



Supporting Living Organ Donors Program Application Form

Please email the scanned form and evidence to: livingorgandonation@health.gov.au

More information

www.health.gov.au/support-for-living-organ-donors

Phone (02) 6289 5055

Monday to Friday, between 8:30 am and 5:00 pm, AEST/AEDT.

Important!

This application Form **must** be received within 90 calendar days of the surgery date. Claim forms received after this date may not be accepted without evidence of exceptional circumstances (See Guidelines for details).

Purpose of this form

The information on this form will be used to assess your eligibility, verify your claim and calculate the payments to be made to you and your employer (if applicable) via Electronic Funds Transfer (EFT).

Am I eligible?

- To be eligible to participate in the Program you, the donor, must be an Australian resident (as defined by the *Health Insurance Act 1973*), have a valid Medicare card; be 18 years of age or older; and donating a kidney or partial liver in Australia.
- To be eligible to receive reimbursement of leave, donors must be employed full time, part time or casually, by an organisation, or be self-employed. The business must have a current registered Australian Business Number (ABN).
- To receive a 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.

Note: If you are not employed, you can still apply for reimbursement of some out-of-pocket expenses related to travel and accommodation.

How payments are made

To employers:

- The 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.
- 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 payment will be made to donors who have provided appropriate evidence of out-of-pocket expenses incurred as a result of organ donation i.e. receipts that match dates on medical certificates.
- A **maximum of \$1,000.00** may be claimed for out-of-pocket costs.

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 **up to 76 hours** of formal leave taken to attend the tests. A minimum of 7.6 hours of leave must have been taken to be able to make a claim.

Note: A person may only claim under the Program once in their lifetime.

Filling in this form

- Please use black or blue pen
- Print in **BLOCK LETTERS**
- Mark boxes like this with a ✓ or x
- Where you see a box like this > **Go to 5** skip to the question number shown.

Checklist for returning your form

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

Donors:

- A medical certificate(s) / appointment tracker to confirm your appointment and surgery dates and support the amount of leave / time off you have taken.
- Receipts to support the out-of-pocket costs related to donor travel and accommodation being claimed.
- Evidence of your income (if you are self-employed).

Employers:

- Evidence (payslips / reports) of the claimed leave and/or ex-gratia payment/s that have been made to your employee.

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

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

PART A - Donor

Donor details

1 Dr Mr Mrs Miss Ms
Other
Family name

First given name

Other given name(s)

2 Date of birth

3 Gender
Male
Female
Other

4 Are you an Australian resident (as defined by the Health Insurance Act 1973)?
Yes
No

5 Did you donate in Australia?
Yes
No > **You are ineligible for the Program.**

6 Postal address

State Postcode

7 Daytime phone number

Mobile phone number

Email address

8 Preferred method of contact
Phone
Email

9 Medicare card number
 - - Ref

10 Organ donated
Kidney
Partial liver > **Go to 12**

11 Did you donate through a Paired Kidney Exchange Program
Yes
No

12 Date of Surgery

Name of Transplant Co-ordinator

Hospital

Out-of pocket expenses

13 Are you claiming for out-of-pocket expenses related to donor travel and accommodation incurred as a result of your donation?
Yes > **Go to 14**
No > **Go to 16**

14 Amount of out-of-pocket expenses to be claimed



You **must** attach a receipt(s) to support the out-of-pocket costs (donor accommodation and travel) being claimed.

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.

15 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

Account number

Account name

Employment details

16 Employment type [Tick **ONE** only]

- Full time
- Part time
- Self-employed > **Go to 18**
- Casual
- I am not employed > **Go to 25**

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

17 Name of employer

18 Average hours per week

19 Hourly rate of pay



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

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

20 I am claiming for leave taken for:

- Work-up testing > **Go to 21**
- Work-up testing and donation > **Go to 21**
- Donation only > **Go to 22**

Work-up test details

21 Hours of leave taken for work-up

Donation details

22 Hours of leave taken for donation

23 Period of leave taken

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	to	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
----------------------	---	----------------------	---	----------------------	----	----------------------	---	----------------------	---	----------------------



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

24 Self-employed > **Go to 27**

25 Privacy notice

Your personal information is protected by law, including the Privacy Act 1988, and is being collected by the Australian Department of Health for the purpose of assessing your eligibility for financial assistance under the Supporting Living Organ Donors Program and administration of the Program. The Department is unlikely to disclose your personal information to overseas recipients.

Inconsequential sensitive information provided or collected under the Program will be permanently de-identified or immediately redacted.

If you do not provide this information the Department of Health may be unable to assess your patient's eligibility and process a claim for payment under this Program.

The Department has an [Australian Privacy Principles \(APP\) privacy policy](#) which you can read online. The APP privacy policy contains information on:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles.

The Department of Health can be contacted on **(02) 6289 5055** or by using the [online enquiries form](#).

26 Donor declaration

I declare that:

- I confirm the payment I receive under the Program is to be used as reimbursement 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 your application for reimbursement under the Program from your employer, transplant coordinator and/or family member. In order to obtain this information, the Department may disclose information provided in your application. For example, details regarding dates of your surgery and/or dates of work up tests, or your income and leave entitlements (to your employer); and
- to ensure your eligibility for the Program, the Department will verify your Medicare number with the Department of Human Services.

I understand that:

- the Program payment to my employer is calculated at the National Minimum Wage;
- the Program payment to me for reimbursement of 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

Self-employed details

27 Business name

Trading name (if different to above)

Postal address

.....	
.....	
State	Postcode

Email

.....
@

28 Australian Business Number (ABN)

		-				-				-			
--	--	---	--	--	--	---	--	--	--	---	--	--	--

29 Industry Type:

- Private Sector
- Cwth Government
- Local Government
- State Government

Small Business?

- Yes
- No

Bank account details (if different to above)

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

30 Name of bank, building society or credit union

Branch number (BSB)

			-			
--	--	--	---	--	--	--

Account number

Account name

31 Self-employed donor declaration

I declare that:

- I confirm the payment I receive under the Program is to be used as reimbursement for my lost income and 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 understand that:

- the Program payment for loss of income is calculated at the National Minimum Wage;
- the Program payment for reimbursement of 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

PART B - Employer

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)**.

If the donor has taken their entitled paid leave, the payment is to be passed on in full to the donor in the form of 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 Dr Mr Mrs Miss Ms

Other

Family name

First given name

Position held

3 Daytime phone number

Mobile phone number

Email

4 Preferred method of contact

Phone

Email

Employer details

5 Business name

Trading name (if different to above)

Postal address

.....
.....
State Postcode

Email (where payment notification should be sent)

6 Australian Business Number (ABN)

7 Industry Type:

Private Sector

Cwth Government

Local Government

State Government

Small Business?

Yes

No

Bank account details

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

8 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number

Account name

9 Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Australian Department of Health for the purpose of assessing your employee’s eligibility for financial assistance under the Supporting Leave for Living Organ Donors Program and administration of the Program. The Department is unlikely to disclose your personal information to overseas recipients.

Inconsequential sensitive information provided or collected under the Program will be permanently de-identified or immediately redacted.

If you do not provide this information the Department of Health may be unable to assess your employee’s eligibility and process the claim for payment under this Program.

The Department has an [Australian Privacy Principles \(APP\) privacy policy](#) which you can read online.

The APP privacy policy contains information on:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the APP.

The Department of Health can be contacted on **(02) 6289 5055** or by using the [online enquiries form](#).

10 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 in order 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