



Please write in **BLOCK LETTERS** with a **blue** or **black** pen only.

## Part 1 Veterans Details

1 **War Pension / Work and Income Number**

2 **Title** Mr  Mrs  Miss  Ms  Dr  Rev  Other

3 **Surname**

4 **Given Name/s**

5 **Residential Address**   
  
 Postal Code

## Part 2 Hearing Aid Trial History

6 **Other Aids recommended prior to those in Part 3**

7 **Reason's for rejection**

## Part 3 Hearing Equipment Issued

8 **Type of Aid** ITE  BTE  RITC  RITE

9 **Brand/Make and Model of Hearing Aids**

10 **Hearing Aid Serial Numbers & trial period**  Left Aid  Right Aid  
Trial start date:  Trial finish date:

11 **Remote** Yes  No   
If yes, please provide serial number

12 **Warranty** 12 mths  24 mths  27 mths  36 mths   
Warranty begins   
Day Month Year

Please continue over page

**13 Assistive Devices**

Are any assistive devices being issued? Yes  No   
If Yes, please provide serial numbers:

**Part 4  
Terms and Conditions**

- 14**
- Follow up reviews will be undertaken at 6 and 12 months once the hearing aids have been accepted.
  - The equipment purchased is for the sole use of the veteran for as long as it is required.
  - If the veteran moves or leaves the country they may take the equipment with them.
  - The veteran is responsible for insuring the hearing aids.
  - Veteran's Affairs New Zealand will not pay excess insurance, or replace hearing aids and equipment which is not insured

**Part 5  
Statement**

**To be signed when the aids have been accepted as satisfactory by the veteran.**

**15 Veteran**

I have read and accept the terms and conditions in Part 4.

I have trialled the hearing aid/s to my satisfaction and I agree to accept and use the hearing aid/s.

<b>Veteran's Signature</b>	<b>Day    Month    Year</b>

**16 Audiologist**

Name

Practice Stamp (or address and telephone number)

<b>Audiologist's Signature</b>	<b>Day    Month    Year</b>

**For Office Use Only**

Battery Allowance Active? Yes  No  To DSA's

If No, Arrears issued of \$.....

From..... To .....

New rate of Fortnightly Payment: \$.....

Date of next Fortnightly Payment: .....