Statement of assistance needed to support application for Carer Visas
(subclass 116 and 836)

The Statement of Assistance is required for the purpose of sponsoring a relative applying for an 836 and 116 Carer visa subclass.

As a sponsor, you are required to undertake a Carer visa assessment at an approved clinic in Australia.

The purpose of the medical examination (in most cases physical examination) of the person who requires care ('examinee') is to determine if they have a permanent or long-term need for assistance due to their medical condition/s. The condition must be causing impairment of the ability to attend to the practical aspects of daily life. This assessment is a legal requirement for the Carer visa application.

The Statement of Assistance asks you to provide information on what you can and cannot do as a result of your medical condition/s and why you require assistance.
The information provided with the Statement of Assistance is to assess eligibility for the person to undertake the medical examination for a carer visa assessment.

More information can be found on the Department of Home Affairs' website.
Carer Visa Subclass 836:
https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/carer-836
Carer Visa Subclass 116:
https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/carer-116

In order to proceed with your assessment, we require the following documents to be provided together with this form. Please email a clear copy of each of the documents to carervisa@bupamvs.com.au.

Document	Requirements
Signed Medical Report/s	**The report/s may be from a General Practitioner (GP), specialist, or allied health professional (e.g. physiotherapist, psychologist or occupational therapist) and must include the following:** • Diagnosis • Prognosis • Treatment • Impact the condition has on the activities of daily living • Dated within the last 12 months **Note:** We cannot accept Hospital Discharge papers as a Medical Report.
A scanned copy of photo ID **(You will need to bring the original to your appointment)**	Acceptable photo ID includes passport, Australian driver's license, or Government photo card. If the photo ID has expired, you can present the following non-photo ID documents: • Medicare card • Pension card • Birth Certificate • Tax Assessment If none of the approved photo ID is available, you can proceed with two forms of non-photo ID.

Details of the person requiring assistance:

(Details of one person requiring assistance per form only. Please complete ALL relevant sections and remember to SIGN and DATE the form)

Family Name	
Given Name(s)	
Email address	
Gender (M (male), F (female) or X (Indeterminate/Intersex/Unspecified)	
Date of Birth	
Street address	
State	
Postcode	
Daytime phone number	
Preferred phone number for booking and payment (if different from above)	
Will you require an interpreter on the day of the medical examination? If so, which language?	
Have you undergone a previous assessment/examination for a carer visa application? If yes, please provide details (date assessment completed and outcome)	
Have you ever had a history of violence or aggression? This is for the purpose of the appointment only, so that we may best assist on site with the safety of staff, yourself and the person accompanying you. This will not impact the medical assessment or outcome.	

About the person you are asking to come to, or remain in Australia, as a carer.
Personal details of this person:

Family Name	
Given Name(s)	
Date of Birth	
Country of residence	
What is your relationship to this person?	

Your medical condition:

1. What are your main medical conditions that result in your need for extra assistance? Include date of original diagnosis for each.
(Note: Recent medical reports to support this information will assist with review)

2. Do you require assistance in the following areas? Please circle yes or no			Time taken each day to provide this assistance			
			Less than 30 minutes	30-60 minutes	60-120 minutes	More than 120 minutes
Bathing and showering (e.g. washing, help in and out of the bath or shower)	No	Yes				
Toileting (e.g. help getting on or off the toilet, cleaning up incontinence)	No	Yes				
Eating (e.g. assisting with feeding and cooking, holding straws, cutting up food, preparation of special diet)	No	Yes				
Mobility (e.g. walking, pushing the wheelchair, assisting with stairs, moving in and out of bed or turning)	No	Yes				
Special exercise therapy	No	Yes				
Transportation because of disability (e.g. to physiotherapy, to medical appointments)	No	Yes				
Preparing or supervising medication (e.g. crush pills, opening blister pack or organising medications into a pill box)	No	Yes				
Use and maintenance of assistive device/s (e.g. sterilising equipment, changing dressing, care of prosthetics)	No	Yes				
3. Is constant supervision required in the following areas? Please circle yes or no			**Time taken each day to provide this assistance**			
			Less than 30 minutes	**30-60 minutes**	**60-120 minutes**	**More than 120 minutes**
Monitoring/supervision – during the night (e.g. administering timed medications, ensuring you do not wander off)	No	Yes				
Monitoring/supervision – during the day (e.g. ensuring you do not wander off, ensuring that	No	Yes				

gas/stove/taps are turned off, preventing other unsafe behaviour)						

4. Other assistance or supervision required: Please specify (e.g. assistance with social activities/ communication) **Please circle yes or no**			**Time taken each day to provide this assistance**			
			Less than 30 minutes	**30-60 minutes**	**60-120 minutes**	**More than 120 minutes**
	No	**Yes**				
	No	**Yes**				

5. Who currently helps you with activities requiring extra assistance and what are the current assistance arrangements? State the name, age and relationship to you, of the person(s) helping you with these activities. Include what assistance is given, how often and for what length of time.

6. Who is the doctor you usually see about your illness/disabilities?

Name of Doctor	
Address (including state and postcode)	
Contact telephone number	

7. Has a specialist or another doctor/allied health therapist treated you for these illnesses/disabilities?

☐ No ☐ Yes

Name of Specialist/Consultant	
Address (including state and postcode)	
Date of last visit (month/year)	

Conditions for which you were treated	

8. Have you ever been admitted to hospital for treatment of these illnesses/disabilities?

☐ No ☐ Yes

Date of last admission	
Name of hospital	
Duration of stay (days)	
Reason for admission (e.g. operation, investigation, treatment)	
Number of hospital admissions in the last 5 years	
Additional information. Please use this space to give any additional information you feel we need to know about your illness/disability.	

Privacy information

Bupa Medical Visa Services conducts medical assessments for Carer visa applications on behalf of the Department of Home Affairs (Home Affairs) under a contractual arrangement. This assessment may be conducted prior to lodging a visa application with Home Affairs, or after a visa application is made.

Bupa Medical Visa Services will collect your personal information, including your medical information, for the purposes of conducting a medical assessment for a Carer visa application and determining whether you meet the requirements for a carer. Personal information will be collected from you or your representative (via the information supplied in, or in support of, the medical assessment form).

Bupa Medical Visa Services will disclose your personal information, including your medical information, to Home Affairs as part of the Carer visa assessment or if Bupa Medical Visa Services considers such disclosure necessary or appropriate in the circumstances or in accordance with requirements specified in the contract between Home Affairs and Bupa Medical Visa Services.

You may request access to your personal information that is held by Bupa Medical Visa Services. Requests for access should be directed to BMVS Carer Visa carervisa@bupamvs.com.au

Alternatively, further information regarding access to personal information that is relevant to the Carer visa assessment held by either Home Affairs or Bupa Medical Visa Services can be found on Home Affairs' website.

Carer Visa Subclass 836:
https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/carer-836
Carer Visa Subclass 116:
https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/carer-116

Authority

I authorise my treating doctor, other practitioners listed in this Statement of Assistance Needed to Support Application for Carer Visa, and the practitioners listed below (if any) to make available all information in their possession concerning my medical history to Bupa Medical Visa Services for the purpose of conducting a medical assessment for a Carer visa application:

Practitioner 1 name: Address:	
Practitioner 2 name: Address:	
Practitioner 3 name: Address:	

I authorise Bupa Medical Visa Services to disclose my personal information, including medical information and the results of my medical assessment, to my treating doctor, other practitioners listed in this Statement of Assistance Needed to Support Application for Carer Visa and the practitioners listed above (if any) as part of my visa medical assessment or if Bupa Medical Visa Services considers such disclosure necessary or appropriate in the circumstances.

Signature **Date**

Declaration of person requiring assistance
Please read, sign and date your statement

I understand that:

there are penalties for deliberately giving false or misleading information
Personal information is protected by the law and can be given to someone else only in very special circumstances where Commonwealth legislation requires or where I give permission.

I declare that:

The information provided is true and correct. I understand that the medical examination may not be completed if there are communication difficulties between myself and the doctor. I have been given the opportunity to access the services of a registered professional interpreter at my own cost and I agree and acknowledge that should I choose not to access the services of such an interpreter, I will not have any right of recourse; including, but not limited to, the right to a review of a decision, on the basis that such an interpreter was not used.

Signature		Date	

Consent to contacting my authorised representative - to be completed by the person requiring care

If applicable, I consent to Bupa contacting my authorised representative/s to discuss my carer visa assessment. This may also include booking an appointment on my behalf.

Family Name	
Given Name(s)	
Contact number	

Family Name	
Given Name(s)	
Contact number	

Your signature (person requiring care)	Date