



Children and Young People Equipment Loan Service (CAYPELS) CLINICIAN'S REGISTRATION FORM

CLINICIAN'S DETAILS

First Name:

Family Name:

Organisation:

Profession:

Work Address :

ABN:.....

ACN:.....

Work Phone Number:

Fax Number:.....

Email:

PROOF OF PROFESSIONAL REGISTRATION AND/OR QUALIFICATION

Please provide evidence of current registration (if you are a registered profession) or provide evidence of qualifications.

Year of Registration

Professional Body

Name of Professional Qualification

Copies attached

Registration documentation

Professional qualifications

If qualifications are from a non-Australian institution please attach documentation demonstrating ability to practise in Australia.

CONTENTS INSURANCE

CAYPELS provides functional and appropriate specialised equipment for loan to clinicians, clients and their carers for assessment, trial and loan. CAYPELS assumes that when clinicians borrow equipment they assume responsibility for replacement of lost, stolen or significantly damaged items.

CAYPELS encourages clinicians' to discuss this with their relevant insurer. In cases where items are valued over \$5,000, detailed information on the item in question may need to be registered with the insurer.