

MND TAS equipment loan form (non-NDIS)

Client's Details

Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
		Date of Birth:	
Full name:			
Address:			Post Code:
Daytime Phone:		Mobile:	
Email:			
Is this person a member of MND TAS? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Alternate contact's details

Name:			
Address:			Post Code:
Daytime Phone:		Mobile:	
Email:			

Delivery address (if relevant)

Name:			
Address:			Post Code:

Prescribing health professional details

Name:			
Job title/professional capacity:			
Address:			Post Code:
Email:			
Daytime phone:		Mobile:	

Equipment on loan

Equipment	Return date

I agree to the conditions of loan detailed in the MND TAS Equipment Library – Client information sheet.

I agree that I will be responsible for any care, maintenance, cleanliness and for any damage caused to the equipment listed above until the equipment is returned to ILCT.

I undertake that the equipment will be returned to ILCT when it is no longer needed.

My alternate contact is authorised to handle any matters relating to this equipment on my behalf.

Signed Date