

CONFIDENTIAL

MEDTRONIC LOAN APPLICATION FORM

Please select the loan program and complete the sections as advised

Types of Loan program	Signing up for CGM Subscription with Loan Program?	Sections to be completed
Out of Warranty Program - OOW <input type="checkbox"/>	N/A	Please complete section 1 and 2
Travel Loan Program – TL <input type="checkbox"/>	N/A	Please complete section 1 and 2
Bridging the Gap Program – BTG <input type="checkbox"/>	12 months CGM Subscription <input type="checkbox"/>	Please complete section 1 and 3
	12 months Tech Upgrade CGM Subscription <input type="checkbox"/>	
	No CGM Subscription <input type="checkbox"/>	

Section 1. Personal Details (All fields marked with ** are mandatory)			
* Name of pump user:			
Name of Guardian: (if applicable)			
* Address:			
	State:		* Postcode:
Telephone No:		* Mobile No:	
* Email:		* Date of Birth:	
As Guarantor of this loan pump, I have read and accepted the Loan Pump Terms and Conditions and consent to personal and health information being used in accordance with the Privacy Statement below. I also confirm that my current Health Fund policy covers insulin pump therapy			
* Signature: Pump User or Guardian		Date:	

Section 2. Out of Warranty / Travel Loan Applicants only			
Name of Clinician:		Telephone:	
Email:			
* Name of Diabetes Educator:		Telephone:	
* Email:			
* Required Documents Attached	Proof of Insurance (for OOW) <input type="checkbox"/>	Credit Card Authority Form <input type="checkbox"/>	
* Delivery address:(If different from the address provided above)			
* Model and Size of pump requested (please select one)	<input type="checkbox"/> (1.8mL reservoir) <input type="checkbox"/> (3.0mL reservoir)	<input type="checkbox"/> Minimed Veo Paradigm <input type="checkbox"/> Minimed 640G	
* Period of loan required:	Target Delivery Date/from: To: (Pump will be shipped up to 4 business days before Target Delivery Date)		

MEDTRONIC LOAN APPLICATION FORM (CONT'D)

Section 3. Bridging the Gap Program (All fields marked with ** are mandatory)			
* Name of Health Insurer:			
* Membership No:			
* Start Date with Insurer:			
* Required Documents Attached	Proof of Insurance <input type="checkbox"/>	Credit Card Authority Form <input type="checkbox"/>	
* Name of Hospital initiating the loan pump training:			
* Address of Hospital:			
	State:		Postcode:
* Model and Size of pump requested (please select one)	<input type="checkbox"/> (1.8mL reservoir) <input type="checkbox"/> (3.0mL reservoir)	<input type="checkbox"/> Minimed Veo Paradigm <input type="checkbox"/> Minimed 640G	
* Period of loan required:	Target Delivery Date/from: _____ To: _____ (Please ensure to account for saline/button pressing training dates as required. Pump will be shipped up to 4 business days before Target Delivery Date)		
* As the Clinician engaged in the management of this person's Diabetes, I approve of a Medtronic Loan Pump being made available to the person identified above during their health fund waiting period.			
Signature of Clinician:		Date:	
Name of Clinician:		Telephone:	
*As the Diabetes Educator engaged in the management of this person's Diabetes, I will be undertaking the appropriate training with the user on the Medtronic Loan Pump.			
Signature of Diabetes Educator:		Date:	
Name of Diabetes Educator:		Telephone:	
Email:			

PRIVACY STATEMENT

Your personal and health information including details of your diabetes and private health insurance (Protected Information) is collected and used by Medtronic Australasia Pty Ltd and its affiliates to assist you concerning your purchase and use of Medtronic diabetes products and services, for product-tracking purposes (as required by regulation) and to inform you about special offers and other information relating to our products, services and technological developments. In some cases (for example, where a product order is placed) we collect your Protected Information from your treating healthcare professional rather than directly from you, but will only do so if necessary for the purpose of administering a product or service to you. Your Protected Information may be held in our secure international databases, which are maintained by Medtronic affiliates and/or third party providers. However, we will not disclose your Protected Information to these parties unless their privacy practices comply with our Privacy Policy (see www.medtronic.com.au) and the data protection laws of Australia and New Zealand. For privacy queries, to opt out of receiving information about offers, products, services and/or technological developments; or to access/update your Protected Information, please phone toll free (AUS 1800 668 670) or write to 2 Alma Road, Macquarie Park NSW 2113.