



# Request for Trial Equipment

Use this form for requesting 3 month trials of the following equipment:

- AP31 - Knee Walker and Scooter - Trial
- AV18 - Stationary Exercise Bike Trial.

If your client requires the equipment for **longer than 3 months** please complete **RAP Mobility and Functional Support Products** – D0992 order form available from

<https://www.dva.gov.au/about-us/dva-forms/mobility-functional-support-mfs-products-order-form>

**Important:** The Department of Veterans' Affairs (DVA) **does not** supply equipment for general fitness.

Exercise bikes will **only** be supplied:

- where the client is required to:
  - increase cardio-vascular fitness prior to surgery
  - reduce weight prior to surgery
- as a rehabilitation aid following surgery (e.g. post knee surgery).

**Privacy notice** – Personal information is protected by law, including the *Privacy Act 1988*. 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. More information about how DVA manages personal information is available from <https://www.dva.gov.au/about-us/overview/legal-resources/privacy>

## No duplication of government funded services

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid/appliance or home modification through more than one government service e.g. National Disability Insurance Scheme (NDIS), Commonwealth Home Care packages and RAP.

### Prescriber's details

<b>1 Prescriber type</b>	Physiotherapist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Osteopath <input type="checkbox"/> GP/LMO <input type="checkbox"/> Other <input type="checkbox"/> ▶ Please specify <input style="width: 400px; height: 20px;" type="text"/>
<b>2 Provider's name</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>3 Provider number</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>4 Provider's organisation</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>5 Address</b>	<input style="width: 100%; height: 20px;" type="text"/> POSTCODE <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>
<b>6 Contact number</b>	<input style="width: 100%; height: 20px;" type="text"/> [    ]    Mobile <input style="width: 100%; height: 20px;" type="text"/>
<b>7 Email</b>	<input style="width: 100%; height: 20px;" type="text"/>

## Client's details

8 Surname

9 Given name(s)

10 Date of birth

11 Address

  

POSTCODE

12 DVA file number

13 Veteran Card type

Gold

White

▶ Please contact DVA on **1800 550 457** or  
[RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au) to check eligibility  
under the client's Accepted Condition/s.

## Prescription

14 Equipment required

15 Purpose of the equipment

**Note:** DVA **does not** supply  
equipment for general fitness.

To increase cardio-vascular fitness prior to surgery

To reduce weight prior to surgery

As a rehabilitation aid following surgery

Other  ▶ Please specify

16 List the clinical needs to be  
addressed by the equipment  
requested

  

17 Outline the functional goals that  
have been achieved to date

  

18 Outline the functional goals that  
you expect to be achieved with  
the equipment.

  
  
  
  
  
  

19 Supplier choice

Aidacare

Allianz

BrightSky

Country Care Group

## Safety

### 20 Knee walker/scooters

Can the client use the equipment safely? No  Yes

Is the client at risk of skin tears? No  Yes

### 21 Exercise bikes

Can the client independently mount the exercise bike safely? No  Yes

Is the client at risk of skin tears? No  Yes

Can the client reliably monitor level of exertion whilst exercising? No  Yes

Is the client using the exercise bike safely? No  Yes

Do your records contain the mandatory medical certificate from the client's GP/Specialist stating that it is medically safe for the client to use an exercise bike as part of an independent home exercise program? No  Yes

This certificate is mandatory and should include:

1. The client's current and past medical conditions and medications.
2. A statement from the GP/Specialist as follows – "I certify that (insert client's name) has a stable cardiovascular system and is medically safe to undertake an independent exercise program using an exercise bike".

## Signature

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### 22 Prescriber's signature



Date

/ /

## DVA Rehabilitation Appliances Program Contracted Suppliers of Trial Equipment

Supplier	Phone	FAX - General	Email
Aidacare	1300 888 052	1300 787 052	<a href="mailto:dva@aidacare.com.au">dva@aidacare.com.au</a>
Allianz Global Assistance	1800 857 715	1800 653 556	<a href="mailto:mfs@allianz-assistance.com.au">mfs@allianz-assistance.com.au</a>
BrightSky	1300 799 243	1300 799 253	<a href="mailto:mfs.orders@brightsky.com.au">mfs.orders@brightsky.com.au</a>
The Country Care Group	1800 727 382	1800 329 382	<a href="mailto:dva@country-care.com.au">dva@country-care.com.au</a>

**Prescribers are reminded that the choice of supplier is theirs.**

The alphabetical listing above is for administrative ease only.