Bupa Medical Visa Services

www.bupamvs.com.au

Australian Government
Department of Home Affairs

Statement of assistance needed to support application for Carer Visa

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 assessment of the person who requires care 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.

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

Details of the person requiring assistance

(One applicant per form only, fill up ALL relevant sections and remember to SIGN and DATE completed form)

Family Name			
Given Name(s)			
Email		☐ **Male**	☐ **Female**
Date of birth			
Address			
State		**Postcode**	
Daytime/mobile phone number			
Have you undergone a previous assessment/examination for a Carer visa application?		**Yes, advise date**	**No**

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

Family Name			
Given name(s)			
Date of Birth		**Country of Residence**	
What is your relationship with this person?			

Has this person already lodged the carer visa application with Department of Home Affairs? ☐ **No** ☐ **Yes**

If yes, what is the Visa application charge receipt number and date?	**Receipt number:** **Date:**

Your current situation

What are your main medical conditions that result in your need for extra assistance? Include date of original diagnoses for each.

1. Do you require assistance in the following areas?			**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** ☐	☐	☐	☐	☐
Dressing, undressing and grooming (e.g. haircare, shaving, dental care, help with zips or buttons, help with drawers/wardrobes, fitting prosthetics	**No** ☐	**Yes** ☐	☐	☐	☐	☐

1. Do you require assistance in the following areas? Continued			Time taken each day to provide this assistance			
			Less than 30 minutes	30-60 minutes	60-120 minutes	More than 120 minutes
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. sterilising equipment, changing dressings, care of prosthetics)	No ☐	Yes ☐	☐	☐	☐	☐
2. Is constant supervision required in the following areas?			**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 that you do not wander off, ensuring that gas/stove/taps are turned off, preventing other unsafe behaviour)	No ☐	Yes ☐	☐	☐	☐	☐
3. Other assistance or supervision required – please specify (e.g. assistance with social activities/communication)			**Less than 30 minutes**	**30-60 minutes**	**60-120 minutes**	**More than 120 minutes**
	No ☐	Yes ☐	☐	☐	☐	☐
	No ☐	Yes ☐	☐	☐	☐	☐

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

5. What are your current assistance arrangements

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

Name of doctor			
Address of doctor		**Postcode**	
Contact Telephone Number			

7. Has a specialist or another doctor/specialist treated you for these illnesses/disabilities? **No ☐ Yes ☐**

Name of specialist/consultant			
Address of specialist/consultant		**Postcode**	
Date of last visit (Month/Year)			
Conditions for which you were treated			

8. Is there anybody else who could tell us about any of your illnesses/disabilities? (e.g. Psychologist, physiotherapist, counsellor, community worker) **No ☐ Yes ☐**

Name of other practitioner		
Profession		
Address of person		**Postcode**
Contact Telephone Number		

9. 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 five years	
Additional Information Please use this space to give any additional information you feel 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**	

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Declaration of person requiring assistance

Please read and 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** _____

Authorised Representative

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

Family Name	
Given Name(s)	
Contact Number	

Your signature _____ **Date** _____