

Allied Health PPE Order Form



Living with COVID

Allied Health Emergency Provision PPE Order Form

Emergency Provision PPE can only be accessed by Allied Health professionals where there is no local supply available commercially, or from another State or Territory government schemes.

Allied Health Professionals can access the following Emergency Provision PPE:

- Surgical masks (All States) (1 box per practice)
- Surgical mask and Goggle / face shield (QLD only, in line with Tranche 5 arrangements) (up to 2 units per practitioner noting this item can be washed and re-used)

Given the diverse nature of the Allied Health sector and the limited supplies available, your PHN will consider whether an order can be accepted in line with Tranche 5 guidance

Please note you must not place an order for an Allied Health practice if you have previously ordered PPE items for the same Allied Health practice within the last 4 weeks.

Allied Health Practice Details

Practice Name	
Shipping Address	
Practice Email	
Practice phone number	
Additional delivery instructions e.g., deliver to back of practice	



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Section 1: Allied Health - Emergency Provision PPE

Emergency Provision PPE can only be accessed where there is no local supply available commercially, or from another State or Territory government schemes. Please note goggles/ face shields are a one-off order, as this item can be washed and re-used. If you have previously ordered up to two goggles/ face shields for an Allied Health professional, you may not order this item again.

Surgical Masks Maximum 1 box per practice .	Goggles/face Shields Up to 2 Units per Allied Health practitioner (QLD only as per Tranche 5 arrangements). If you have previously ordered up to 2 goggles/ face shields for an Allied Health professional, you may not order this item again.
By submitting this form to my F	PHN:
☐ I agree that the details provided have been met.	in this form are true and accurate and all eligibility requirements
☐ I have been unable to source PF government scheme.	PE from a commercial supplier, or from another State or Territory
☐ I agree I have not previously ordweeks.	dered PPE for the same Allied Health professional in the last 4
·	and disclosure of my personal information to the Australian , Primary Health Networks and Logistics and Distribution so be used for auditing purposes.
☐ If the details above contain pers	sonal information, other than my own, I have obtained consent
from the person to whom the pers	onal information relates to for the collection, use and disclosure
•	Primary Health Networks, Logistics and Distribution Partners,
and to Australian Government Dep	partment of Health for ordering, auditing, and delivery purposes.
Date	Signature