

Disability Equipment Program Application Form

To return this form once completed, please fax both pages to FREEFAX™ 1800 814 777*.

Disability Enquiry Hotline

Telstra Corporation Limited
Reply Paid 4997, Melbourne VIC 8060
For more Information phone
FREECALL™ 1800 068 424* (Voice) or
FREECALL™ 1800 808 981* (TTY) or
email disability@online.telstra.com.au

Telstra Use Only

Order No.	Start
Processed By	Date
Comments/Equipment	

A. Customer/Applicant Details (please print)

Note: the customer for the telephone account to which the Program's charges apply may or may not be the same person as the Applicant who is using the Program (e.g. the Applicant may be a member of the customer's household).

Applicant for Disability Equipment:

Title (Mr/Mrs/Ms/Miss)

Surname First Name

Address Postcode

Telephone Home () Business ()

Customer for which Program charges apply (if different to Applicant): Title (Mr/Mrs/Ms/Miss)

Surname First Name

Address Postcode

Telephone Home () Business ()

Where possible, we prefer to contact the Applicant/Customer – if necessary someone else can be nominated as a contact person:

Name of Contact Person

Telephone Home () Business ()

B. Telstra Customer Agreement

This section needs to be signed by the Customer who is legally responsible for the Telstra account.

If this application is accepted by Telstra,

I give permission for the provision of disability equipment for use by the Applicant and I agree to pay the standard telephone handset rental charges, which are advised by Telstra from time to time.

Signature of Customer Date

Notes:

- The Disability Enquiry Hotline staff can advise of the current rental charges payable.
- If the Applicant is under 18 years of age, a legal guardian must complete this section. If the Applicant is unable to complete the form due to a disability, an agent or attorney must complete this section.

C. Applicant Information (please print)

To assist us to process your application please provide information regarding the difficulty you experience in using the standard telephone (e.g. I have difficulty holding the telephone/I cannot hear on the telephone/I cannot get to the phone in time to answer it).

Telstra treats all applications confidentially.

We will only release this information contained in the application:

- to the Equipment Management Company for the purposes of supply and maintenance of the disability equipment;
- if we are required by law to release it; or
- if we need to release it to obtain legal or accounting advice.



D. Authorising Professional Section

This section to be completed by one of the following appropriately qualified professionals – Medical Practitioner, Audiologist, Audiometrist, Speech Pathologist, Occupational Therapist, Ophthalmologist or Optometrist.

Name of Professional

Title

Business/Employer Name

Business Address

Postcode

Telephone

()

Facsimile

()

Registration, Certificate or Membership Number

I certify that all details above are accurate and correct, and that

(name of applicant)

requires Disability Equipment as he/she is unable to use a standard telephone handset.

Signature

Date

* A free call from most fixed phones.

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