

When to use this form

Use this form if you cannot submit this request using EnableNSW Online.

Find out more at www.enable.health.nsw.gov.au/online

Filling in this form

You can complete this form on your computer or print and sign it. If you need to print this form ensure you:

- Use blue or black pen
- Print in BLOCK LETTERS
- Sign the prescriber declaration

Eligibility

An EnableNSW application form is required to assess a person's eligibility.

A new application form is required every two years **OR** if the person's circumstances change. Application forms can be accessed online at www.enable.health.nsw.gov.au/for_individuals/applying-to-EnableNSW.

If we do not have an application form at the time of reviewing this request, the request may go on hold and delay the outcome.

Important information before making this request

- You must be an eligible prescriber for this type of equipment **AND**,
- the equipment requested must meet the applicable funding criteria. You can read more about this at www.enable.health.nsw.gov.au/prescribers/forms
- You must attach a quote to this form for the equipment you are requesting.

For more information

Go to our website www.enable.health.nsw.gov.au or call us on 1800 Enable (1800 362 253)

Privacy

We collect your personal information and the health information of patients to allow EnableNSW to manage and provide its services. This allows us to:

- Assess your eligibility to prescribe assistive technology in accordance with the relevant funding criteria
- Contact you if more clinical information is required about the request, as well as provide status updates about the request
- Share contact details with a supplier if additional support is required for set up of equipment when necessary.

If you would like to view or make changes to your information, please send an email to enable@health.nsw.gov.au or call 1800 Enable (1800 362 253).

A. Request type

- New request Amendment to existing request

Date of assessment/review for this equipment?

B. Person information

1. Person details

Title First name Surname

Date of birth

Medicare card number Ref no.

Person's address
 State Postcode

2. Delivery details

Where will the equipment be delivered to? *Select ONE only*

- Person's address
- Other, please specify where the equipment will be delivered

Contact name Contact phone number

Delivery address
(if not person's address) State Postcode

If applicable, confirm the person's hospital or TCP discharge date

If applicable, provide any special delivery instructions

C. Diagnosis

3. What is the primary diagnosis in relation to the requested equipment?

4. Provide other relevant diagnosis/co-morbidities

D. Equipment category

5. What equipment are you requesting? *Select all that apply*

- Computer Software Speech Generating Device (SGD)
 Voice Amplifier SGD Accessories

6. For replacement requests complete the following: *Select N/A if new request*

- N/A - This equipment has not been previously funded by EnableNSW
 Current prescription is no longer clinically appropriate
 Current equipment is beyond repair and unsafe to use
 Current equipment is due for replacement due to general wear and tear

E. Equipment recommendation

7. List recommended speech generating device including brand/model, supplier details, price and attach an itemised quote

Note you must attach a quote for all items in this request

Equipment - specifications required	Preferred supplier details	Qty	Cost (inc GST & delivery)	Quote number
			\$	
			\$	
			\$	
			\$	
			\$	

8. Confirm the requested equipment complies with the relevant Australian or International Standards and/or has Therapeutic Goods Administration (TGA) registration (class 1 medical devices): *Select ONE option*

- Yes
 No

F. Equipment goals

9. Confirm the person requires Speech Generating Device to: *Select all that apply*

- Assist with communication in daily activities at home and in the community
 Express needs and wants to manage daily routines

10. Select the locations where the equipment will be primarily used: *Select ONE option*

- Home and community
 Home only
 Community only

11. How frequently will the equipment be used? *Select ONE option*

- Continually or multiple times each day
 Once per day
 1-2 times a week

12. For eye gaze requests provide information about why alternative access such as switch scanning or head tracking is not suitable:

13. For text to speech requests provide information about why alternative access such as switch scanning or head tracking is not suitable:

14. For voice amplifier requests provide information about why the person requires the technology to support functional and/or sustained conversation:

15. **Speech generating device/system provision:** *Confirm all of the following:*

- The person has the required level of literacy and cognitive skill to use the device
- A plan for training and support is in place -please provide details in next question
- The person has an alternative communication/low technology system is in place in case of equipment break down, or for environments not suitable for the requested technology

16. Describe the training and support plan for the requested equipment:

G. Trial outcomes

17. Was a trial of the requested equipment completed? *Select ONE option*

Note: A trial is required for all items in this category.

- Yes –provide details of trial outcomes below
- No -provide information why a trial was not completed below

18. For ALL requests what other equipment/software options were trialled. List other equipment/software trialled, approximate cost and why the item was not recommended:

H. Compatibility

19. Confirm the equipment is compatible with the: *Select all that apply*

- Current equipment being used
- Environment of use

I. Safe use, care and maintenance

20. Confirm the person and/or family/carer will receive education in the: *Select all that apply*

- Safe use of the requested equipment including charging requirements
- Correct care and maintenance of the requested equipment

Go to next page and complete Section J. Prescriber Eligibility and Declaration

J. Prescriber eligibility and declaration

21. Prescriber eligibility

Confirm you have assessed the person and have the qualification and level of experience to prescribe this equipment in line with the relevant [EnableNSW Funding Criteria](#) and [Professional Criteria for Prescribers](#).

Yes **Go to question 22**

No – I do not have the level of experience to prescribe this type of equipment as required by the funding criteria.

The assessment of the person and equipment request has been supervised by an eligible EnableNSW prescriber.

Provide your supervisor's name and email address

Supervisor's name Supervisor's email

22. Prescriber declaration

I confirm the following:

- The person/carer agrees with this request
- A copy of this request will be provided to the person/carer
- As a health professional, I cannot also be the equipment supplier for the same request. This may include but is not limited to a personal or professional relationship with or material interest in the supplier or manufacturer of the equipment listed on this request

I declare that:

- I have the qualification and experience to prescribe this equipment and am an accredited prescriber with EnableNSW.
- All information I have supplied on this application is true and correct to the best of my knowledge at the time of assessment

Prescriber information:

Prescriber name

Place of work

Address

State Postcode

Qualification AHPRA registration number

Phone number () Email

Signature Date

23. Other contacts (optional)

Complete this question if you would like to provide details of any other relevant health professionals who will be involved with the management and monitoring of the person's condition

Other contact 1

Name

Place of work

Address

State Postcode

Qualification AHPRA registration number

Phone number () Email

Other contact 2

Name

Place of work

Address

State Postcode

Qualification AHPRA registration number

Phone number () Email

Submitting this request

Submit this form and any relevant clinical documentation to enable@health.nsw.gov.au, please include the following in your subject line **Equipment type_Person name_Date submitted** i.e *SGD equipment_John Smith_01.01.2022*