



# National Epidermolysis Bullosa Dressing Scheme Application Form

## Quick Eligibility Check

If any of the following points apply, you are **NOT** eligible for the National Epidermolysis Bullosa Dressing Scheme, so please do not complete this Application Form.

- You are NOT an Australian citizen or permanent Australian resident
- You do NOT have suspected or confirmed Epidermolysis Bullosa
- Your sub-type of Epidermolysis Bullosa is NOT covered by the Scheme\*

**\*Refer to the Eligibility Guidelines for more details or call the National Epidermolysis Bullosa Dressing Scheme Helpline on 1300 290 400 or visit [www.ebdressings.com.au](http://www.ebdressings.com.au) for assistance.**

Please return completed application to:

**NEBDS Administrator  
c/- BrightSky Australia  
PO Box 6347  
Silverwater DC NSW 1811**

“NEBDS” stands for National Epidermolysis Bullosa Dressing Scheme

If you or your patient are already on NEBDS, and are having a review, please use only a NEBDS Review Form

## SECTION I - Applicant's Particulars

1 Please complete using a blue or black pen.

Mark boxes like this  or  with a ✓.

If the box looks like this  follow the instructions after the arrow.

If it has an instruction such as **Go to 12**, skip to the question number shown. You do not need to answer the questions in between.

2 Are you the applicant or are you completing the form on behalf of the applicant?

I am the applicant and am 16  **Go to 6**  
years of age or over

I am filling in the form on behalf  *Go to next question*  
of the applicant

3 What is your relationship to the applicant?

Applicant's parent/legal guardian

Applicant's carer

Case manager

Healthcare professional

Other  Specify below

4 Applicants can nominate someone else to be the main contact and to receive correspondence on their behalf. Has the applicant nominated you or someone else to be the main contact?

No  Applicant to receive all NEBDS correspondence  
**Go to 6**

Yes  *Go to next question*

- 5 Please give the name and contact details of the person nominated by the applicant to be the main contact.

Name

Address

Suburb

State

Postcode

Phone number ( )

Email (optional)

6 **Please read this before proceeding**

The remainder of the questions in Section 1 are about the applicant. Words such as 'you' and 'your' refer to the applicant; not the person completing the form on the applicant's behalf.

Your name

Mr  Mrs  Miss  Ms  Other 

Family Name

Given Names

7 Date of birth (dd/mm/yyyy)

 /  / 

8 Your sex: Male  Female

- 9 Are you of Aboriginal or Torres Strait Islander origin?  
If you are both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No Yes - Aboriginal  Yes - Torres Strait Islander 

10 Where were you born?

Australia  Other  Which country?

11 Your Medicare No.

    /      / 

12 Your contact details

Phone number ( )

Alternative phone number ( )

Email

@

13 Where do you live? (*your permanent address*)

Suburb

State

Postcode

14 Address for product delivery (*if different from where you live*)

Suburb

State

Postcode

- 15 Will someone confirm orders for NEBDS products and receive during business hours on your behalf?

No  Go to next questionYes  Provide details below. If same as person in Question 5, go to next question.

Name of person



Relationship of the person to you

Phone number ( )

- 16 Are you a past recipient of NEBDS?

No  **Go to 18**Yes  Go to next question

- 17 Has your address changed since your last NEBDS application?

No Yes  What was your previous address?

Suburb

State

Postcode

18 **APPLICANT DECLARATION**

I declare that the information provided in this form is correct and a copy of both sides of my Concession Card (if applicable) is attached.

If this Application is approved, I agree to:

- The delivery and co-payment terms and conditions of the Scheme as outlined in the National Epidermolysis Bullosa Dressing Scheme booklet.
- Making the co-payments to BrightSky Australia at the time of ordering.
- Having my personal information collected for the purpose of the Scheme.
- Attend a regular review with my Treating Healthcare Professional as directed, or risk being removed from the Scheme.

Signature of Applicant (if 16 years and over) or Authorised Person.

Date:  /  /

## SECTION 2 - Health Report National Epidermolysis Bullosa Dressing Scheme

This section must be completed by the referring EB Specialist

### Instructions for Health Professional

**H1**  I am familiar with the NEBDS Eligibility Guidelines and consider this patient meets the criteria.

You should only complete this Health Report if you are in a position to make an accurate assessment of the applicant in relation to their suspected epidermolysis bullosa condition.

If in doubt, contact the NEBDS Helpline on 1300 290 400 for further information.

### H2 Name of applicant

Family name

Given names

### H3 Applicant's date of birth (dd/mm/yyyy)

 /  / 

### H4 Name of Health Professional (first & last name)

Title Dr  Mr  Assoc/Prof  Prof

### H5 Your contact details (physician label, stamp accepted)

Provider number

Phone number ( )

Mobile phone number

Fax number ( )

Email

Insert physician label here (if applicable).

### H6 Address for correspondence

Suburb	
State	Postcode

### H7 How has the diagnosis been made? (tick all that apply)

- Clinical  
 Skin biopsy - attach results  
 Genetic test - attach results and go to H11

### H8 Provide explanation of clinical diagnosis



### H9 If diagnostic results are not available, please state reasons.




### H10 Please indicate the expected date that results will be available.

 /  / 

### H11 The Applicant's next review date is

- 3 months  
 6 months  
 9 months  
 12 months from application acceptance  
 12 monthly from birth date

\* All patients must have a nominated review date (which must be attended), or risk being removed from the Scheme.

\*\* A NEBDS Review Form is only to be used once an Applicant is accepted to the Scheme.

### HEALTH PROFESSIONAL DECLARATION

I declare that the information provided in the Health Report is correct.

Signature of Health Professional

Date  /  /

Please continue to Section 3 on page 4.

