

# 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

  

Overseas residential address (if applicable)

  

Postal address (if different)

Phone number

Mobile number

Email

Recipient's residential address

  

Postal address (if different)

## Assessment or transplant DHB

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

Facility name (eg, Renal Centre Auckland)

Donor liaison coordinator name

Facility phone number

Donor liaison coordinator email address

Donation type  Directed kidney  Non-directed kidney  Liver

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

**Payment details** (New Zealand bank account)

Nominated bank account (Please attach a verified copy of the bank account details)

Bank	Branch	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank account number	IRD number	Tax code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Kiwi Saver: Your contribution rate	Employer contribution rate	I am currently on a KiwiSaver holiday
<input type="text"/> %	<input type="text"/> %	<input type="radio"/> Yes <input type="radio"/> No

Other superannuation scheme:  Yes (Please attach details: name, client reference number, contact details, amount)

I have received live organ donor assistance from the Ministry of Social Development  Yes  No

If yes, what was the date of your donation surgery?  Date  Month  Year

Do you currently receive a benefit in addition to working?  Yes  No Student loan  Yes  No

## 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 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
- this information will be held by the Ministry of Health but may also be shared with the Ministry of Social Development and relevant clinical agencies, with my consent

- 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
- the recipient of the organ is eligible to receive services funded under the New Zealand Public Health and Disability Act 2000
- I will forego 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

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](mailto:liveorgandonation@moh.govt.nz)
- **mail** everything to: Live Organ Donor Compensation, Sector Operations, Ministry of Health  
PO Box 1026, Wellington 6140, New Zealand

**Please note:** Email is preferable.