



Application to Delete a Listing on the Stoma Appliance Scheme

About this form

This form should be used by sponsors of stoma-related products seeking to delete a listing on the Stoma Appliance Scheme (SAS) Schedule.

This form must be completed with reference to the *Application and Assessment Guidelines* (Guidelines). The Guidelines are available on the SAS webpage under 'Resources' or at <https://www.health.gov.au/resources/publications/stoma-appliance-scheme-application-and-assessment-guidelines>.

A separate form must be used for products to be deleted under each SAS code.

Deletions are generally processed by the Stoma Product Assessment Panel (SPAP) Secretariat. Where possible, a period of notice of not less than 6 months should be given to allow users of the product to seek a suitable alternative and to enable stoma associations to manage their stock levels.

It is the responsibility of the sponsor to provide sufficient information relevant to each of the sections for full assessment of their application by the Stoma Product Assessment Panel (SPAP).

Please ensure all sections of the application are complete before submitting the application to the Department of Health and Aged Care (the Department). A checklist has been provided for your assistance.

Completed applications and supporting material should be sent to the Department using the contact details listed below:

Contact Details for the SPAP Secretariat:

Address:
Stoma Appliance Scheme
GPO Box 9848
CANBERRA ACT 2601

Phone: (02) 6289 2308
Email: stoma@health.gov.au
Web: www.health.gov.au/stoma



Section 1

Applicant Details

The applicant must be the sponsor of the stoma-related product in Australia.

Application Details of Sponsor	
Company	
ABN	
Address	
City	
State	
Postcode	
Contact Name	
Position	
Phone	
Email	

Applicant Declaration

I declare that the information provided on this form and any attachments is true and correct to the best of my knowledge.

I accept that this application and/or its contents will be made available to the Stoma Product Assessment Panel which will consider it for the purpose of making recommendations to the Department of Health and Aged Care.

Applicant Signature

Date



Section 3 – Additional Information

The purpose of this section is to allow any further information to be provided which may be relevant to the application and has not been included in the previous sections. Any confidential information in the application should also be identified here. Please attach a separate page for additional information if required.

Supporting Documentation

Attach the supporting documentation, if any, when submitting your application.

Application Checklist

Information	Included
Section 1 – Application Details and Declaration	<input type="checkbox"/>
Section 2 – Product information to be deleted	<input type="checkbox"/>
Section 3 – Additional Information and supporting documentation (if any)	<input type="checkbox"/>