|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Details | | | Client ID: |  | |
| Given Names: | |  | Surname: |  | |
| Date of Birth: | |  | Phone: |  | |
| Address: | |  | | | | | |
| New 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 take full responsibility and ownership of the above equipment from TEP and I acknowledge and agree with the following terms and conditions:

* The item no longer belongs to TEP and is now my responsibility; 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 from the date this document is signed by the client/guardian below.

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

|  |  |
| --- | --- |
| Signature (Client/Guardian) | 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 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 |