of the Australian Defence Forces
- Partner of an eligible person
- Dependant of someone with one of the above concessions*

Your Eligibility Number

(write your number eg your PCC number starting with CRN, or your DVA file number starting with NX etc)

Title Given and middle Name (please print)

Family Name

Gender Date of birth

Postal Address

 Post Code

Telephone number

Email address

*Dependent Concession card holder details

Eligibility type Eligibility number

Given and Family Name

Date of birth

Optional information: tick if you

- are a resident of an aged care facility
- are of Aboriginal origin
- are of Torres Straight Islander origin
- speak a language other than English at home
- have an alternative person that you'd like us to contact (if yes, please fill in below)

Given and Family name of alternate contact

Contact phone number

What is their relationship to you?

Your preferred way for us to contact you

Send correspondence to:

- Me My alternate contact Both

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. 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.

By signing below you are consenting to and authorising the Department of Health to collect, store and disclose your information, including personal information.

Applicant's signature

Date



Australian Government

Department of Health
Office of Hearing Services

Hearing Services Program Medical Certificate

The Australian Government Hearing Services Program (the program) provides eligible people with access to hearing services. Services may include hearing assessments, information and support, hearing devices and fittings, and contributions to the maintenance and repair of hearing devices.

Before you can have a hearing assessment, you will need to:

- ask your Doctor to complete this form and confirm that you can be fitted with a hearing device, if you need one.
- apply for the program. You can do this online at www.hearingservices.gov.au or your hearing services provider can assist you.
- take this form to your chosen hearing services provider.

If you require further information, you can visit www.hearingservices.gov.au, email hearing@health.gov.au or call **1800 500 726**.

All fields are mandatory unless specified

APPLICANT DETAILS

Family Name

Given Name/s

Date of Birth (dd/mm/yyyy)

MEDICAL PRACTITIONER CERTIFICATION

Medical Practitioner Name

Medical Practitioner Stamp (optional)
(Must include Medicare Provider Number)

Medicare Provider Number

Contact Number

Are there contraindications to the fitting of a hearing device?

YES (may still be eligible for other hearing services)

NO

Medical Practitioner's Signature

Date (dd/mm/yyyy)