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|  | | **ENAE213** | **EQUIPMENT INFORMATION FORM**  **moh.processing@enable.co.nz 0800 171 995** | |
| *Please read and sign this information sheet about Ministry of Health funded equipment. Keep a copy of it in a safe place* | | | | |
| Specialised Assessor |  | | | |
| Contact Phone Number |  | | | Date |
| **SERVICE / ORGANISATION** | | | | |
| My Specialised Assessor has told me:  About Ministry of Health funding guidelines for the equipment  About the service request process and how long I may have to wait for the 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** | | | | |
| **Privacy Act Statement**  The information on the service request will be used:   * for the purposes 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 future access to Disability Support Services is fair and equitable. * Enable New Zealand 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. | | | | |
| **CLIENT UNDERSTANDING** | | | | |
| I understand that when I tick the service request, or ask the Specialised Assessor to tick it for me, I agree to the service request for equipment being made. The information given in the service request is true and correct and I authorise Enable New Zealandto use/disclose information as described in the Statement above.  Signature: | | | | |
| 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.  Name:       Relationship to person:  Parent / Guardian Signature:       Date: | | | | |