

EQUIPMENT LOAN FORM

Client Name: _____ Phone Number: _____

Address: _____

Items Loaned include Identification Number:

Walking Stick Crutches Walking Frame Bedstick
 Over Toilet Frame Commode Chair Shower Chair/Stool Wheelchair
 Other _____

Monthly Fee: \$ _____ Deposit Paid: \$50
 Loan Period: ____/____/____ → ____/____/____

Conditions of Loan:

- The maximum loan period for equipment borrowed is one (1) month.
- A \$50 deposit will be charged for all equipment borrowed (only one deposit will be charged, irrespective of the number of pieces of equipment borrowed at any one time).
- The deposit will be returned on the return of the equipment (clean and in good condition).
- The Hire Fee is \$10 for the first one (1) month. After that \$10 per week will be charged until the equipment is returned, unless other arrangements are made with Tallangatta Health Service.
- It is the responsibility of the Client to return the equipment to Tallangatta Health Service on or prior to the end of the loan period.
- If the equipment is damaged or lost during loan the Client will be billed for its replacement.
- If the equipment is returned unclean the client will be charged a \$10 cleaning fee.
- Tallangatta Health Service takes no responsibility for incidents that occur at home due to wear on the equipment or improper use of the equipment.
- Tallangatta Health Service ensures that the equipment loaned is clean and in good condition.
- If you are unsure of how to use your equipment please contact the Allied Health Department on (02) 6071 5200.

Declaration by the Borrower:

I hereby declare that I have read, fully understood and will abide by the Conditions Of Loan. I also agree return the equipment borrowed on or before the end of the loan period.

Name: _____ Signed: _____ Date: ____/____/____

Witness: _____ Signed: _____ Date: ____/____/____

Copy to Client: Yes Date: ____/____/____

Deposit Receipt to Client: Yes Date: ____/____/____

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RETURNED:

Name: _____ Signed: _____ Date: ____/____/____

Witness: _____ Signed: _____ Date: ____/____/____

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