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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | **Client ID:** | | |  |
| Given Names: | | |  | Surname: | | |  |
| Date of Birth: | | |  | Phone: | |  | |
| Address: |  | | | | | | |
| **Guardian Details** (if applicable) | | | | | | | |
| Given Names: | | |  | | Surname: | |  |
| Relationship: | |  | | | Phone: |  | |
| Address: |  | | | | | | |

The Territory Equipment Program (TEP) is providing you with funding towards your required home/bathroom modifications equivalent to 50 per cent of the total cost, up to a maximum of $5 000. This assistance is only offered to each eligible TEP client once every five years. Your prescribing therapist has recommended the modifications be undertaken to meet your needs.

Home/bathroom modifications must be carried out by a registered builder. This ensures that the work is carried out appropriately and that structural integrity of your property is maintained.

If your builder has any queries or concerns about your prescription, please have them contact your prescribing therapist or the regional TEP Work Unit:

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| --- | --- |
| **Top End**  (includes Darwin and the rural area, Katherine and East Arnhem ) | **Central Australia**  (includes Alice Springs, Remote Central Australia and the Barkly region) |
| 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 |

Acknowledgement

I understand that TEP are partially funding my modifications and I acknowledge and agree with the following terms and conditions:

* TEP will engage a local registered builder to carry out required work however such builders are not agents of TEP or the Northern Territory of Australia;
* it is the responsibility of the owner and builder to ensure the modifications are correctly undertaken in a manner that complies with relevant legislation and standards and that necessary certificates are obtained (if required); 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.

***(CLIENTS TO BE PROVIDED WITH A COPY FOR THEIR RECORDS)***

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