

Live Organ Donor National Travel Assistance Registration Form

Please **email** the completed form and copies of costs to: liveorgandonation@moh.govt.nz or **post** the complete form to
National Travel Assistance, PO Box 1026, Wellington 6140

For help with the form phone National Travel Assistance on 0800 281 222 (press 2)

Donor details

Family name

Given name(s)

Date of birth

NHI number

What gender do you identify as?

 Male Female Gender diverse

Please specify

Transplant date

Hospital visits commence on

Donor residential address details

Donor's residential address

Postal address (if different)

Phone number

Mobile number

Email

Recipient details

Family name

Given name(s)

Recipient residential address

Facility the recipient is receiving treatment from

City

Expenses (tick where applicable)

Does this person require funding for the following?

 Accommodation expenses Air travel Taxi transport A support person (if yes, please provide details of support person)

Support person details

Name of attending support person (Funding for a second support person requires an approval letter from the specialist.)

- Learning technical skills Emotional/physical support Client wellbeing
 Accessing services Escort to/from clinical care
 Other reason

Referring specialist sign off

Referring specialist name

Referring hospital

Are you signing on behalf of a specialist? If yes what is your name?

Hospital stamp

I, the referring specialist/designated signatory, certify that the above information is true and correct

Date Month Year

Declaration

I, the client registering for National Travel Assistance, understand that:

- this form will be sent to the Ministry of Health where my registration will be processed on behalf of my DHB and that my DHB and the Ministry of Health may use this information to pay my claim and monitor access to health and disability services in a manner consistent with the Privacy Act 1993.
- the information I provide will be held securely by the Ministry of Health and my DHB and will be kept confidential except when required to be disclosed by law. I have the right to access this information by enquiring to the Ministry of Health and I may also request that it be corrected.
- the Ministry of Health can decline reimbursing the expenses of any person who does not meet Ministry of Health eligibility criteria
- the National Travel Assistance Scheme is funded according to the National Travel Assistance Policy Document effective 1 January 2006, and the Live Organ Donor Travel and Accommodation Cost Reimbursement Protocol (6 April 2017), published and amended from time to time by the Ministry of Health and that the Ministry of Health may decline an entitlement to receive that assistance
- this registration is valid only for National Travel Assistance for Live Organ Donation.
- the Ministry of Health is not obliged to enter into any correspondence as a result of any decision made in relating to reimbursement under the National Travel Assistance Scheme.
- if the Ministry of Health makes an overpayment to me, I may be obliged to repay the amount of the overpayment and that the Ministry of Health will contact me to discuss repayment options.

I, _____ declare that the above information is true and correct.

Donor name

Donor Signature _____

Date