Equipment Information Form

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 application process and how long I may have to wait for the equipment
- About the information that will be included in the application 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

The information on the application 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.

Accessable 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.

I understand that when I tick the application form or ask the Specialised Assessor to tick it for me, I agree to the application for equipment being made. The information given in the application is true and correct and I authorise ***Enable New Zealand*** to use/disclose information as described in the Statement above.

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

Signature	Date