



# Inborn Errors of Metabolism program – Form C Change of details

Please print clearly or use capitals.

1 Name of the person or organisation currently receiving payments

This person is responsible for buying the necessary dietary foods on behalf of the person with the IEM condition

2 Name of the person with the IEM condition

3 Date of birth of the person with the IEM condition

4 Medicare number

5 Address (as previously provided to the Department)

- 6 Type of change (select all that apply)
Address/Postal address Complete Part A & Part H
Contact details Complete Part B & Part H
Next of Kin or other contact Complete Part C & Part H
Bank account Complete Part D & Part H
Care/Custody arrangement Complete Part E & Part H
Name change Complete Part F & Part H
Transfer of IEM Benefit Complete Part G & Part H

## Part A: New address

7 Residential address Assisted living address

8 Postal address (if different to above)

## Part B: New contact details

9 Daytime phone number
Mobile phone number
Email

## Part C: Next of kin or other contact person

(if different to person receiving payments)

10 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

## Part D: New Bank account details (for payment of IEM Benefits)

11 Name of bank, building society or credit union
Account held in the name(s) of e.g. John Citizen
Branch number (BSB)
Account number

## Part E: New Care/Custody arrangements

12 Name of person or organisation who is currently listed as having custody or care responsibility

- Relationship to person with IEM Condition
Parent Carer (i.e. Family member)
Legal guardian Carer (i.e. Organisation)

**13** Name of the **new** person or organisation having custody or care responsibility

Relationship to person with IEM Condition

Parent  Carer (i.e. Family member)   
Legal guardian  Carer (i.e. Organisation)

**14** Residential address

  

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 State/Territory  Postcode

Daytime phone number



Changes to formal custody/carer must be supported by evidence such as parenting orders and guardianship orders.

### Part F: Name change

**15** Marriage Certificate  Other

Former name as held by the Department

Changed to (name)

Signature (Person signing must be 18 years or older)

 Date 

Copy of marriage certificate or evidence of current legal name is required.

### Part G: Transfer of IEM Benefits

This is the person responsible for buying the necessary dietary foods on behalf of the person with the IEM condition.

**16** Name of the person or organisation currently receiving IEM payments

Relationship to person with IEM Condition (i.e. self, parent, carer, guardian)

Signature (Person signing must be 18 years or older)

 Date 

**17** Name of the person or organisation to receive IEM payments

Medicare number \_\_\_\_\_

Relationship to person with IEM Condition (i.e. self, parent, carer, guardian)

Signature (Person signing must be 18 years or older)

 Date 

**Note: You must also sign the declaration at Question 17.**

## Part H: Privacy and declaration

### 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/Patient declaration

*If a IEM Benefit has occurred, the new recipient to receive IEM payment is to sign this declaration.*

### 18 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 **(only applicable to Form A)**.
- 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 of the person / organisation receiving IEM payments

Signature (Person signing must be 18 years or older)

Date

## 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)