Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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		oaaa.y 2020
APPLICANT (stamp or sticke	er acceptable) PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
	Address:	
Fax Number:		Fax Number:
Paediatric Products		
Initial application Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year.  Prerequisites(tick boxes where appropriate)  Child is aged one to ten years  The child is being fed via a tube or a tube is to be inserted for the purposes of feeding  or  Any condition causing malabsorption  or  Faltering growth in an infant/child  or  Increased nutritional requirements  or  The child is being transitioned from TPN or tube feeding to oral feeding		
Applications only from a die dietitian, relevant specialist	f known):titian, relevant specialist, vocationally registered or vocationally registered general practitioner. A write the data requested in the space provided to	general practitioner or general practitioner on the recommendation of a Approvals valid for 1 year.
The treatment remains appropriate and the patient is benefiting from treatment and  General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted		

I confirm the above details are correct and that in signing this form I understand I may be audited.