



Australian Government

Department of Health and Aged Care

# Inborn Errors of Metabolism program – Application Form A for Conditions group 1

**IMPORTANT:** You MUST reapply every 12 months through your metabolic specialist, failure to do so will result in cessation of your payment.

Please print clearly or use capitals.

## Details of the person or the organisation making the application

1 Is this a: New application  Re-application

An applicant must be a person or organisation responsible for buying the necessary dietary foods on behalf of the person with the IEM condition.

2 Person making application  Complete 2a

Organisation making application  Complete 2b

2a Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Address

State/Territory  Postcode

Daytime phone number

Mobile phone number

Email

Postal address (if different to above)

State/Territory  Postcode

Your relationship to the person with IEM

Self (must be 18+)  Legal guardian

Parent Mother  Carer

Father

Formal custody/carer arrangements must be supported by evidence such as parenting orders and guardianship orders.

2b Organisation name

Address

State/Territory  Postcode

Postal address (if different to above)

State/Territory  Postcode

Contact person (must be same person who signs at Section 5)

Daytime phone number

Mobile phone number

Email

Application is made on behalf of person with IEM condition

Name

Relationship to the person with IEM condition

Carer  Legal guardian

Other

Formal custody/carer arrangements must be supported by evidence such as parenting orders and guardianship orders.

## Next of kin or other contact person

(if different to applicant)

3 Mr  Mrs  Miss  Ms  Other

Given name(s)

Surname

Address

State/Territory  Postcode

Daytime phone number

Mobile phone number

Email

Postal address (if different to above)

State/Territory  Postcode

Your relationship to the person with IEM

Legal guardian  Carer

Parent Mother

Father

### Postal and contact information

Postal address: IEM Program, Technology Assessment and Access Division MDP 900, GPO 9848, Canberra ACT 2601

Telephone: (02) 6289 8980

Email: [iemprogramofficer@health.gov.au](mailto:iemprogramofficer@health.gov.au)

Website: [www.health.gov.au/initiatives-and-programs/inborn-errors-of-metabolism-program](http://www.health.gov.au/initiatives-and-programs/inborn-errors-of-metabolism-program)

## Bank account details

### 4 Name of bank, building society or credit union

Account held in the name(s) of e.g. John Citizen

Branch number (BSB)

Account number

## Privacy and your personal information

Your personal information is being collected by the Department of Health and Aged Care (the department). We collect personal information for the purpose of determining the initial or continuous eligibility of an applicant (a patient or the parent/legal guardian/carer of the patient) to receive financial assistance under the Inborn Errors of Metabolism Program (the Program), and to administer the payments of financial assistance. The department collects personal information about the applicant, the patient (in circumstances where the applicant is not the patient) and the metabolic specialist of the patient. Where the applicant is the patient, the personal information collected about the applicant will include sensitive information about the applicant's health. This information may be collected from the patient, the parent/legal guardian/carer of the patient and the metabolic specialist of the patient. We disclose your personal information such as name, date of birth, address and Medicare card number to Services Australia to confirm your Australian residency status and Medicare enrolment, and to the Australian Coordinating Registry to confirm that information provided is current. We will not disclose your personal information to any overseas recipients.

If you (the patient with the IEM condition, the parent/legal guardian/carer of the patient, or the metabolic specialist of the patient as applicable) do not provide the information referred to above, the department may not have the necessary information to:

- make a decision on the applicant's eligibility for financial assistance under the Program; and/or
- administer the payments of financial assistance under the Program.

The department's privacy policy contains information about how you may access and seek correction of personal information about you that is held by the department. The department's privacy policy contains information about how you may complain about a breach of the Australian Privacy Principles or the Australian Government Agencies Privacy Code and how the department will deal with complaints.

You can read the department's privacy policy here. You can obtain a copy of the privacy policy by contacting the department using the contact details set out at the end of this notice.

If you wish to contact the department about a privacy-related matter, including questions about this notice, please contact the department's Privacy Officer by one of the following methods:

Post: Privacy Officer

Department of Health and Aged Care  
23 Furzer Street, WODEN ACT 2606

Email: [privacy@health.gov.au](mailto:privacy@health.gov.au)

Phone 02 6289 1555

## Consent to collection of sensitive information

I consent to the department collecting my sensitive health information (or the health information of the person with the IEM condition where applicable) for the purpose of determining my eligibility to receive financial assistance under the IEM Program and administer the payments for financial assistance.

## Applicant's declaration

### 5 I confirm that:

- I am a person with an IEM condition as stated in this form, or a parent / guardian / carer of such an individual, and hereby apply for Commonwealth financial assistance for individuals with these conditions.

### I am aware that I MUST inform the Department of Health and Aged Care:

- if the patient ceases the prescribed diet;
- if the patient relocates overseas;
- of any changes to the details provided on this form, including contact and bank account details; and
- of any changes to the patient's custody / care arrangements (if applicable).

### I understand that:

- the application is valid for 12 months from the date of approval. The patient with these conditions must reapply every 12 months through a metabolic specialist recognised by the Department of Health and Aged Care to continue with the Program.
- if the patient ceases the prescribed diet, all financial assistance to the patient will cease. To reapply, patients must consult their metabolic specialist for assessment of their condition and provide supporting documentation advising the patient continues to have special dietary needs.
- changes in custody / care arrangements require redirection of financial assistance to the patient's primary Parent / Guardian / Carer. A primary Parent / Guardian / Carer is a person / organisation who has majority custody / care of the patient.

**WARNING:** Failure to notify the Department of Health and Aged Care within 14 days, of changes in circumstances, may result in the Department suspending the financial assistance and pursuing repayment of any overpaid funds from the applicant.

**I declare that:** I have read the above and that all information provided in this application is current and correct.

Name

Signature (*Person signing must be 18 years or older*)

Date

# Form A\*

## \*DHPR, Hyperphenylalaninemia and PKU Conditions Only

### Metabolic Specialist's Certification

(Doctor must be registered by the Department of Health and Aged Care as a metabolic specialist under the IEM Program)

### Details of the person with the IEM condition requiring review

**1** Given name(s)

Surname

Date of birth

**2** Gender

Male

Female

Intersex

Indeterminate or  
unspecific

**3** Residency particulars

Australian Citizen  Permanent Australian Resident

**4** Medicare number \_\_\_\_\_

**5** Diagnosis

Please tick patient's IEM condition

Dihydropteridine reductase (DHPR) deficiency

Hyperphenylalaninemia

Phenylketonuria (PKU)

**6** Medically prescribed diet required

Please tick as appropriate

Ongoing  Preconception  Pregnancy

**7** Period of dietary prescription

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### Metabolic Specialist's declaration

**8** I certify that the aforementioned person has a diagnosed IEM and has a requirement for a special diet to manage their condition. I agree to the collection of my information for the purpose of determining the patient's eligibility.

**I certify that:**

the patient is compliant with diet, appointment and monitoring requirements.

OR

concern about this patient's compliance has been raised with them/their family. An action plan to address this has been put in place.

OR

I have no evidence that patient is currently on the prescribed diet.

**I declare that:**

I am registered by the Department of Health and Aged Care as a metabolic specialist under the IEM Program.

Name

Phone number

Email

Signature

Date