Purpose of this form
The information on this form will be used to verify your claim and calculate the payment to be made to you as a contribution toward reimbursing you for income lost and for expenses incurred as a result of living organ donation.

How the process works
Prior to completing and submitting the Self-Employed Claim form, you need to have completed and submitted the Individual Registration form.

Use this form once you return to work to make a claim for:
- your work-up and leave following donation surgery; and
- out-of-pocket expenses incurred as a result of donation.

Reimbursement of leave/lost income is calculated at the National Minimum Wage. Where your hourly wage is less than the National Minimum Wage, payments are calculated at the lesser rate.

Payment will be based on the amount of leave you have taken and evidence provided. A maximum of 9 weeks (342 hours) may be claimed for leave and up to $1000.00 may be claimed for out-of-pocket expenses.

If you are deemed medically ineligible to donate following work-up, you can still submit a claim for out-of-pocket expenses and up to 2 weeks of formal leave taken to attend the tests. A minimum of 1 day (7.6 hours) of leave must have been taken to be able to make a claim for leave.

Once your claim has been received, an amount will be calculated and transferred via Electronic Funds Transfer (EFT) to your nominated bank account. A confirmation letter will then be sent to you.

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 questions you need to answer; signed and dated this form; and attached:

☐ A medical certificate(s) to confirm your surgery date and support the amount of leave you have taken
☐ Receipts to support the out-of-pocket costs being claimed

Send the completed form to:
Department of Health
Supporting Living Organ Donors Program
GPO Box 9848
Canberra ACT 2600

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.

Donor details
1 Donor name

Program reference number

Postal address

Email

2 I am claiming for leave taken for:
   Work-up testing ☐ > Go to 3
   Work-up testing and donation ☐ > Go to 3
   Donation only ☐ > Go to 5

Work-up test details
3 Hours of leave taken for work-up

4 Did you proceed to donation following your work-up?
   No ☐ > Go to 8
   Yes ☐

Donation details
5 Date of surgery
   /

6 Hours of leave taken for donation

7 Period of leave taken
   / to /
### Out-of-pocket expenses

8 Are you claiming for out-of-pocket expenses incurred as a result of your donation?
- Yes ☐ Go to 9
- No ☐ Go to 11

9 Amount of out-of-pocket expenses to be claimed

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You must attach a receipt(s) to support the out-of-pocket costs being claimed.

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### Employment details

10 Business name

Trading name (if different to above)

Postal address

Email

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11 Australian Business Number (ABN)

12 Industry Type:
- Private Sector ☐
- Cwth Government ☐
- Local Government ☐
- State Government ☐

Small Business?
- Yes ☐
- No ☐

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### Bank account details

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

13 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number

Account name

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### 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 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 patient’s eligibility and process a 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 on:

- 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 Australian Privacy Principles.

### Donor declaration

I declare that:

- I confirm the payment I receive under the Program is to be used as reimbursement for my lost income and for expenses incurred due to donating an organ;
- I have not received reimbursement under any other program for the costs I am claiming; and
- the information I have provided in this form is complete and correct.

I understand that:

- the Program payment for loss of income is calculated at the National Minimum Wage;
- the Program payment for reimbursement of out-of-pocket expenses will only include eligible costs where appropriate evidence has been provided; and
- giving false or misleading information is a serious offence.

Donor signature Date

……………………………………………………………...……………………

State Postcode

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