

RWAV OUTREACH INDIGENOUS EYE AND EAR SURGICAL SUPPORT SERVICES (EESSS) APPLICATION FORM

1. BUSINESS AND CONTACT DETAILS		
Organisation legal name:		
ABN:		GST registered: Yes No
Phone:		Fax:
Email:		
Physical address:		
Postal address:		
Main contact person		
Title:	First name:	Surname:
Position:	Phone:	Email:
Fax:		
Key Contact Person – (if different to main contact)		
Title:	First Name:	Surname:
Position:	Phone:	Email:
Consent and confidentiality		
<p>Information provided in this service application form will be used to assess applications for funding and/or support from Outreach EESSS and to undertake RWAV’s duties in the administration of Outreach EESSS.</p> <p>Information provided will be disclosed to the Australian Government Department of Health, the Victorian Advisory Forum and other individuals, agencies or organisations (e.g. local health providers) as required by law or as deemed necessary by RWAV to fulfill its obligations in the administration of Outreach EESSS.</p> <p>By completing this form and selecting the box below, you are indicating your permission for RWAV to use the information provided as described above. Procedures relating to confidentiality and privacy are set out in a policy statement that can be obtained from the RWAV. If you have any concerns or would like to verify information held about you, please email eesss@rwav.com.au.</p>		
I have read the above and give consent for the information provided to be used in accordance with these terms.		
Name:	Date:	

2. SERVICE DETAILS			
Proposed service priority for the identified patient			
Patient Name:			
Diagnosis:			
Has the client signed a consent form (see page 4):			
Yes		No	
Does the patient identify as:			
Aboriginal	Aboriginal and Torres Strait Islander		Torres Strait Islander
Gender	Male		Female
Date of Birth			
3. CLIENT APPOINTMENT DETAILS			
Pre-op consultation - Please complete as much information as you can for the following:			
Pre-op consultation:	Date:	Time:	Address:
Name of Specialist:			
Where will the patient be travelling from to attend this appointment:			
What is consultation for (e.g. cataracts):			
Is a Gap fee applicable?	Yes	No	
Will the patient be accompanied by a Carer?	Yes	No	
Accommodation required	Yes	No	
Length of stay:			
Travel type <i>How will the patient travel to the appointment?</i>	ACCHS Transport Driver	Commercial flight	Client/Carer's own car
	Hire car	Taxi	Other:
	Further details (as required):		

Surgery - Please complete as much information as you can for the following:

Surgery:	Date:	Address:	
Name of Specialist:	Time:		
Where will the patient be travelling from to attend this appointment:			
What type of surgery (e.g. cataracts):			
Is a Gap fee applicable?	Yes	No	
Will the patient be accompanied by a Carer?	Yes	No	
Accommodation required	Yes	No	
Length of stay:			
Travel type <i>How will the patient travel to the appointment?</i>	ACCHS Transport Driver	Commercial flight	Client/carer's Own car
	Hire car	Taxi	Other:
	Further details (as required):		

Post-op consultation - Please complete as much information as you can for the following:

Post-op consultation:	Date:	Time:	Address:
Name of specialist:			
Where will the patient be travelling from to attend this appointment:			
What is consultation for (e.g. cataracts):			
Is a Gap fee applicable?	Yes	No	
Will the patient be accompanied by a Carer?	Yes	No	
Accommodation required	Yes	No	
Length of stay:			

Travel type <i>How will the patient travel to the appointment?</i>	ACCHS Transport Driver	Commercial flight	Client/Carer's Own Car
	Hire car	Taxi	Other:
	Further details (as required):		

Patient Consent for Indigenous Eye and Ear Surgical Support Services

I _____ hereby give my consent for my Service Provider:
 (E.g. Aboriginal Community Controlled Health Organisation, General Practitioner, Hospital, Community Health Service) to provide Rural Workforce Agency Victoria with my name and appointment information to access referral into Indigenous Eye and Ear Surgical Support Services.

I understand that this information will be kept confidential, in line with Rural Workforce Agency Victoria's Privacy Policy in accordance with The Privacy Act 1988, which governs collection, use, disclosure and security of personal information.

Signed _____

Date