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**SUBMIT
APPLICATION TO:**

Lifetime Support Authority, 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 or Decision Maker, 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	
Residential Address (Number, Street, Suburb/Locality, State, Postcode)				
Postal Address (if different from street address)				
Email Address	Preferred Phone Number		Alternative Phone Number	
Date of Birth	Is an interpreter required?		Language (if applicable)	
	Yes No			
Aboriginal and/or Torres Strait Islander origin?	Preferred form of written communication:		Proof of identity provided:	
Yes No	Email Post		Driver's Licence Passport	
			Birth Certificate Not Available	

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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)	Surname/Family Name	Relationship to Injured Person
Address (Number, Street, Suburb/Locality, State, Postcode)		
Email Address	Preferred Phone Number	Alternative Phone Number
Is an interpreter required?	Language (if applicable)	Preferred form of written communication:
Yes No		Email Post

3 Workers Compensation

Did the accident happen while the injured person (applicant) was working?	If yes, has a workers compensation claim been submitted?
Yes No Don't Know	Yes No
If the motor vehicle accident happened while the injured person was working:	
Employer	Contact Number
Employer's Address	Name of Worker's Compensation
Scheme Worker's Compensation Claim Number	Worker's Compensation Scheme Contact
	Worker's Compensation Scheme Phone

4 Compulsory Third Party

Has a Compulsory Third Party (CTP) claim been submitted?	If Compulsory Third Party has been submitted:
Yes No Don't Know	Insurer's Name Insurer's Contact Person
Claim Number	Insurer's Phone Number Insurer's Address (Number, Street, Suburb/Locality, State, Postcode)

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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) or Decision Maker description of the accident (eg. position of the injured person in relation to the vehicles involved, how the accident happened etc.)

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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)

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Details of any Witness

Are you aware of any Witnesses to the Accident?

Yes

No

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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.

Please also complete the LSA Medical Certificate Form which can be found at www.lifetimesupport.sa.gov.au/resources/forms

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

Injured person has been discharged from Hospital?

Yes

No

If YES, please include the date of discharge? (DD/MM/YYYY)

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Consent Authorisation – Injured person, Decision Maker 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.**

Consent is when you agree to share your information or information relating to the person you are the decision-maker for. It gives the Lifetime Support Authority (LSA) permission to contact and share information with health professionals, organisations and other people.

This is needed to determine scheme eligibility, to assess treatment, care and support needs and manage the LSA's business operations. The LSA won't use personal information for any other purpose or disclose information to any individuals or organisations, unless you provide consent, or we are required to by law.

Personal information is respected and protected. The LSA follows South Australian privacy laws, including the Information Privacy Principles Instruction (IPPs) and the *State Records Act 1997* (SA). You can ask to see information that the LSA holds through our Release of Information process (information regarding this process is on the LSA website).

I consent to the people or organisations listed sharing information and documents with the LSA (and vice versa). Information and documents may be needed to decide on my eligibility for the Lifetime Support Scheme, decide on the funding of treatment, care and support services, or to undertake other activities relating to the LSA's business operations.

- A person (including family members) you authorise to share the information and documents on your behalf;
- Medical and health service providers, emergency services and hospitals;
- Police Department;
- Service providers, e.g. a gardener, cleaner, attendant care worker, builder, etc.;
- Your employer, or prospective employer, to support your employment opportunities;
- An insurer providing Worker's Compensation, personal injury or motor vehicle insurance;
- A government department or agency (e.g. NDIA, CTP Insurance Regulator, Medicare, child protection agencies, etc.). If you, or the person you are a decision-maker for, lives interstate or overseas this may include comparable authorities in the relevant location;

- External agencies engaged by the LSA to assist in undertaking LSA business operations, including research and analysis;
- Staff within the LSA; and
- Any other person or organisation you authorise to share information.

Information and documents are those relating to the assessment of eligibility and the need for, or provision of, treatment, care and support services. This may include, but is not limited to:

- Any medical or specialist reports, needs assessments, clinical notes, medical records or other information;
- LSA case notes or other information;
- Information relating to pre-existing or subsequent conditions for the purpose of assessing eligibility and treatment, care and support needs, and manage the LSA's business operations; and
- Information regarding services funded by the LSA that were provided to family members or friends.

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I authorise the following people or organisations to share information and documents with the LSA (or vice versa) on my behalf:
(Please use this section if you wish to authorise a family member, friend, lawyer or other person to share information and documents with the LSA (or vice versa) on your behalf. Please provide name, relationship, agency/company name, and contact details)

I do not give consent to the LSA to speak with, obtain and/or share information and documents (or vice versa) with:
(Please use this section if you wish to restrict the LSA's access to information and documents. Please provide name, relationship, agency/company name, and contact details. Please note that restrictions may limit the LSA's ability to assess your eligibility or needs and may result in not being accepted into the Scheme or suspension from the Scheme)

I understand that this consent will remain in place until the LSA receives a written request from myself or my Decision Maker to revoke this consent.

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 below. 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)

Decision Maker 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' (Decision Maker) in accordance with the *Consent to Medical Treatment and Palliative Care Act 1995*

Signature of injured person or Person Responsible / Decision Maker

Name of injured person

Date

Name of the person signing on behalf of the injured person Decision Maker

Decision Maker
(Please attach relevant documents (i.e.) Guardianship Order)

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Information about this Consent

The Lifetime Support Authority (LSA) is authorised under section 48 of the *Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013* (SA) to disclose or release information concerning the treatment, care and support needs of participants (including the expenses that are paid or payable by the LSA under the Lifetime Support Scheme (LSS) in relation to those needs) to such persons, and subject to such conditions, as the LSA thinks fit.

Getting access to your information

You can get a copy of this form or information we have collected about you by contacting the LSA.

Sometimes information can be shared without permission

There must be a reason for sharing your information for example:

- If we are required by law to disclose the information regardless of consent or otherwise;
- it is unreasonable or impracticable to gain consent or consent has been refused; and
- without information being shared, it is anticipated a child, young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health and safety.

The LSA Privacy Principles

The way the LSA collects, uses and discloses personal health information is governed by SA privacy laws, including the Information Privacy Principles (IPPs) and the *State Records Act 1997* (SA).

Who will the LSA share your information with?

The LSA may share personal and health information about you if required by law, where it is relevant to treatment, care and support, required for eligibility decisions or for LSA business operations. This may include:

- A person (including family members), Decision Maker you authorise to share the information and documents on your behalf;
- Medical and health service providers, emergency services and hospitals;
- Police Department;
- Service providers, e.g. a gardener, cleaner, attendant care worker, builder, etc.;
- Your employer, or prospective employer, to support your employment opportunities;
- An insurer providing Worker's Compensation, personal injury or motor vehicle insurance;
- A government department or agency (e.g. NDIA, CTP Insurance Regulator, Medicare, child protection agencies, etc.). If you, or the person you are a decision-maker for, lives interstate or overseas this may include comparable authorities in the relevant location;
- External agencies engaged by the LSA to assist in undertaking LSA business operations, including research and analysis;
- Staff within the LSA; and
- Any other person or organisation you authorise to share information.

More information

If you require information about our privacy policy, please call us on 1300 880 849 or email

LSANotifications@sa.gov.au

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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

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