

Registration for Loss of Earnings Form Live Organ Donor

Donor details

Family name(s)

Given name(s)

Date of birth

NHI number

What gender do you identify as?

Male
 Female
 Gender diverse

Which ethnic group do you belong to? (Mark the space or spaces that apply to you)

New Zealand European
 Māori
 Samoan
 Cook Island Maori
 Tongan
 Niuean
 Chinese
 Indian
 Other (Please state)

New Zealand residential address

Street number and name Suburb

Town/City Post code

Overseas residential address (if applicable)

Street number and name Suburb

Town/City/Country Post code

Postal address (if different)

Phone number

Mobile number

Email

I want to donate: a kidney to someone I know a kidney to someone I don't know part of my liver

Do you want to donate under the kidney exchange programme? Yes No

Recipient's residential address (If you know who you are donating to)

Name

Address

Centre contact details (the DHB assessing your suitability to make a donation)

Facility name (eg, Auckland Renal Transplant Centre)

Donor liaison coordinator name

Facility phone number

Donor liaison coordinator email address

Employment type (Tick appropriate boxes)

- Full-time employment
 Self-employed
 Voluntary employment
 Shareholder employee
 Not in paid employment
 Not employed
 Part-time employment (includes benefit with supplementary income)
 Parental leave

Compensation for loss of earnings

Compensation is available to eligible live donors who take unpaid work to have surgery and recover. You can find out more about eligibility for earnings compensation and how compensation is calculated from the "Compensation for loss of earnings" on the Ministry of Health website (www.health.govt.nz).

Declaration

I, the person registering to be a qualifying donor, understand that this information is being collected in order to correctly compensate me for lost income during my recuperation from donor surgery. For this reason, I consent to any necessary information being shared between the Ministry of Health and:

- the Ministry of Social Development and / or the Inland Revenue Department, in order to calculate the correct amount of compensation I should be paid
- relevant clinical agencies, to help the Ministry of Health make payments at the correct time and for the correct period of time.

I understand that:

- this information is being collected in order to correctly compensate me for lost income during my recuperation from donor surgery
- the information is being collected by the Ministry of Health, under the authority of the Compensation for Live Organ Donors Act 2016 and Organ Donations and Related Matters Act 2019
- this information will be held by the Ministry of Health but may also be shared with the Ministry of Social Development, Inland Revenue Department and/or relevant clinical agencies, with my consent in this registration form

- my application will be declined if I fail to provide the information requested by the Ministry of Health
- under the Privacy Act 1993, I have the right to request access to all information the Ministry of Health holds about me and to request corrections to that information
- I am responsible for contacting Inland Revenue to discuss my child support obligations
- I understand that the Ministry of Health will not be offering payroll giving donations.

I confirm that:

- the organ removal and transplant will occur in New Zealand or as part of the Australian and New Zealand Paired Kidney Exchange Program as I am registered with the New Zealand Kidney Exchange Programme
- the recipient of the organ is eligible to receive services funded under the New Zealand Public Health and Disability Act 2000 or will be allocated the organ under the Australian and New Zealand Paired Kidney Exchange Program
- I will forgo earnings as a result of taking unpaid leave or otherwise ceasing employment to allow for my recuperation from the donor surgery
- the organ will be collected, implanted and dealt with lawfully. There has been no exchange of money between the recipient, an agent of the recipient and myself.

Name

Signature of donor or their representative

Date

Date Month Year

This form can be completed in full by the potential organ donor with support from the donor liaison coordinator, transplant coordinator or social worker.

For help completing the form, phone: **0800 855 066**

Once you have completed the form and have all your supporting documents please either:

email everything to: liveorgandonation@moh.govt.nz (**email is preferred**)

mail everything to: Live Organ Donor Compensation, Sector Operations, Ministry of Health PO Box 1026, Wellington 6140, New Zealand