



Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

RAP and NDIS – Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

PART A - Administration

Client details

1. Surname
2. Given name(s)
3. DVA client number
4. Contact phone number
5. E-mail address N/A
6. Apple ID As above N/A Do not wish to disclose

Details of person authorised to act on the client's behalf (if applicable)

1. Surname
2. Given name(s)
3. Relationship to client
4. Contact phone number

Details of treating speech pathologist or specialist

5. Surname
6. Given name(s)
7. Provider number
8. Address
 POSTCODE
9. Phone number

PART B - Device and/or Application(s) to be provided

10. Device

Device

Model

11. Application(s)

Application

Developer

12. Has the client successfully trialed the requested device and applications?

No Yes

Trial comments

Note: Please remember to attach a detailed clinical justification with this form.

PART C - Acknowledgement statement

I acknowledge and accept that the above equipment being supplied by the Department of Veterans' Affairs (DVA) through the Rehabilitation Appliances Program (RAP) has been provided under the following conditions:

- DVA, through RAP, will not be able to assist with any technical support, troubleshooting or advice in relation to the provided device and/or application(s);
- the client/speech pathologist/support team/family will be responsible for any issues such as hardware incompatibility, technical support, maintenance, licensing, software upgrades (other than speech pathology applications), computer hardware and hardware upgrades;
- any additional software requirements such as antivirus, operating systems, word processing, internet accessing and associated fees are the responsibility of the client.

PART D - Acknowledgement by client and treating health providers

13. Client signature



Date

/ /


14. Speech pathologist signature



Date

/ /

15. Specialist signature



Date

/ /
