

## **HMA Hearing Aid Bank Application Form**

## Financial sponsorship referral

Surname:	Given Name:
Mr./Mrs./Miss./Ms.	E-mail:
Home Phone:	Mobile:
Address:	Language(s) Spoken:
Contact person (speaking English) for	appointment arrangements (if not the above applicant)
Name:	Mobile:
I wish to apply to be fitted with one/tw (HMA) Hearing Aid Bank:	vo hearing aid(s) through the Hearing Matters Australia
The following documents are enclose	ed:
<ul><li>[ ] Copy of my Centrelink Health Care Card (if applicable) OR</li><li>[ ] Proof of low-income/no income status OR</li></ul>	
	ctitioner confirming examination and stating no treatment before considering hearing aids
[ ] Copy of the recent audiogram obtained from an audiologist within the last 6 months	
[ ] I am able to attend in the Sydney twice for the fitting of the hearing aid(	area on three occasions, once for a hearing test and s)
[ ] I request for financial support in t	his program due to my current financial hardship
[ ] Letter of support from the referrir hearing aid bank program and confirm	ng organisation, endorsing my application for HMA's ing their financial sponsorship
	receive under the Hearing Aid Bank scheme are limited nent funded Hearing Services Program (HSP), NDIS, er sources, this assistance.
In consideration of such services, I her services from all claims I might have,	reby release and discharge all persons rendering such arising from the services so rendered.
Signature of Applicant	Date
	Email:

Submit this application form with required documents by email to <a href="mailto:admin@hearingmattersaustralia.org">admin@hearingmattersaustralia.org</a> (recommended) or by post to Hearing Matters Australia located at: Ground Floor, Suite 650, Australian Hearing Hub, 16 University Ave, Macquarie University, NSW 2109