Hearing Aid Funding or Subsidy Application Declaration and Privacy Statement

Service Request Reference Number	

The customer or their agent must complete this form. If the customer is a child or young person under 18 years of age, a parent or guardian must complete it. The form confirms that the person agrees to the hearing aid funding or subsidy application, that the application details are correct, and that they understand how Enable New Zealand manages personal information.

Privacy Statement

Collecting your information

Enable New Zealand receives personal and health information about you from approved assessors for Disability Support Services Hearing Aid Services.

- This information may include your name, date of birth, contact details, hearing aid details, audiograms, and information that supports your application.
- Disability Support Services authorises us to collect this information so we can manage your application.
- You do not have to provide this information. But, if we don't receive the information we need, we may not be able to process your application.

Using and respecting your information

We use your personal information to check if you can receive Disability Support Services hearing aid funding or a hearing aid subsidy and process your application.

- We keep your information secure and only authorised staff can access it when they need it for your application.
- We follow the Privacy Act and Health Information Privacy Code when managing your information.

Sharing your information

Besides our staff, we may share your information with:

- Hearing aid suppliers or repairers that help us provide hearing aid services (such as Ko Taku Reo Deaf Education, 38 Truro Street, Sumner, Christchurch 8081)
- Government agencies involved in hearing aid funding or subsidies (such as Disability Support Services or ACC).

These organisations might use your information to contact you about your application.

You rights to access and correct your personal information

You have the right to ask for a copy of the personal information we hold about you. You can also ask us to correct your information if it is wrong.

To ask for access to or correction of your information, contact us:

- Email: enable@enable.co.nz
- Phone: 0800 362 253
- Online form: enable.co.nz/contact-us

For more information about how we manage personal information, see the privacy statement on our website:

https://www.enable.co.nz/about-us/about-this-site/privacy-security

Customer (or Parent/Guardian) Declaration

I confirm that I am the (please tick one):

☐ **Customer/Agent** ☐ **Parent/Guardian**

- I agree to this application being made for hearing aid funding or the hearing aid subsidy.
- The information given in this application is true and correct.
- I have received the *Guide to Getting Hearing Aids*.
- I have read the Privacy Statement and understand how my (or my child's) personal information will be used and shared.

Client Information	
First name	
Middle name	
Last name	
Other names you are known by	
Home address	
Signature	
Date	