|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trial Period** | | | From: |  | To: |  | | |
| **Client Details** | | | | | **Client ID:** | | |  |
| Given Names: | |  | | | Surname: | | |  |
| Address: |  | | | | | | | |
| **Equipment Details** | | | | | | | | |
| Item Name and Description: | | | | | | | TEP ‘T’ Number: | |
| 1. | | | | | | |  | |
| 2. | | | | | | |  | |

**Acknowledgement**

I acknowledge and agree with the following trial terms and conditions:

* the item remains the property of TEP and is provided for the trial period to determine the long term suitability of this equipment to meet my needs
* during the trial period, I will keep a record of my use of the equipment including comments about any difficulties I have experienced (this feedback helps your therapist determine this is the right equipment for you)
* at the completion of the trial period, the equipment will be collected. If you are eligible and approved for TEP assistance, the final item may not be the actual item used during the trial and may be recycled/reissue rather than new
* I understand that I may be asked to contribute to the cost of equipment issued long term
* I will only use the equipment for the purpose for which it was prescribed and have no right to modify, re-lend the equipment or give or sell it to anyone else
* I will keep the equipment in a safe place and carry out regular cleaning and maintenance
* I will be required to pay for repairs caused by unreasonable use or misuse of the item of equipment and for damage or replacement of the item due to neglect or misuse
* I will notify my regional TEP Work Unit when the equipment is in need of repair or maintenance or if my address changes to that listed above; and
* The Northern Territory of Australia care of the Department of Health (TEP) does not accept liability of any kind, however caused, for any loss or damage or for any injury to any person.

***(APPLICANTS TO RETAIN A COPY FOR THEIR RECORDS)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:    /   / | | | | | |
| Witness: |  |  | Name: |  |  |

Please forward completed forms to your regional TEP Work Unit:

|  |  |
| --- | --- |
| **Top End**  (includes Darwin rural area, Katherine and East Arnhem) | **Central Australia**  (includes Alice Springs, Remote Barkly) |
| P: 08 8922 7244 | P: 08 8951 6747 |
| E: TEPDarwin.THS@nt.gov.au | E: TEPAliceSprings.THS@nt.gov.au |
| A: PO Box 40596, Casuarina 0811 | A: PO Box 721, Alice Springs 0871 |