

EQUIPMENT LOAN

TasEquip
STATEWIDE

PT ID									
SURNAME..... D.O.B..... OTHER NAMES..... ADDRESS.....									

Attach Patient Sticker Label

FACILITY: _____

(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

Contact Details: TasEquip 1300 827 378 (will connect you to the nearest TasEquip warehouse)

Hobart: Repat Centre, 90 Davey Street, Hobart

Phone: 6166 7393 Email: southtasequip@ths.tas.gov.au PICK UP AVAILABLE

Launceston: 53 Dowling Street, Launceston (enter off Henry Street, old Becks Hardware)

Phone: 6777 4336 Email: nthtasequip@ths.tas.gov.au PICK UP AVAILABLE

Latrobe: Mersey Community Hospital, Moriarty Road, Latrobe

Phone: 6478 5599 Email: nwtasequip@ths.tas.gov.au **NO PICK UP AVAILABLE**

Preferred Contact (for billing/equipment return enquiries)

Surname: _____ First name: _____

Phone number: _____ Relationship to patient: _____

Authorised Prescriber

Print Name: _____ Phone number: _____

Service/Department: _____

Email: _____

This document is to make sure you have been told about and agree to your responsibilities when loaning equipment from the Tasmanian Health Service equipment loan scheme, called TasEquip.

Loan Agreement Explained

I have been given the *TasEquip Equipment Loan* brochure which has been explained to me in a way I understand Yes No

I am a permanent Tasmanian resident. Yes No

I have been told about my private hire/purchase options. Yes No

I understand that I am eligible to loan equipment from TasEquip under one of the following criteria (*tick one*)

Full access
(Centrelink Health Care Card or Pensioner Concession Card number: _____)

Discharging from a public hospital bed

Palliative care criteria

NDIS Participant with equipment needs related to a health condition
(Centrelink Health Care Card or Pensioner Concession Card number: _____)

My responsibilities when loaning equipment have been explained to me, as written in the *TasEquip Equipment Loan* brochure Yes No

I understand that I have seven days to return the equipment to TasEquip before I will be billed. Yes No

Description of Equipment	Equipment Number	(completed by issuer)

I (*print name*) _____ agree to the loan of the equipment listed above. I have been provided with a *TasEquip Equipment Loan* brochure and understand my responsibilities.

Patient/Carer (*print name*): _____ Relationship to patient: _____

Signature: _____ Date: DD / MM / YYYY

Staff member issuing equipment (*print name*): _____ Designation: _____

Signature: _____ Date: DD / MM / YYYY



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