



Australian Government

Department of Health
and Aged Care

Stoma Appliance Scheme

Application for additional supplies — clinical

About this form

Use this form to apply for a temporary increase above the maximum schedule quantity of supplies under the Stoma Appliance Scheme (SAS) for clinical reasons.

- Applications for increases of **up to and including 4 times** the maximum schedule quantity will be managed by your stoma association and will not be sent to the Department of Health and Aged Care (the department) for approval.
- Applications for an increase resulting in **more than 4 times** the maximum schedule quantity will be forwarded to the department for approval.

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

Filling in this form

Part 1: 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).

Parts 2 and 3: to be completed by a stomal therapy nurse or registered medical practitioner.

Part 4: to be completed by the applicant's stoma association for applications for increases up to and including 4 times the maximum schedule quantity.

Part 5: to be completed by the department for an increase resulting in more than 4 times the maximum schedule quantity.

A justification letter is required from a stomal therapy nurse or registered medical practitioner for supplies **more than 4 times** the maximum schedule quantity.

Submitting your application

When all parts of the application form are complete, send the application form to your nominated stoma association. If necessary, your nominated stoma association will submit your application to the department which will assess your application.

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



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Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles.

Applications for up to and including 4 times the maximum schedule quantity

Where your application seeks approval for up to and including 4 times the maximum schedule quantity, your personal information is being collected by your stoma association for the primary purpose of assessing your eligibility to receive additional supplies under the SAS for clinical reasons. 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.

You can contact your stoma association or ACSA to get more information about the way in which they will manage your personal information.

Applications for more than 4 times the maximum schedule quantity

Where your application seeks approval for more than 4 times the maximum schedule quantity, your personal information is being collected by your stoma association on behalf of the department. Your personal information is being indirectly collected by the department for the primary purpose of assessing your eligibility to receive additional supplies under the SAS for more than 4 times the maximum schedule quantity.

If you do not provide this information, you will be ineligible to receive additional supplies.

The department may disclose your personal information to your stoma association to confirm your eligibility to receive additional supplies, or where otherwise authorised or required by law. The department will not disclose your personal information to any overseas recipients.

You can get more information about the way in which the department will manage your personal information, including our privacy policy and how to contact the department about complaints, access to and correction of your personal information, at: www.health.gov.au/resources/publications/privacy-policy.



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PART 1 – Applicant 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

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;
- 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 if my application seeks more than 4 times the maximum schedule quantity, my stoma association will need to seek approval from the department.
- I consent to the department collecting my personal information from my stoma association if I am seeking more than 4 times the maximum schedule quantity.
- 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 additional supplies of stoma appliances under the SAS.
- I declare that I have read the privacy notice.
- 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 my personal information is being collected by the applicant's stoma association for the purposes indicated in this form.
- I understand that if the application seeks more than 4 times the maximum schedule quantity, the applicant's stoma association will need to seek approval from the department.
- I understand the department will be collecting my personal information and the applicant's personal information from the relevant stoma association if the applicant is seeking more than 4 times the maximum schedule quantity.
- 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

To be completed by a stomal therapy nurse or registered medical practitioner.

A clinical justification letter is required from a stomal therapy nurse or registered medical practitioner for supplies **more than 4 times** the maximum schedule quantity. This letter should detail the clinical reason for additional supplies and describe how this is essential to manage the applicant’s condition. Attach a copy of the justification letter with your application to your stoma association.

8. 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 or the department.

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

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

From:

/ /

To:

/ /



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PART 3 – Health professional details

To be completed by a stomal therapy
nurse or registered medical practitioner.

10. Dr ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other

Family name

Given name

11. Professional title

12. Email or phone number

13. Ahpra number

Health professional declaration

14. I declare that the information I have provided in
this form is complete and correct.

I consent to the indirect collection of my personal
information by the department via the applicant's
stoma association.

I understand that giving false or misleading
information is a serious offence.

Health professional signature

Date

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PART 4 – Stoma association details and approval

This section is to be complete by the applicant's
stoma association for approval for supplies for
up to and including 4 times the maximum
schedule quantity for additional supplies for
clinical reasons. Do not complete this section if
the application for additional supplies is for
more than 4 times the maximum schedule
quantity.

15. Stoma association details

Stoma association name

Contact person name

Date

16. Stoma association approval

Name

Signature

Date



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PART 5 – Department of Health and Aged Care approval

This section is to be completed by the department
for approval of supplies more than 4 times the
maximum schedule quantity.

17. Additional supplies approved

From: / To: /

18. Approved by

Position

Name

Signature

Date

 /