Equipment Terms and Conditions

Repairs and maintenance and care of equipment:

You are responsible for the everyday care of the equipment and for ensuring it is kept in safe working order. You must take reasonable care of the equipment and store the item in a secure and weatherproof area. If the equipment requires maintenance or repairs, contact the Equipment Program on 1300 130 302. A qualified repairer will undertake the repairs (excludes home modifications) when you are in South Australia. Any repairs or replacement of equipment that has been clearly damaged from lack of reasonable care will be at your cost, with repairs arranged by the Equipment Program.

Modifications and replacement:

You must not modify or make changes to the equipment (alter the design or function of the equipment) as this may impact on its safety or the ongoing maintenance costs of the item. If the equipment needs modification or replacement, contact the Equipment Program to discuss your options. The Equipment Program may approve modifications or replacement of the item depending on the circumstances.

Ownership and return of equipment:

Equipment provided through the Equipment Program is on loan and remains the property of DHS. The equipment is for your use only and must not be loaned to or used by anyone else. The equipment must be returned to the Equipment Program when it is no longer being used or if it has been replaced with a new item. Please inform the Equipment Program if you change address, move permanently interstate or overseas or become a permanent resident of a Commonwealth Residential Aged Care Facility. If you move permanently interstate, overseas or into a Commonwealth Residential Aged Care Facility, the ownership of any items customised for your use may be transferred to you or the equivalent equipment scheme in the location you move to. You will need to return the equipment item if it is not individualised/customised e.g. scooter.

Insurance and losses:

DHS is not responsible for any loss, liability or expense sustained whilst using the equipment, except where losses are caused directly by a negligent act or omission by a DHS representative or agent. If an item is genuinely lost or stolen a replacement will be arranged (a police report may be requested).

Transport of customised equipment or powered mobility aids (powered wheelchairs or scooters):

For your safety, you must ensure you are able to restrain equipment securely using appropriate anchor fittings, straps and cargo barriers. You can discuss this with Equipment Program clincians or your assessor to understand your individual needs. If you are intending to transport the item with an occupant, you should refer to the Clinical considerations for “Motor vehicle transport of people in wheelchairs” for additional information.

Please note: Modifications to a vehicle for the purpose of transporting these items are not in scope for the the Equipment Program.

**Powered mobility aids (powered wheelchairs and scooters):**

Refer to the *“Care and use of a powered mobility aid”* document for further information.

|  |  |  |
| --- | --- | --- |
| EQUIPMENT SPECIFICATIONS | | |
| Equipment type: | | |
| Brand: | Model: | |
| Individualised items/features: | | Individualised measurements/size: |
| Frame: | | Seat width: |
|  | | Seat depth: |
| Seat: | | Front seat height: |
|  | | Rear seat height: |
| Cushion: | | Backrest height: |
|  | | Other: |
| Backrest: | |  |
|  | |  |
| Footplates: | |  |
|  | |  |
| Armrests: | |  |
|  | |  |
| Additional high cost features not on original prescription form: | | |
| Specific recommendations for use: | | |

Agreement by Client:

1. I understand and agree to the loan of equipment terms and conditions as outlined on this form.
2. I was actively involved in the prescription of the customised equipment specified on this form.
3. I declare to the best of my knowledge, it will meet my requirements and I am aware of its benefits/risks.

|  |  |
| --- | --- |
| Client /Guardian signature | Date |
| Client Surname | Given Name |

Agreement by Assessor:

1. I declare that the equipment specified is within the Equipment Program guidelines.
2. I declare that I have assessed the client and the equipment specified will meet his/her needs.
3. I have completed a *“Repair Contingency Plan Highly Customised Equipment”*

|  |  |
| --- | --- |
| Assessor’s signature | Date |
| Assessor’s Surname | Given Name |
| Organisation | Phone |

Equipment Program Use Only: Delegate Approval

I approve the purchase of this item with the specification as outlined above.

|  |  |
| --- | --- |
| Delegate signature | Date |
| Delegate surname | Given name |