|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Details | | | Client ID: |  | |
| Given Names: | |  | Surname: |  | |
| Date of Birth: | |  | Phone: |  | |
| Address: | |  | | | | | |
| Current Owner Details (if not client) | | | | | | | |
| Name: | |  | Phone: |  | |
| Address: | |  | | | | | |
| **Equipment Details** | | | | **Prescription No:** |  | |
| **Item Name and Description:** | | | | **TEP ‘T’/’’H’ Number:** | | |
| **1.** |  | | |  | | |
| **2.** |  | | |  | | |

Acknowledgement

I agree to transfer ownership of the above equipment to the Territory Equipment Program and I acknowledge and agree with the following terms and conditions:

* The item no longer belongs to me and is now the property of TEP;
* 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;
* I will contact TEP to arrange return of my equipment if I no longer require it; and
* I will notify my regional TEP Work Unit when the equipment is in need of repair or maintenance or if my address changes from that listed above.

***(Clients to be provided with a copy for their records)***

|  |  |
| --- | --- |
| Signature | Signature (Witness) |
| Date | Name |

Please forward completed forms to your regional TEP Work Unit:

|  |  |
| --- | --- |
| **Top End**  (includes Darwin and the rural area, Katherine and East Arnhem) | **Central Australia**  (includes Alice Springs, Remote Barkly) |
| P: 08 8922 7244 | P: 08 8951 6734 |
| E: DEPDarwin.ths@nt.gov.au | E: DEPAliceSprings.ths@nt.gov.au |
| A: PO Box 40596, Casuarina 0811 | A: PO Box 721, Alice Springs 0871 |