Transfer Aids – Declaration of Personal Contribution Installation Costs

1. PERSONAL INFORMATION			
Name	**Last Name** **First Name**	**Address** **Suburb & Post Code**	
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other	**Date of birth:**	
Phone		**Mobile**	
Alternative Contact person		**Contact details**	

2. EQUIPMENT REQUESTED

☐ Ceiling hoist
☐ Vehicle Hoist

3. DECLARATION

- I confirm that I have received professional advice and that the item requested is able to be safely installed in *(please tick option)*

☐ Address above
☐ Alternative address *(please provide)* _____
☐ Vehicle: make and model _____

- I understand that I will be responsible for making the necessary arrangements for installation.

- I agree to pay the costs of the installation of the equipment ordered on my behalf by EnableNSW.
  OR I have organised the costs of installation to be paid by another organisation
  Please provide name_____

- I give permission for my personal details above to be given to the supplier for invoicing purposes.

4. SIGNATURE

NAME: **SIGNATURE:**	**WITNESS NAME:** **WITNESS SIGNATURE:** **WITNESS CONTACT:**

Please return to EnableNSW:
Post: EnableNSW, Locked Bag 5270, Parramatta NSW 2124
Email: Enable@health.nsw.gov.au
Fax: (02) 8797 6543