



Australian Government

Department of Health,
Disability and Ageing

NATIONAL EPIDERMOLYSIS BULLOSA DRESSING SCHEME (NEBDS)

APPLICATION TO REGISTER AS AN
APPROVED HEALTHCARE PROFESSIONAL UNDER THE SCHEME

The National Epidermolysis Bullosa (EB) Dressing Scheme supports people with EB who are most in need by improving access to subsidised dressings and bandages. Only Approved Specialist Health Care Professionals (HCPs) can complete the Health (Diagnosis) Report supporting patient applications. Approved Specialist HCPs and Treating HCPs can review and authorise changes to patient dressing requirements. Dermatologists who are part of multidisciplinary teams specialising in EB can apply to register as Specialist HCPs. Other HCPs (e.g. Dermatologists, Paediatricians, General Practitioners and Clinical Nurses with experience/interest/specialisation in EB/wound care) can apply to register as Treating HCPs.

HEALTH PROFESSIONAL (APPLICANT) DETAILS

Type of Registration: (tick as appropriate) ☐ Specialist HCP ☐ Treating HCP

Title:

Provider Number:

Surname:

Given Name/s:

Qualification/Specialisation:

Practice/Hospital:

Work Address:

Work Phone:

Work Email:

AUSTRALIAN PRIVACY PRINCIPLE (APP) 5 NOTIFICATION

Independence Australia (IA) on behalf of the Australian Government Department of Health and Aged Care (Department) is collecting your personal information on this form for the purposes of assessing your application to register as an approved Healthcare Professional (HCP) under the NEBDS (the Scheme) and, if your application is successful, to provide your work contact details to patients applying for or receiving assistance under the Scheme. The Department can be contacted by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form available on the Department's [website](#). IA can be contacted by telephone on 1300 290 400 or by using the online enquiries form available on IA's EB [website](#).

If you do not provide the information requested on this form, the Department and/or IA may not have the necessary information to make a decision on your application to become an Approved HCP under the Scheme.

The information you have provided on this form will be disclosed to the Scheme's Clinical Advisory Committee and/or other selected professionals to assist in the assessment of this application. If you become an Approved HCP, the Department and/or IA will also disclose your work contact details such as name, address, phone number and email to applicants applying for or receiving assistance under the Scheme.

The Department and IA have APP policies, which you can read at the Department's [website](#) and IA's [website](#).

You can obtain a copy of the APP privacy policy by contacting the Department and/or IA using the contact details set out above. The APP privacy policy contains information about:

- how you may access the personal information the Department and IA hold about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles.

The Department and IA are unlikely to disclose your personal information to overseas recipients.



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APPLICANT DECLARATION

- I wish to register as an Approved HCP under the NEBDS.
- I understand that Approved Specialist HCPs are required to assess/diagnose EB conditions for applicants applying for assistance under the Scheme and complete the Health Report on the application form.
- I understand that Approved Treating HCPs are required to assess/review ongoing dressing requirements for patients and complete the Dressings Authorisation/Modification form as necessary.
- I agree to the collection and disclosure of my personal information for the purposes stated on the APP5 Notification.

Name:

Signature: _____ **Date:** _____ / _____ /20_____

ADDITIONAL INFORMATION

Do you work as part of a multidisciplinary team specialising in EB? If yes, please provide details.

Your experience of working with patients with EB and/or wound care management:



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Additional information (any additional information you would like to provide in support of your application):

Please send the completed form and copies of supporting documents (e.g. resume, AHPRA registration details, professional body membership, insurance and working with vulnerable people registration) to:

NEBDS Administrator
C/- Independence Australia
Building 1, 9 Ashley Street
West Footscray
VIC 3012

Fax: 1300 793 132, Email: eb@iagroup.org.au