



Queensland
Government

Medical Aids Subsidy Scheme (MASS)

MASS 20 Static Bathing and Toileting Aid (BTA) Trial Supplement

(Affix identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: ☐ M ☐ F ☐ I

APPLICATION INFORMATION

Form is to be uploaded with MASS-eApply application for Shower Chair/Shower Stool/Over Toilet Frame.

To be completed in accordance with [MASS Application Guidelines for Static Shower Chair/Stool and Static Over Toilet Aid Trial](#).

Use this form to apply for: Static Shower Chair or Static Shower Stool AND/OR Static Over Toilet Aid

PRIVACY STATEMENT AND COLLECTION NOTICE

The Queensland Health, Medical Aids Subsidy Scheme (MASS) collects administrative, demographic and clinical data as part of the MASS application processes, in accordance with the [Information Privacy Act 2009](#) and [Hospital and Health Boards Act 2011](#) in order to assess your eligibility for funding assistance for the supply of aids and equipment.

The information will only be accessed by Queensland Health officers. Some of this information may be given to the applicant's carer or guardian; other government departments who provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. commercial suppliers, community care and repairers) requiring the information for the purpose of providing aids, equipment and services. Your information will not be given to any other person or organisation, except where required by law. For more information refer to the [Queensland Health Privacy Policy](#).

EQUIPMENT REQUEST

Item Requested: ☐ Static Shower Chair/Stool ☐ Static Over Toilet Aid

EQUIPMENT REQUEST – STATIC SHOWER CHAIR/STOOL

Tick boxes that apply – all criteria mandatory:

- ☐ Applicant has a permanent and stabilised condition or disability that prevents effective standing to shower
- ☐ Applicant can effectively transfer onto shower chair/stool in shower recess
- ☐ Applicant does not have a MASS funded mobile shower chair or bath transfer bench

EQUIPMENT REQUEST – STATIC OVER TOILET AID

Tick boxes that apply – all criteria mandatory:

- ☐ Applicant has a permanent and stabilised condition or disability that prevents effective transfer on/off the toilet
- ☐ Applicant does not have a MASS funded mobile shower chair or static commode

PRESCRIBER DETAILS TO BE COMPLETED IN FULL FOR ALL APPLICATIONS

Family name: **Given name(s):**

Profession:

Facility or Practice Name:

Department (if applicable):

Street address:

Suburb: Postcode:

Postal address: ☐ Same as street address

Suburb: Postcode:

Contact days: **Contact hours:**

Phone: **Extension/Pager Number:** **Fax:**

Mobile: **Email:**

Signature: **Date:**

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