

Supporting Living Organ Donors Program Application Form



This application form must be received within **120 calendar days** of the surgery date. Application forms received after this date may not be accepted (See [Program Guidelines](#) for details).

Purpose of this form

The information in this form will be used to assess your eligibility, verify your claim and calculate the reimbursement payments to be made to you and your employer (if applicable).

Am I eligible?

To be eligible for the Program you must be 18 years of age or older; and donating a kidney or partial liver in Australia.

Eligibility for leave reimbursement

To be eligible for **leave** reimbursement, you must have donated a kidney or partial liver, or done work-up testing and be:

- donating in Australia; and
- an Australian resident (as defined by the *Health Insurance Act 1973*); and
- have a valid Medicare card; and
- 18 years of age or older; and
- employed by a registered Australian business with an active ABN. (The employer must be willing to participate in the program); OR
- self-employed with an active ABN.

Note: To receive a leave reimbursement payment under the Program, employers must have paid their employee for the period of leave taken, either as paid leave provisions or an ex-gratia payment (in lieu of paid leave) or a combination of these.

Eligibility for out-of-pocket expenses reimbursement

To be eligible for **out-of-pocket** expenses reimbursement, you must have donated a kidney or partial liver, or done work-up testing and be:

- donating in Australia; and
- an Australian resident (as defined by the *Health Insurance Act 1973*), with a valid Medicare card OR donating to an Australian resident (as defined by the *Health Insurance Act 1973*), with a valid Medicare card; and
- 18 years of age or older.

Note: If you are not employed, but have undergone donation surgery, you can still apply for out-of-pocket expenses including the \$500 lump-sum payment. If your out-of-pocket expenses exceed \$500, you may still seek reimbursement for additional travel and accommodation expenses up to \$4,000.

What out-of-pocket travel and accommodation expenses can I claim?

- Accommodation
- Economy airfares
- Public transport including bus, train and taxi fares
- Car hire
- Parking for the day of appointment
- Petrol
- Road tolls

How the process works

This form has 2 parts:

- **You (the donor)** must complete **Part A**; and
- **Your employer** must complete **Part B**

Note: If you are **not employed** and/or only wish to claim out-of-pocket expenses, you only need to complete **Part A**.

If you are deemed ineligible, you and your employer will be advised by email, which will include details on how you may request a review of the decision should you choose to do so.

If you were deemed to be medically ineligible to donate following work-up tests, you can still submit a claim for paid leave taken to attend the tests.

If a payment is made in error, or the funds are fraudulently received, the department reserves the right to recover the funds.

How payments are made

To employers:

- The leave reimbursement payment will be made to employers of living organ donors and eligible self-employed donors.
- A maximum of 9 weeks (342 hours) may be claimed for work-up tests and donation. Donors that require extended medical leave may be eligible for up to 18 weeks (684 hours).
- Payments are calculated at the National Minimum Wage and will only be made for the equivalent period the donor has been on paid leave.
- Where a donor is a casual employee or has no leave entitlement and their employer pays them an ex-gratia amount (in lieu of paid leave), that amount will be considered as paid leave, for the purposes of the Program.
- Where a donor works less than full time hours (38 hours per week), a pro rata rate up to the National Minimum Wage will be paid.
- Where a donor earns less than the National Minimum Wage, payments are calculated at the lesser rate.

To donors:

- The \$500 lump-sum payment will be made to Australian donors who provide medical evidence of having undergone donation surgery.
- If claiming more than \$500 for out-of-pocket expenses reimbursement, the payment will be made to donors who have provided appropriate evidence of out-of-pocket expenses incurred as a part of the donation process (i.e. receipts that match dates on medical certificates).
- A maximum of \$4,000 may be claimed for out-of-pocket costs.

Checklist for returning your form

(See page 11 for evidence summary)

Check that you have: answered all questions you need to answer; signed and dated this form; and attached where applicable:

- ☐ A medical certificate(s) to confirm your hospital admission, surgery date and length of your recovery period.
- ☐ Receipts to support the out-of-pocket costs related to donor travel and accommodation being claimed.
- ☐ Evidence of your income for self-employed donors (Part A).
- ☐ Evidence of your income (Part B).
- ☐ Evidence of the claimed leave and/or ex-gratia payment/s that have been made to your employee (payslips / reports).
- ☐ Appointment tracker to confirm your appointment dates (Optional).
- ☐ Extended Medical Leave Form signed by your surgeon / transplant coordinator.

Note: the department does **not** require the following information to assess or process your claim under the Program:

- unrelated medical information about you as the donor or about the organ recipient;
- blood test results;
- your Tax File Number;
- prescription medication details.

Donor details

1. Title ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other
- Family name
- First given name
- Other given name(s)
2. Date of birth / /
3. Gender ☐ Male ☐ Female ☐ Prefer not to say Other
4. Are you an Australian resident (as defined by the *Health Insurance Act 1973*)?
☐ Yes ☐ No Country of residence
If No, Go to 13



Please note, if you are **NOT** an Australian resident (as defined by the *Health Insurance Act 1973*), you can only claim for reimbursement of out-of-pocket expenses.

5. Did you donate in Australia? ☐ Yes ☐ No **If No, you are ineligible for the Program.**
6. Residential address
Suburb
State Postcode
7. Daytime phone number
Mobile phone number
Email address
8. Preferred method of contact ☐ Phone ☐ Email
9. Organ donated ☐ Kidney ☐ Partial liver
10. Did you donate through the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program? ☐ Yes ☐ No
11. Medicare card number
Ref

12. Date of surgery

 / /

Name of Transplant
Coordinator

Hospital

Non-Australian resident

13. For international donors donating to Australian recipients only

Organ recipient's name

Organ recipient's
Medicare number

 Ref

Out-of-pocket expenses

14. Are you claiming the
\$500 lump-sum payment?

☐ Yes **Go to 17**
☐ No **Go to 15**

15. Are you claiming up to
\$4,000 out-of-pocket
expenses related to
donor travel and
accommodation?

☐ Yes **Go to 16**
☐ No **Go to 18**

16. Amount of out-of-pocket
expenses to be claimed

\$.



You **must** attach receipts to support all out-of-pocket expenses (travel and accommodation) being claimed over \$500.

Bank account details

All payments for out-of-pocket expenses are made through EFT and cannot be made into credit card, loan or mortgage accounts.

17. Name of bank, building
society or credit union

Branch where the account
is held

Branch number (BSB)

Account number

Account name

Employment details

18. Employment type
[Tick ONE only]
- ☐ Full time
- ☐ Part time
- ☐ Self-employed **Go to 25**
- ☐ Casual
- ☐ I am not employed **Go to 33**



Note: if you have multiple employers, each employer must fill in **Part B** of this form separately and you must submit them together.

Employer 1

19. Name of employer
20. Average hours per week
21. Hourly rate of pay \$.

Employer 2

22. Name of employer
23. Average hours per week
24. Hourly rate of pay \$.



If you are self-employed, you **must** attach evidence of your income. For example: a payslip, tax return* and/or profit and loss statement.

* Tax File Number should be removed from any evidence of income documents

25. I am claiming for leave taken for:
- ☐ Work-up testing **Go to 26**
- ☐ Work-up testing and donation **Go to 26 and 27**
- ☐ Donation only **Go to 27**

Work-up testing details

26. Hours of leave taken for work-up

Donation details

27. Hours of leave taken for donation
28. Period of leave and recovery taken / / to / /



You **must** attach evidence (e.g. medical certificates) to confirm your appointments and surgery dates to support the amount of leave you have taken.

Self-employed details (For self-employed donors only)

29. Business name
(entity name on ABN lookup)

Trading name
(if different to above)

Postal address

State Postcode

Email

30. Australian Business Number
(ABN)

Bank account details (if different to Q17)

All payments are made through EFT and cannot be made into credit card, loan or mortgage accounts. For self-employed donors, leave reimbursement must be paid into a business account.

31. Name of bank, building
society or credit union

Branch/Address where
the account is held

Branch number (BSB)

Account number

Account name

For non Australian residents donating to an Australian resident, please provide additional information

Physical address of
international bank

Local code of bank
(mandatory for UK, US
and Canada)

Identification number of
bank (SWIFT/IBIC code/
IBAN/BIC code)

32. Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health, Disability and Ageing (the department) for the primary purpose of assessing your eligibility for financial reimbursement under the Supporting Living Organ Donors Program. Your de-identified information may also be used and disclosed for other purposes such as program evaluation and reporting.

If you do not provide this information, your application for the Supporting Living Organ Donors Program can't be assessed for eligibility.

You can get more information about the way in which the department will manage your personal information, including our privacy policy at www.health.gov.au/sites/default/files/documents/2021/04/privacy-policy.pdf.

By providing your sensitive information to us, you consent to the department collecting sensitive information about your medical appointments, treatment and hospitalisation.

33. Donor declaration

I declare that:

- the payment/s received under the Program will be used as reimbursement for my lost income and/or 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 consent that:

- the department may collect further information required to process my application for reimbursement under the Program from my employer, transplant coordinator, travel and accommodation assistance schemes and/or family member. To obtain this information, the department may disclose personal and sensitive information provided in my application to the persons listed above. For example, details regarding dates of my surgery and/or dates of work up tests, or my income and leave entitlements (to my employer); and
- the department will verify my Medicare number with Services Australia; and
- the department may use my de-identified data for reporting and/or evaluation purposes.

I understand that:

- the Program payment for lost income, paid to my employer (or my business, if self-employed) for leave reimbursement of up to 342 hours (or 684 hours if extended medical leave required) is calculated at the [National Minimum Wage](#);
- the Program payment to me for reimbursement of up to \$4,000 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 under the *Criminal Code Act 1995* (Cwth).

Donor signature

Date

Employer obligations

To be eligible to receive a payment under the Program, employers must pay their employee for the period of leave taken, either as paid leave provisions or an ex-gratia amount.

Program payments are calculated at the National Minimum Wage **for a maximum of 9 weeks (342 hours), or 18 weeks (684 hours) where extended medical leave with evidence is provided.**

If the donor has taken their entitled paid leave, the total payment made to the employer must be used to replenish the donor's paid leave provisions.

If an ex-gratia amount has been paid, the payment is to be used to reimburse the employer. Where the ex-gratia amount is more than the employee's regular income, the payment will be at the regular income amount, up to the National Minimum Wage. Where the ex-gratia amount is less than the employee's regular income, the payment to the employer will be at the lesser amount.

Employee details

1. Donor name

Date of birth

/ /

Authorised contact person details



The authorised contact person is a person authorised by the employer to act on the employer's behalf in relation to this claim under the Program.

2. Title

☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

Family name

First given name

Position held

3. Daytime phone number

Mobile phone number

Email address

4. Preferred method of contact

☐ Phone ☐ Email

Employer details

5. Business name
(entity name on ABN lookup)
6. Trading name
(if different to above)
- Postal address
- State Postcode
- Email
7. Australian Business Number
(ABN)
8. Employer category: ☐ Government
- ☐ **Small Business**
A business with less than 15 people is considered a small business.
- ☐ Large Business
A business with 15 people or more is considered a large business.

Bank account details

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

9. Name of bank, building
society or credit union
- Branch where the account
is held
- Branch number (BSB)
- Account number
- Account name

10. Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Australian Department of Health, Disability and Ageing (the department) for the purpose of assessing your employee's eligibility for financial assistance under the Supporting Living Organ Donors Program. Your de-identified information may also be used and disclosed for other purposes such as program evaluation and reporting.

If you do not provide this information, your employee's application for leave under the Supporting Living Organ Donors Program can't be assessed for eligibility.

You can get more information about the way in which the department will manage personal information, including our privacy policy at www.health.gov.au/sites/default/files/documents/2021/04/privacy-policy.pdf.

11. Employer declaration

I declare that:

- I have read, understand and agree to the employer obligations and the Program guidelines relating to the Supporting Living Organ Donors Program;
- I am willing to participate in this Program for the employee named in Part A and agree to the obligations and conditions of the Program;
- the information I have provided in this form is complete and correct; and
- I have the authority and consent to complete this form as a third party, on behalf of the employer.

I understand that:

- the donor must have first been paid their leave entitlements or an ex-gratia amount for a payment to be made under the Program;
- Program payments will be calculated at the National Minimum Wage; and
- giving false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cwth).

Full name

Position held

Employer signature

Date

 / /

What can donors claim for and what evidence will be required?

Please refer to the [Supporting Living Organ Donors Program Guidelines](#) for more information

What can donors claim?	What evidence is required?									
	Application form Part A (donor)	Application form Part B (employer)	Medical Certificate/s for appointments	Medical Certificate for donation	Evidence of expenses	Payslips or proof of income	Extended medical leave form	Appointment tracker (optional)	Leave tracker (optional)	Out-of-pocket expenses tracker (optional)
\$500 lump-sum	✓			✓						
Up to \$4,000 travel and accommodation*	✓		✓		✓			✓	✓	✓
\$500 lump-sum + up to 342 hours leave	✓	✓		✓		✓		✓	✓	
Up to \$4,000 for travel and accommodation + up to 342 hours leave*	✓	✓	✓		✓	✓		✓	✓	✓
Up to 342 hours leave only*	✓	✓	✓			✓		✓	✓	
Up to 684 hours leave only	✓	✓		✓		✓	✓	✓	✓	
\$500 lump-sum + up to 684 hours leave	✓	✓		✓		✓	✓	✓	✓	
Up to \$4,000 travel and accommodation + up to 684 hours leave	✓	✓		✓	✓	✓	✓	✓	✓	✓

* Available to donors who do not proceed to surgery.