

Aboriginal and Torres Strait Islander Medicare enrolment and amendment form (MS018)

This form has been specifically designed for, and can only be used by, Aboriginal or Torres Strait Islander Australians who can not provide standard identification documents. If normal proof of identity documents are available such as birth certificate or extract, driver licence, current passport, Australian Armed Services papers, marriage certificate or legal documents, then use the standard **Medicare enrolment form (MS004)** available at servicesaustralia.gov.au/forms

If you are adding a newborn child of Aboriginal or Torres Strait Islander Australian descent to your Medicare card and you do not have standard identification documents for your newborn, you can use this form. Ask a referee to sign the form and it will count as a proof of birth document for your newborn. A newborn is a child who has not yet passed their first birthday.

New enrolment (Sections 1, 2, 3, 4, 6, 7 and 8)

Volunteer Indigenous details (Sections 1, 3, and 7)

Adding someone (Sections 1, 3, 4, 6 and 7)

Duplicate card (Sections 1, 4 and 6)

Changing name (Sections 1, 2, 3, 6 and 7 if required)

Replacement card (Sections 1, 2, 5 and 6)

Changing address (Sections 1 and 6)

Medicare Safety Net (Sections 1, 6 and 7)

Section 1 Applicant/cardholder details (Fill in every time)

Title: Mr Mrs Ms Other First name (Student details)

Second name Family name

Other name(s) you are or have been known by (provide previous name here if notifying us of a name change)

*copy to own card for boarding purposes Other names known by:

Provide current/new address

Permanent address Community Address:

Postal address (if different to above) C/o ALF Cape York House PO Box 462, Bungalow QLD 4870

Provide previous address, if known (or if you are telling us about a change of address)

Daytime phone number 0740351200 Gender: Male Female Date of birth / /

If you are of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.

Are you of Aboriginal or Torres Strait Islander descent? Yes-Aboriginal Yes-Torres Strait Islander No

Medicare card number (if known) - - Ref no.

Section 2 Proving your identity (when enrolling, making a change or requesting a replacement card)

One of the following people can act as a referee to prove your identity: • community elder • medical/health service manager/nurse • school principal • any permanent Commonwealth employee with 5 or more years of continuous service • council chairperson • minister of religion • welfare organisation worker. **No ID—no worries!**

I (full name of referee) (AFLCYH Staff Member details)

am providing this reference because the applicant cannot provide the ID. I have known the applicant personally for year(s) 6 month(s)

OR I can confirm their identity from the following information:

Medical records School records Church records Other Give details

I declare that the information I have provided in this form is complete and correct.

I understand that giving false or misleading information is a serious offence and that I may be contacted to confirm my statement.

Referee signature On completion, print and sign by hand. Date / /

Daytime phone number 0740351200 Name of the organisation AFL Cape York House for Boys Boarding

Section 3 Other people

Are there details of other people to include or change on the card? Yes Give details in Section 7 No

Section 4 Duplicate card (available if there is more than one person on the card)

Do you want to have a second copy of your card? Yes No

Section 5 Replacement card

Was your card? Lost Stolen Damaged/destroyed Expired

Section 6 Declaration (Fill in every time)

I declare that the information I have provided in this form is complete and correct.

I understand that giving false or misleading information is a serious offence.

Applicant/cardholder's signature On completion, print and sign by hand. Date / /

Privacy notice – Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by Medicare, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Medicare will manage your personal information, including our privacy policy, at

servicesaustralia.gov.au/privacy

Section 7 Details of other people to be included or changed on the card

If there is not enough space to include everyone to be listed on the card, get another copy of this section or photocopy it and return it with this form. You can also write the required details on a piece of paper and attach it.

- New enrolment—list all other people to be on the card
- Adding a new person only
- Changing the name of a person on the card
- Medicare Safety Net registration:
 - a couple legally married and not separated with or without dependent children
 - a couple in a de facto relationship with or without dependent children
 - a single person with dependent children (a dependent child is someone under 16 years of age or a full-time student under 25 years of age whom you support).

Provide ID (as described in Section 2) for each person being enrolled, added to the card or having their details changed.

No ID—no worries! Have one of the people mentioned in Section 2 fill in the referee statement and declaration section below.

Partner Dependent child Other Give details Page 1 only for boarding students, parent must sign form if student is under 15

First name Second name

Family name Gender: Male Female Date of birth / /

Other name(s) the person is or has been known by (provide previous name here if notifying us of a name change)

For persons of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.
Is this person of Aboriginal or Torres Strait Islander descent? Yes—Aboriginal Yes—Torres Strait Islander No

Medicare card number (if already enrolled and known for the Medicare Safety Net) -- Ref no.

Referee statement and declaration. **Give us this information only if this person cannot provide ID.**
I (full name of referee)

am providing this reference because the above mentioned person cannot provide ID. I have known this person personally for year(s) month(s)

OR I can confirm their identity from the following information:
Medical records School records Church records Other Give details

I declare that the information I have provided in this form is complete and correct.
I understand that giving false or misleading information is a serious offence.

Referee signature On completion, print and sign by hand. Date / /

Daytime phone number Name of the organisation

Partner Dependent child Other Give details

First name Second name

Family name Gender: Male Female Date of birth / /

Other name(s) the person is or has been known by (provide previous name here if notifying us of a name change)

For persons of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes. This question is voluntary.
Is this person of Aboriginal or Torres Strait Islander descent? Yes—Aboriginal Yes—Torres Strait Islander No

Medicare card number (if already enrolled and known for the Medicare Safety Net) -- Ref no.

Referee statement and declaration. **Give us this information only if this person cannot provide ID.**
I (full name of referee)

am providing this reference because the above mentioned person cannot provide ID. I have known this person personally for year(s) month(s)

OR I can confirm their identity from the following information:
Medical records School records Church records Other Give details

I declare that the information I have provided in this form is complete and correct.
I understand that giving false or misleading information is a serious offence.

Referee signature On completion, print and sign by hand. Date / /

Daytime phone number Name of the organisation



Section 8 My Health Record

You only need to fill in this section for new Medicare enrolments. You do not need to fill this in if you are only changing your details.

A My Health Record is an online summary of an individual's health information. It can be accessed at any time by the individual and their healthcare providers.

You and any other person enrolling in Medicare on this form can get a My Health Record.

We cannot process the following My Health Record questions if you or the other people have:

- an existing My Health Record
- canceled a My Health Record
- opted out of getting a My Health Record.

For more information or to make changes to previous My Health Record preferences, go to myhealthrecord.gov.au or call the My Health Record System Operator on **1800 723 471**.

You (Applicant/cardholder)

1 Are you enrolling yourself in Medicare on this form?

No **Go to 3**

Yes *Go to next question*

2 Do you want a My Health Record?

No – **Do not** give me a My Health Record

Yes – Give me a My Health Record

3 Are you using this form to enrol other people in Medicare?

No **Go to Privacy notice and Declaration**

Yes *Go to Other people*

Other people

Read this information before completing the questions for other people.

You must provide the name(s) of all other people enrolling in Medicare on this form.

If you listed more than 2 people at Section 7 of this form, get another copy of this section or photocopy it and return it with this form. You can also write the required details on a piece of paper and return it.

If the other person is 14 years of age or older, they must complete the My Health Record question, read the Privacy notice and sign their declaration.

4 Other person – Name (as stated in Section 7)

First name Second name

Family name

5 Do you want us to give this person a My Health Record?

If this person is 14 years of age or older, they must complete this question, read the Privacy notice and sign below.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

6 Other person declaration (if 14 years of age or older)

I declare that I have read and understood the Privacy notice in Section 8.

I declare that the information I have provided at **question 5** is complete and correct.

Signature Date

7 Are there other people listed in Section 7 of this form?

No **Go to Privacy notice and Declaration**

Yes *Go to next question*

8 Other person – Name (as stated in Section 7)

First name

Second name

Family name

9 Do you want us to give this person a My Health Record?

If this person is 14 years of age or older, they must complete this question, read the Privacy notice and sign below.

No – **Do not** give this person a My Health Record

Yes – Give this person a My Health Record

10 Other person declaration (if 14 years of age or older)

I declare that I have read and understood the Privacy notice in Section 8.

I declare that the information I have provided at **question 9** is complete and correct.

Signature

On completion, print and sign by hand.

Date

/ /

Privacy notice and Declaration

Privacy notice – The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, including the *My Health Records Act 2012* and *Privacy Act 1988*.

For more information, see the My Health Record System Operator's privacy policy at myhealthrecord.gov.au/privacy

Declaration

I declare that I have parental responsibility for the other people under 14 years of age that I have completed My Health Record questions for.

I declare that I have read and understood the privacy information.

I declare that the information I have provided in **Section 8** is complete and correct.

I understand that giving false or misleading information is a serious offence.

Applicant/cardholder's
signature

On completion, print and sign by hand.

Date

/ /