

**HCI/A**

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**HEARING AID  
BANK  
APPLICATION**

**ELIGIBILITY CRITERIA**

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Applicants must be able to prove, with documents, that:

- They are an Australian citizen or a permanent resident over the age of 26.
- They receive the Federal Government's low-income supplement (\$30,000 as an individual, \$45,000 as a couple or \$60,000 as a couple with dependants).
- They are not eligible for new hearing services under workers compensation, the Hearing Services Program, National Disability Insurance Scheme and/or Department of Veterans' Affairs programs.
- The applicant must either be in the paid workforce, or have the prospect of entering the workforce following a hearing rehabilitation program.

**APPLICANT DETAILS**

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FAMILY NAME

FIRST NAME

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH

ADDRESS

SUBURB

STATE

POSTCODE

Is this the address that you wish to use for future correspondence? If 'No', please provide the postal address.

YES     NO

ADDRESS

SUBURB

STATE

POSTCODE

**AUDIOLOGIST / PRESCRIBING GP / HEARING CENTRE**

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ORGANISATION

PHONE NUMBER

NAME

ADDRESS

SUBURB

STATE

POSTCODE

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**APPLICATION CHECKLIST**

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Please complete this Application Form and submit with the documents listed below. If you wish to clarify anything before submitting your application please call Ulrike Schuermann (02) 6685 3829 or email [ulrike@hcia.com.au](mailto:ulrike@hcia.com.au)

- A copy of a current passport showing your date of birth and your citizenship status (you need to be able to show that you are an Australian citizen or permanent resident aged 26 years and over)  
or  
A copy of your driver's licence
- Proof that you are receiving the Federal Government low-income supplement (\$30,000 as an individual, \$45,000 as a couple or \$60,000 as a couple with dependants).
- A letter from your employer or prospective employer to demonstrate that you are part of the paid workforce, or that you have the prospect of entering the workforce in the immediate future following the fitting of a hearing aid or hearing aids.
- A letter from your audiologist / audiometrist or GP stating that you require a hearing aid or hearing aids, the type of hearing aid required, the hearing aid provider / manufacturer and the total cost of fitting the aid/s.

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**DECLARATION**

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I declare that the information contained in this application is true and correct. I understand that giving false or misleading information is a serious offence and that I may be prosecuted if I do so.

I agree that H-CIA may ask me / the applicant to provide more information, clarification or documents to verify what is supplied in the application.

I agree to participate in the periodic evaluation of the Hearing Aid Bank.

By agreeing to be bound by the terms of this Application Form, I agree to the terms outlined in the eligibility criteria, Privacy and Confidentiality provisions and other related materials.

I have read the information provided on the website and in this application form and agree to be bound by the conditions outlined.

APPLICANTS SIGNATURE

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NAME

DATE

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**PRIVACY AND CONFIDENTIALITY**

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HCIA will use the information provided in this application form to determine eligibility for a hearing aid voucher. The information provided will not be shared with anyone outside HCIA without your written consent unless permitted or required by law.

**PUBLICITY**

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There will be a public announcement about the successful applicants. With a successful applicant's express permission, the public announcement will include personal information about the applicant, information about the value of the assistance, along with a brief description and a testimonial, (provided and approved in advance by the applicant), about the impact of the hearing aid on their hearing impairment.

**NOTIFICATION OF SUCCESSFUL APPLICANTS**

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HCIA will notify applicants within four weeks of receipt of the application of their success or otherwise.

**To submit your application**

Please complete this form and email to [ulrike@hcia.com.au](mailto:ulrike@hcia.com.au)  
or post to  
Hearing Aid Bank  
c/o The Hearing Care Industry Association  
Level 7, 167 Macquarie Street  
Sydney NSW 2000

**ABOUT THE HEARING CARE INDUSTRY ASSOCIATION**

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The Hearing Care industry Association represents Australia's hearing healthcare retailers who, between them, care for thousands of hearing-impaired Australians in more than 700 locations around the country. Its members employ more than 800 professionals in teams of clinicians and client service officers to provide excellence in hearing care.

The clinicians are industry-trained and government-accredited specialists and they work with the latest technology. Many are members of international groups which deliver hearing services to clients around the world. As an association, HCIA aims to provide a unified voice to all stakeholders about the needs of hearing-impaired Australians and this includes government, the bureaucracy, the media, professional bodies, and the public.

**The Hearing Care industry Association**

Level 7, 167 Macquarie Street  
Sydney NSW 2000

e: [info@hcia.com.au](mailto:info@hcia.com.au)

w: [www.hcia.com.au](http://www.hcia.com.au)