



Australian Government

Department of Health  
and Aged Care

# Stoma Appliance Scheme Cleanser Wipe Authorisation Form

## Product information

Use this form to apply for authorisation to access cleanser wipe products under the Stoma Appliance Scheme (SAS).

## Restrictions on use

An authorised health professional must assess the applicant to confirm that cleanser wipe products are clinically appropriate for the management of their condition.

An authorised health professional can be a stomal therapy nurse, nurse practitioner, registered nurse, or registered medical practitioner.

## Privacy notice

Your personal information is protected by law including the *Privacy Act 1988* and is being collected by your stoma association for the purpose of issuing cleanser wipe products as recommended by your authorised health professional. This information may be disclosed to the Australian Council of Stoma Associations Inc (ACSA) to support administration of the SAS.

You can contact your stoma association or ACSA to get more information about the way in which they will manage your personal information.

## Applicant Consent

- I consent to the collection of my personal information, including sensitive information, by my stoma association for the purposes indicated in this form.

Applicant signature

Date

## Applicant details

Family name

Given name

## Authorisation period

This section is to be completed by an authorised health professional.

This authorisation is valid for a period of 6 months from the date of approval. If additional products are required after 6 months, a new form will need to be completed.

Date of approval:

From:  To:

## Authorised health professional

### Declaration

- The applicant is eligible to order cleanser wipes from their stoma association as cleanser wipe products are clinically appropriate for the management of their condition
- The applicant understands that they must return for a review within 6 months to access further supplies of cleanser wipes.

### Health professional details

Family name

First name

Health profession

AHPRA number

Authorised health professional signature

Date

## Submitting the authorisation form

The applicant must submit the completed authorisation form to their nominated stoma association.