



ACT
Government

CLINICIANS EQUIPMENT LOAN DEED SCHEDULE

(TO BE USED FOR INITIAL CLINICIAN LOANS AND ASSESSMENTS)

ITEM 1 – CLINICIANS DETAILS

Today's Date:

Title: First Name: Family Name:

Profession: Agency/Team:

Business Address:

Work Phone Number: Fax Number:

Email:

Note: If equipment is being loaned to a client a separate Client Equipment Loan Agreement is to be completed.

You must be registered with CAYPELS to be able to borrow equipment please complete a Clinician Registration Form if you have not already done so.

Item 2 – Equipment Details and Due Date

Note: Equipment loans to clinicians are for an initial period of 2 weeks and a maximum extension of 2 weeks

Equip Item No (office use only)	Description	Accessories List Required (office use only)	Approx Cost of Item	Client Name	Date Equipment Required	Returned Date (Office use only)

ITEM 3 - DELIVERY OF EQUIPMENT (please complete ONLY if equipment is to be delivered)

Delivery Date: Name of client/s trialling equipment:

Delivery Address:

Person who will accept delivery:

Phone Number:

Have you discussed delivery with client: No Yes

Special Instructions:

ITEM 4 - COLLECTION OF EQUIPMENT (please complete if collection date is known)

Date for Collection:

Collection Address:

Person who will attend collection:

Have you discussed collection with client: No Yes

Special Instructions:

Executed as a Deed

By signing this Deed the Clinician acknowledges that the Clinician Equipment Loan Deed Terms and Conditions apply and the Clinician agrees to be bound by those terms and conditions. The Clinician also acknowledges having received and read a copy of the Clinician Equipment Loan Deed Terms and Conditions.

DATE OF THIS AGREEMENT20

Execution by the CLINICIAN:)

) Signature of Clinician

SIGNED, SEALED AND DELIVERED by)

[Insert Full Name of the CLINICIAN]

in the presence of:

.....

Print name and position

.....
Signature of witness

.....
Print name

Note:

Date: Must be dated on the date of executing this Deed.

Individual: Must be signed by the Clinician and witnessed.

Please contact CAYPELS:

- If you are having difficulty using the equipment
- For all equipment repairs.
- To arrange return of equipment
- For general enquiries regarding the equipment

CAYPELS Contact Details

- Ph: 6205 1277
- Email: caypels@act.gov.au
- Fax: 62051266