



Supporting Living Organ Donors Program Individual Registration Form

Please email the scanned form and evidence of income if applicable to:
livingorgandonation@health.gov.au

Or send to:

Department of Health
Supporting Living Organ Donors Program
GPO Box 9848
CANBERRA ACT 2601

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

(02) 6289 5055 Monday to Friday,
between 8.30 am and 5.00 pm AEST/AEDT.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Important!

Registration Forms must be received prior to surgery. Forms received post-surgery will not be accepted.

Purpose of this form

Use this form to register your intent to participate in the Supporting Living Organ Donors Program (the Program). The Program is for directed donation; where a recipient has been identified and a hospital Transplant Co-ordinator is facilitating the necessary work-up testing, surgery and recuperation. Before you complete this form, you will need to familiarise yourself with the [Supporting Living Organ Donors Program](#) Guidelines on our website.

If you do not have access to a computer, call us on (02) 6289 5055 and we can mail you a copy.

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** (if you are self-employed you must complete **Part A** and **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.

Once your completed form has been received, the Department of Health will assess your eligibility for the Program.

If you are deemed **eligible**, you and your employer will receive separate confirmation letters, including the **Claim Form**. If you are self-employed you will receive a confirmation letter and the **Claim Form**.

Claim forms **MUST** be received within 90 days of your surgery date. Late forms will not be accepted. Once these forms and supporting evidence have been accepted and processed, the resulting payments will be made, followed by a confirmation of payment to both you and your employer.

If you are deemed **ineligible**, you and your employer will be advised by letter, 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 2 weeks** of formal leave taken to attend the tests. A minimum of 1 day (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.

Returning your form

Check that you have: answered all the questions you need to answer, signed and dated this form, and attached evidence of your income (if you are self-employed).

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 Are you donating 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
- Post

SENSITIVE: PERSONAL

9 Organ to be donated

- Kidney
- Partial liver

10 Date of Surgery (if known)

____ / ____ / ____

11 Name of Transplant Co-ordinator

Hospital

12 Medicare card number

____ - ____ - ____ Ref ____

Employment details

13 Employment type [Tick ONE only]

- Full time
- Part time
- Self-employed
- Casual
- I am not employed > **Go to 16**


Note: if you have multiple employers you must fill in a separate registration form for each and submit them together.

14 Name of employer

15 Average hours per week

16 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.

17 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.

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

The Department will disclose details of your application for financial assistance under the Program including details of your surgery and/or any work-up tests to your employer.

The Department of Health may disclose de-identified information to a third party for the purposes of statistical analysis and/or to evaluate the 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](#).

18 Donor declaration

I declare that:

- I have read, understand and agree to the eligibility requirements and the Program guidelines relating to the Supporting Living Organ Donors Program;
- I consent to the Department of Health collecting details of my surgery and/or any work-up tests for the purpose indicated above; and
- The information I have provided in this form is complete and correct.


I understand that:

- giving false or misleading information is a serious offence under the *Criminal Code Act 1995 (Cwth)*.

Donor signature

Date

____ / ____ / ____

 If you are not employed and/or only wish to claim out-of-pocket expenses, do not complete Part B.

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.

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 a claim under the Program.

19 Dr Mr Mrs Miss Ms

Other

Family name

First given name

Position held

20 Daytime phone number

Mobile phone number

Email

21 Preferred method of contact

Phone

Email

Post

Employer details

22 Business name

23 Postal address

State Postcode

24 Australian Business Number (ABN)

 - - -

25 Business Type

Private Sector

Small Business

Commonwealth Government

State Government

Local Government

26 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.

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](#).

27 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; and
- the information I have provided in this form is complete and correct.

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

Signature

Date