

Hearing Services Program Application for New Clients

Applicant Details: You are eligible for the program if you are an Australian citizen or permanent resident 21 years or older.

Do you speak another language at Home other than English? Y / N

Eligibility Type (Please tick relevant box)

- Centrelink Pensioner Concession Card (PCC)
- Centrelink Sickness Allowance
- DVA Pensioner Concession Card
- White Card Repatriation Card (for hearing loss)
- Gold Health Repatriation Card
- A dependent of a person in one of the above categories
- A dependent child on an eligible person who is over 21 though under 25 and studying full time
- A member of the Australian Defence Forces

Tick the box if you are:

- a resident of an aged care facility
- of Aboriginal origin
- of Torres Strait Islander origin

Your preferred way for us to contact you:

Send correspondence:

- Post to address provided
- Email to address provided
- To an alternate contact

Your Eligibility Number: (write your number, i.e. your PCC Number starting with CRN or your DVA number starting NX, etc.)

Title: _____ Surname: _____

First & Middle Name: _____

Sex: _____ Date of Birth: ____ / ____ / ____

Postal Address: _____

Telephone: (H) _____

(M) _____

Email: _____

Alternate Contact Name:

Address: Email or Postal:

Telephone: _____

Relationship to you: _____

Authorisation

By signing below, you are agreeing to and Authorising the Department of Health & Ageing to collect, store and disclose information, including personal information

Applicant's signature:

Date:

Please turn over for Hearing Services Program Medical Certificate 