Purpose of this form
The information on this form will be used to calculate the payment to be made into the bank account you nominate in this form. The payment is to be used to either re-credit leave taken by the donor employee for the purpose of organ donation, or as a contribution towards reimbursing you for an ex-gratia payment made to an employee for income lost as a result of living organ donation.

How the process works
Once the employee completes their period of leave and submits their Individual Claim Form, payment will be calculated at the National Minimum Wage and then made via Electronic Funds Transfer (EFT) to your nominated bank account.

A confirmation letter will then be sent to you and your employee. Please note that your bank details will not be provided to your employee.

Filling in this form
- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or x
- Where you see a box like this ☐ > Go to 5 skip to the question number shown.

Returning your form
Check that you have: answered all the questions you need to answer; signed and dated this form; and attached evidence that the payment has been made to your employee.

Send the completed form to:
Department of Health
Supporting Living Organ Donors Program
GPO Box 9848
CANBERRA ACT 2601

Or send a scanned copy of the completed form via email to: livingorgandonation@health.gov.au

For more information
The department has information on the Supporting Living Organ Donors Program on our website, or for assistance completing this form call (02) 6289 5055 Monday to Friday, between 8.30 am and 5.00 pm AEST.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Employer details
1 Business name
2 Australian Business Number (ABN)
3 Industry Type:
   - Private Sector
   - Local Government
   - Cwth Government
   - State Government
   - Small Business? Yes ☐ No ☐

Bank account details
All payments are made through EFT and cannot be made into credit card, loan or mortgage accounts.

4 Name of bank, building society or credit union
5 Branch where the account is held
6 Branch number (BSB)
7 Account number
8 Account name

Employee details
5 Donor name
6 Program reference number
7 Date of birth / /

Employee leave and payment details
6 Period of leave taken
7 Total amount of leave taken Hours
8 Amount paid for leave taken for donation (including tax) $
9 Privacy notice

Your personal information is protected by law, including the Privacy Act 1988, and is being collected by the Australian Department of Health for the purpose of assessing your employee’s eligibility for financial assistance under the Supporting Living Organ Donors Program and administration of the Program.

The Department of Health can be contacted on (02) 6289 5055 or by using the online enquiries form.

If you do not provide this information the Department of Health may be unable to assess your employee’s eligibility and process the claim for payment under this Program.

The Department has an Australian Privacy Principles (APP) privacy policy which you can read online.

The APP privacy policy contains information about:
- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the APP.

10 Employer declaration

I declare that:
- this employee has already been paid either from their leave credits or an ex-gratia amount for time off work for the purpose of living organ donation.
- the payment I receive under the Program is to be used to re-credit the employee’s leave where it was used, or
- the payment I receive under the Program is a contribution towards my costs associated with an ex-gratia payment (if any).
- the information I have provided in this form is complete and correct.

I understand that:
- Program payments are calculated at the National Minimum Wage.
- giving false or misleading information is a serious offence.

Full name

Position held

Employer signature    Date   /   /