



Australian Government

Department of Health

# Form C

## Inborn Errors of Metabolism program (IEM) Change of details

Name of the Person or Organisation Receiving  
IEM Payments:

Name of the Person with IEM Condition:

Date of Birth of the Person with IEM Condition:

Address (as previously provided to the Department):

Name _____
Address _____
Suburb _____
State _____ Postcode _____

Type of Change (select as appropriate):

- ☐ Address / Postal Address (complete Part 1 & Part 7 )
- ☐ Contact Details (complete Part 2 & Part 7)
- ☐ Bank Account (complete Part 3 & Part 7)
- ☐ Care/Custody Arrangement (complete Part 4 & Part 7)
- ☐ Name Change (complete Part 5 & Part 7)
- ☐ Grant Transfer (complete Part 6 & Part 7)

### ► Part 1: New Address

Name _____
Address _____
Suburb _____
State _____ Postcode _____

Postal Address (if different to residential address)

Name _____
Postal Address _____
Suburb _____
State _____ Postcode _____

### ► Part 2: Current Contact Details

Phone Number:

Mobile Number:

Email Address:

### ► Part 3: Bank Account (for Payment of Financial Assistance)

Banking Institution:

Account Name: (e.g. John Citizen)

BSB (6 digits):

Account Number:

# Form C

## Inborn Errors of Metabolism program (IEM) Change of details

### ► **Part 4: New Care/Custody Arrangement**

Person or Organisation having Current Custody or Care Responsibility:

- ☐ Parent ☐ Carer (i.e. Family member)  
☐ Legal Guardian ☐ Carer (ie. Organisation)

Name of the New Person or Organisation having Custody or Care Responsibility:

Relationship to Person with IEM Condition:

Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_

### ► **Part 5: Name Change** (*copy of marriage certificate or evidence of current legal name is required*)

- ☐ Marriage Certificate ☐ Other

Former name as held by the Department

(Please print)

Changed to (name)

(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ► **Part 6: Grant Transfer**

Name of the Person / Organisation Currently Receiving IEM Payments:

(Please print)

Signature: \_\_\_\_\_  
(Person signing must be 18 years or older)

Date: \_\_\_\_\_

Name of the Person / Organisation to Receive IEM Payments:

(Please print)

Relationship to Person with IEM Condition:

Signature: \_\_\_\_\_  
(Person signing must be 18 years or older)

Date: \_\_\_\_\_

## Inborn Errors of Metabolism program (IEM) Change of details

### ► Part 7: PRIVACY AND YOUR PERSONAL INFORMATION

The Australian Department of Health (**the Department**) collects personal information under the Inborn Errors of Metabolism Program (the Program) for the purposes of determining the initial or continuous eligibility of an applicant (a patient with an IEM condition or the parent/legal guardian/carer of the patient) to receive financial assistance under the Program, and to administer the payments of financial assistance.

In order to administer the Program, 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 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.

The Department can be contacted by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at [www.health.gov.au](http://www.health.gov.au).

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 discloses patients' personal information such as name, date of birth, address and Medicare card number to the Department of Human Services to confirm their Australian residency status and Medicare enrolment.

The Department has an Australian Privacy Principles (APP) privacy policy which you can read at

<https://www.health.gov.au/resources/publications/privacy-policy>. A copy of the APP privacy policy can be obtained by contacting the Department using the contact details set out above. The APP privacy policy contains information about:

- 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 and how the Department will deal with such a complaint.

The Department is unlikely to disclose your personal information to overseas recipients.

#### CONSENT TO COLLECTION OF SENSITIVE INFORMATION

I consent to the Department of Health collecting my 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

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 undertake to inform the Department of Health:

- 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;
- of any changes to the patient's custody / care arrangement (if applicable).

I undertake that:

- the application is valid for 12 months from the date of approval. The patients with these conditions must reapply every 12 months through a metabolic specialist recognised by the Department of Health 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.
- failure to notify the Department of Health 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:**

(Please print)

Signature: \_\_\_\_\_  
(Person signing must be 18 years or older)

Date: \_\_\_\_\_