CAV TRANSFER REQUEST FORM

A completed form must be submitted to CAV management.

Form received at CAV ___ / ___ / _____ by CAV volunteer _____

Sections **A** and **B** must be completed for all applicants

Section **C** - CAV MEMBERSHIP APPLICATION - must be completed if transfer is **TO CAV**

Section **D** is a guide for transfers **FROM CAV**

A

Tick one box in the **FROM** column - the ostomate's current association
Tick one box in the **TO** column - the association to which the ostomate wants to transfer

	FROM	TO						
VIC	☐	☐	CAV	Colostomy Assoc of Victoria	Melbourne	info@colovic.org.au	03 9650 1666	M Tu W Th F
	☐	☐	OAM	Ostomy Association of Melb	Burwood	enquiries@oam.org.au	03 9888 8523	Tu W Th F
	☐	☐	GOA	Geelong Ostomy	Grovedale	goinc@geelongostomy.com.au	03 6243 3664	
	☐	☐	RCH	Royal Children's Ostomy	Melbourne	edc@rch.org.au	03 9345 5325	M Tu W Th F
	☐	☐	WO	Warrnambool Ostomy	Warrnambool	warrnamboolostomy@swh.net.au	03 5563 1446	F
TAS	☐	☐	TAS	Ostomy Tasmania	Newtown	admin@ostomytas.com.au	03 6228 0799	Tu W Th F
SA	☐	☐	ISA	Ileostomy SA	Mile End	info@ileosa.org.au	08 8234 2678	M Tu W F
	☐	☐	OSA	Ostomy Assoc of SA	Kidman Park	orders@colostomysa.org.au	08 8235 1073	M Tu W Th
ACT	☐	☐	ACT	ACT Stoma	Canberra	stoma@actstoma.net.au	02 5124 4888	M Tu W Th
NSW	☐	☐	NSWS	NSW Stoma	Stanmore	info@nswstoma.org.au	02 9565 4315	M Tu W Th F
	☐	☐	NSWO	Ostomy NSW	Carigbar	orders@ostomynsw.org.au	02 9542 1300	M Tu W Th
QLD	☐	☐	GCO0	Gold Coast Ostomy	Gold Coast	assoc@gcostomy.com.au	07 5594 7633	Tu Th
	☐	☐	QSA	Queensland Stoma	Moorooka	admin@qldostomy.org.au	07 3848 7178	M Tu Th
	☐	☐	QOA	Queensland Ostomy	Chermside	admin@qldstoma.asn.au	07 3359 7570	M Tu W Th
	☐	☐	NQO	Nth Queensland Ostomy	Kirwan	admin@nqostomy.org.au	07 4775 2303	M W Th
	☐	☐	TOA	Toowoomba Ostomy	Toowoomba	admin@tswoa.asn.au	07 4636 9701	Tu
	☐	☐	WBO	Wide Bay Ostomy	Bundaberg	wbostomy@bigpond.com	07 4152 4715	Tu W Th
NY	☐	☐	NT	NT Cancer Council	Darwin	ostomy@cancernt.org.au	08 8944 1800	
WA	☐	☐	WAO	WA Ostomy	Mount Lawly	info@waostomy.org.au	08 9272 1833	M Tu W Th F

B

The information in SECTION A will be shared with the other assocation involved in the transfer.

OSTOMATE NAME Title First name Family Name

OSTOMATE D.O.B. ☐☐ / ☐☐ / ☐☐☐☐

Mobile phone **Email**

C Transfer TO CAV

CAV never requests the transfer of an ostomate's **PERSONAL INFORMATION** from another association.

Medicare card # ☐☐☐☐☐☐☐☐☐☐ ☐ **Expiry** ☐☐ / ☐☐☐☐ **Colour**

Pension card # ☐☐☐ ☐☐☐ ☐☐☐ ☐ **Expiry** ☐☐ / ☐☐☐☐

Addresses Residential Postal

TAC / ST / DVA # ☐☐☐☐☐☐☐☐☐☐ **Expiry** ☐☐ / ☐☐☐☐ **Colour**

RHCA OSTOMATE ☐ Republic of New Zealand **Passport #** ☐☐☐☐☐☐☐☐☐ **Expiry** ☐☐ / ☐☐ / ☐☐☐☐

CAV OFFICE USE			
	Request for SAS DATA emaied	___ / ___ / _____	CAV volunteer _____
	SAS DATA received	___ / ___ / _____	CAV volunteer _____
	Client enrolled on CAV SAMS	___ / ___ / _____	CAV volunteer _____
	Email confirmation to new member	___ / ___ / _____	CAV volunteer _____

D Transfer FROM CAV

CAV never shares an ostomate's **PERSONAL INFORMATION** with any THIRD PARTY

A transfer is actioned only if **CAV MEMBERSHIP** is **CURRENT / UP TO DATE** ☐ Current / Up-to date ☐ Not current / Not up-to-date

A transfer is actioned only if **no money is owed to CAV** ☐ No money owed ☐ $ ☐☐☐ owed

Client has been instructed to contact the ostomate's "new" association to complete a MEMBERSHIP APPLICATION ☐ yes ☐ no

CAV OFFICE USE			
	MEMBERSHIP finalised	___ / ___ / _____	CAV volunteer _____
	ACCOUNT BALANCE checked	___ / ___ / _____	CAV volunteer _____
	Request for SAS DATA received	___ / ___ / _____	CAV volunteer _____
	SAS DATA emailed	___ / ___ / _____	CAV volunteer _____