



ACT
Government

EQUIPMENT LOAN DEED SCHEDULE

(FOR EQUIPMENT LOANS USED MAINLY IN SETTINGS OTHER THAN THE CLIENTS RESIDENCE E.G. EDUCATIONAL, RESPITE, CAMP ETC)

ITEM 1 - CLIENT DETAILS

Today's Date:

First Name: Family Name:

Date of Birth: Sex: Diagnosis:

NDIS Client: Yes No

ITEM 2 - CLINICIAN DETAILS

First Name: Family Name:

Profession: Agency/ Team: Work Phone Nos:

ITEM 3: DETAILS OF PERSON RESPONSIBLE* FOR EQUIPMENT LOAN (TEACHERS, CHILD CARER WORKERS CAMP STAFF ETC)

Title: First Name: Family Name:

Agency: Business Address:

Profession: Work Phone Number: Fax Number:

Email:

ITEM 4- EQUIPMENT DETAILS

Note: Equipment loans are for the length of the current school term.

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

ITEM 5 - DELIVERY OF EQUIPMENT (please complete ONLY if equipment is to be delivered)

Delivery Date: Delivery Address:

Person who will accept delivery:

Phone Number:

Have you discussed delivery with client: No Yes

Special Instructions:

ITEM 6 - 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 person responsible acknowledges that the Equipment Loan Deed Terms and Conditions apply and the responsible person agrees to be bound by those terms and conditions. The responsible person also acknowledges having received and read a copy of the Equipment Loan Deed Terms and Conditions.

DATE OF THIS AGREEMENT20

Execution by the RESPONSIBLE PERSON:)
) Signature of responsible person
)

SIGNED, SEALED AND DELIVERED by
 [Insert Full Name of the responsible person]
 Print name and position

in the presence of:

.....
 Signature of witness

.....
 Print name

Note:
 Date: Must be dated on the date of executing this Deed.
 Individual: Must be signed by the responsible person and witnessed.*

A responsible person may be a clinician, education professional, child care centre manager, respite centre manager, playgroup convener, and coordinator of after school care programs.

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