

# Specialised Equipment Essential for Discharge (SEED)



HealthShare  
EnableNSW

## INFORMATION REQUIRED FOR SEED APPLICATIONS

In addition to a fully completed [consumer application form](#), the following information is required for a SEED Program application.

**When sending an application, please attach the consumer application form along with the following in a new email:**

- Email to [enable@health.nsw.gov.au](mailto:enable@health.nsw.gov.au)
- In the subject line of the email please specify - **SEED Application for 'person's name and date of birth'**
- Copy the following table into the email and complete the information required.

Diagnosis	
Date of injury	
Cause of injury	
For SCI - Level of injury and ASIA score	
Specialist Unit/Service	
Estimated discharge date	
Application sent by: <ul style="list-style-type: none"><li>- Name</li><li>- Position</li><li>- Contact number</li><li>- Email</li></ul>	
Functional status prior to this injury:	
Mobility	
Self-care	
Additional relevant information (if applicable):	

### CONTACT US

Call **1800 362 253** 9am – 5pm weekdays

Visit us online at [www.enable.health.nsw.gov.au](http://www.enable.health.nsw.gov.au)

Email us via [enable@health.nsw.gov.au](mailto:enable@health.nsw.gov.au)

Write to us at **Locked Mail Bag 5270, Parramatta NSW 2124**