

**SUBMIT
APPLICATION TO:**

Lifetime Support Authority, Ground Floor, 30 Wakefield Street, Adelaide, SA 5000
or email to LSANotifications@sa.gov.au

The Lifetime Support Scheme (LSS) provides necessary and reasonable treatment, care and support for people who suffer serious eligible injuries in a motor vehicle accident in South Australia, regardless of fault. It applies to accidents that occurred on or after 1 July 2014.

Applications and supporting documentation will be assessed against the specific criteria in the legislation and the Lifetime Support Scheme Rules which can be viewed at: www.lifetimesupport.sa.gov.au

This application must be made by the injured person, someone with lawful authority (refer to page 5) on their behalf, or the insurer/nominal defendant. You must be over the age of 18 to complete this form.

1

Personal details of the injured person

Title	Pronoun Preference	First Name(s)	Surname/Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (Number, Street, Suburb/Locality, State, Postcode)			
<input type="text"/>			
Postal Address (if different from street address)			
<input type="text"/>			
Email Address	Preferred Phone Number	Alternative Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Is an interpreter required?	Language (if applicable)	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Aboriginal and/or Torres Strait Islander origin?	Preferred form of written communication:	Proof of identity provided:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Post	<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Passport
		<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Not Available

2

Details of the person completing this application if it is being made on behalf of an injured person with impaired decision making capacity or a child.

First Name(s) <input type="text"/>	Surname/Family Name <input type="text"/>	Relationship to Injured Person <input type="text"/>
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Address (Number, Street, Suburb/Locality, State, Postcode)

Email Address <input type="text"/>	Preferred Phone Number <input type="text"/>	Alternative Phone Number <input type="text"/>
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Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language (if applicable) <input type="text"/>	Preferred form of written communication: <input type="checkbox"/> Email <input type="checkbox"/> Post
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3

Workers Compensation

Did the accident happen while the injured person (applicant) was working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, has a workers compensation claim been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If the motor vehicle accident happened while the injured person was working:

Employer <input type="text"/>	Contact Number <input type="text"/>
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4

Compulsory Third Party

Has a Compulsory Third Party (CTP) claim been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If Compulsory Third Party has been submitted: Insurer's Name <input type="text"/>	Insurer's Contact Person <input type="text"/>
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5

Accident Details

SAPOL Vehicle Collision Report Number (if known)

Date of Accident (DD/MM/YYYY)

Time of Accident (am/pm)

Location of Accident (Street/Road/Highway, Nearest Intersection, Location, State, GPS Coordinates)

Injured person's (applicant's) part in accident (eg. Passenger (front/rear), Driver, Cyclist, Pedestrian, Motorcycle rider, Pillion passenger etc.)

Injured person's (applicant's) description of the accident (eg. position of the injured person in relation to the vehicles involved, how the accident happened etc.)

6

Details of Main Motor Vehicle Involved in the Accident

Was the vehicle registered?

Yes

No

Don't Know

State of Vehicle Registration

Number Plate

Year of Manufacture

Colour of Vehicle

Make/Model of Vehicle

Type of Vehicle (eg. sedan/hatch)

7

Details of any Witness

Are you aware of any Witnesses to the Accident?

Yes

No

8 Injury & Hospital Details

Please note that a specific medical certificate filled out by an appropriately qualified medical specialist will be required before this Application can be assessed.

An LSA medical certificate proforma is attached to this form or can be found at: www.lifetimesupport.sa.gov.au

What are the injured person's injuries as a result of the motor vehicle accident subject to this application that may make them eligible for the Scheme?

Brain Injury
 Spinal Cord Injury
 Amputation
 Burns
 Permanent Blindness

Does the injured person (applicant) have any other injuries that occurred in the same motor vehicle accident? Please outline.

Does the injured person (applicant) have any pre-existing medical conditions or injuries that are not related to the motor vehicle accident subject to this application? Please outline.

Was the injured person admitted to hospital or a rehabilitation facility?

Yes
 No

Where?

When?

How was the injured person (applicant) transported to the hospital?

Ambulance
 Medstar
 RFDS
 Private Vehicle
 Other

9

Consent Authorisation – Injured person, or person with lawful authority on their behalf.

Please read the document carefully before signing. **The person who signs this form must be over 18.**

The Lifetime Support Authority may need to speak with and obtain information/documents from a number of different sources in order to assess eligibility and, if eligible, to determine the necessary and reasonable treatment, care and support required by the injured person.

The persons/agencies that the Lifetime Support Authority may need to speak with and obtain documents/information from include: any doctor, ambulance service, hospital or other service provider; health practitioners; departments, agencies or instrumentalities of the Commonwealth, the State or another State, administering laws about health, insurers or legal representatives.

Where the applicant has impaired decision making capacity, consent can be given on behalf of the injured person by a **‘person responsible’**. A **person responsible** is a guardian, relative, spouse, domestic partner or an adult friend with a close and continuing relationship with the applicant.

I declare that, to the best of my knowledge, the information given in this Application Form is true and correct in every respect and I understand that the information will be used to assess eligibility for the Lifetime Support Scheme.

I authorise the Lifetime Support Authority to speak with and obtain information/documents from any of the persons/agencies listed above. I understand that the information obtained may include general, personal and medical information.

I am signing this application and consent as:

Injured person (the applicant)

Legal Guardian of injured person under the *Guardianship and Administration Act 1993* or *Advance Care Directives Act 2013*

Parent (if injured person is under 18)

‘Person Responsible’ in accordance with the *Consent to Medical Treatment and Palliative Care Act 1995*

Signature of injured person or Person Responsible

Name of injured person

Date

Name of the person signing on behalf of the injured person (if applicable)

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Insurer information Declaration (if insurer is completing this application)

I declare that, to the best of my knowledge, the information given in this Application Form is true and correct in every respect.

Signature

Date

Name of the Insurer

Name of the person signing on behalf of the Insurer

SUBMIT FORM

Lifetime Support Authority

Ground Floor, Wakefield House
30 Wakefield Street, Adelaide SA 5000

PO Box 1218, Adelaide SA 5000
Email: LSANotifications@sa.gov.au