# Hearing Aid Funding Application

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| --- | --- |
| Service Request Reference Number | Click or tap here to enter text. |

## Customer (Parent/Guardian or Agent Details)

### Hearing Aid service services privacy statement

*The customer or their agent completes this form. If the customer is a young person under 18 years of age, a parent or guardian completes the form.*

|  |  |
| --- | --- |
| First name | Click or tap here to enter text. |
| Middle name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Other names you are known by | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |

I confirm that:

* I agree to this claim for hearing aid funding to be made.
* The information given in this claim is true and correct.
* I have received the Guide to Getting Hearing Aids.
* I understand how my (or my child’s) personal details will be shared, as stated in the Privacy Statement on the following page.

|  |  |
| --- | --- |
| Signature | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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## Privacy Statement

### Information we collect

Enable New Zealand Limited (Enable New Zealand) collects personal information about you (or your child) including: name, contact information, date of birth, address, hearing aid details, audiograms, and letters supporting your application.

We keep your information safe by storing it in secure online files. Only certain staff can see the information.

### How we use your personal information

We use this to work out if you (or your child) are eligible for funding hearing aids or a hearing aid subsidy.

### We share your information with

Besides our staff, we are this information with:

* Organisations we us to supply or repair funded hearing aids. For example, Ko taku Reo Deaf education, 38 Truro Street, Sumner, Christchurch 8081
* Government agencies who help us provide funding hearing aids. For example, Disability Support Services (DSS), or ACC.

These organisations might use the information to contact you about you (or your child’s) funded hearing aids. You do not have to provide some information. If you choose not to give the information, we may not be able to provide funded hearing aid service.

### You can ask for a copy of your information

You have the right to ask for a copy if any personal information we hold about you (or your child). You can also ask for your information to be corrected if you think it is wrong.

If you would like a copy of your information, or to have your information corrected or updated. Contact us at [enable@enable.co.nz](mailto:enable@enable.co.nz) or 0800 362 253, or use our online form at [enable.co.nz/contact-us](https://www.enable.co.nz/contact-us) .