

<b>Date:*</b>	DD / MM / YEAR
<b>Participant Name:*</b>	
<b>Date of Birth:*</b>	DD / MM / YEAR
<b>Participant Address:*</b>	
<b>Participant Mobile No.:*</b>	
<b>Alternate Contact No:*</b>	
<b>NDIS Number:*</b>	
<b>OT Name:</b>	
<b>OT Contact Number:</b>	
<b>Approved Estimate Number:</b>	
<b>Category with Funds Available:</b>	
<b>Fields with an asterisk (*) MUST be completed</b> or the application will not be processed.	

### Items Required

Items required for Purchase/Hire per week	Purchase Price/Hire Rate per week

When the NDIS funding for the hire of equipment has come to an end, the client **MUST provide an alternative payment method**. Equipment will be promptly collected if an alternative payment method has not been provided by the funding expiry date.

### Privacy Agreement

The undersigned gives Astris Lifecare approval to collect, store and use this information for the purposes of providing services to the equipment user named on this form in accordance with Astris Lifecare Privacy Policy. Astris Lifecare will not release this information to any person or company not named on this form. **A minimum of one signature is required below.**

Equipment User	
I authorise Astris Lifecare to collect, store and use my confidential data, for the sole use of providing services or supports to me.	
<b>Name:</b>	<b>Signature:</b>

By typing your name in the Signature Field, Astris Lifecare accepts this as your signature.

Guardian	Authorised Representative	Therapist of the Equipment User
<b>Other</b>		
In submitting this form, I confirm that I am the Authorised Representative of the Participant named above, who authorised me to allow Astris Lifecare Pty Ltd to collect, store and use this confidential data, for the sole use of providing services and equipment.		
<b>Name:</b>	<b>Signature:</b>	

By typing your name in the Signature Field, Astris Lifecare accepts this as your signature.