



ABN 42 962 654 704

Application for Access to Federal Government Stoma Appliance Scheme

This form is to be completed and emailed to admin@ngostomy.org.au or posted to:
The Secretary, North Queensland Ostomy Association Inc.

Title:		Surname:		Given Names:	
Date of Birth:					
Home Address:					Post Code:
Postal Address:					Post Code:
Mobile number:			Phone number:		
Emergency Contact:			Email:		
Medicare No.:					IRN
Pension or Commonwealth Health Care Number			Valid to: __/__/__		
Department of Veteran Affairs Number			Card Colour: Gold / White		



Cards to be sighted by the Stomal Therapy Nurse to validate that the number is current at the time of application.

Type of Stoma	Permanent: Yes / No		Temporary: Yes / No	
Type of appliance and pharmaceutical being used:				
Stomal Therapy Nurse	Phone:			
Hospital / Medical Facility				
Do you already have an Entitlement Card	Yes / No	If yes, please state card no:	Ostomy Association which issued card:	

(1) I have attached and signed a Stoma Appliance Application Form. **(SAS)PB049**

(2) Payment of the \$70 (**SAS** Access Fee\$70) or \$60.00 (Concessional **SAS** Fee) has been made by:

☐ Bank transfer NAB Bank BSB: 084 970 Account No. 50899 2151 Please include your surname on transfer.

☐ Debit/Credit Card Payment  

Card No: _____ Exp: ____ / ____ CCV: _____

☐ Cheque enclosed ☐ Money order enclosed ☐ Cash enclosed

Australia Post Fee: Postage fee for a single monthly order is **\$18.00**. 6 months @ \$108.00 ; 3 months @ \$54.00 (incl GST). Members requiring orders to be posted are requested to pay postage prior to the dispatching of orders.

(3) I agree to abide by the Constitution of this Association.

Signed:.....

Date:.....

Official use only: Date:.....

Entitlement Card No:.....