

West Dunbartonshire - AAC Equipment Loan Form

NAME:			
DESIGNATION:			
ADDRESS:			
EMAIL ADDRESS:			
CONTACT NUMBER:			
EQUIPMENT REQUESTED:			
ACCESSORIES:	<input type="checkbox"/> Charger <input type="checkbox"/> Manual <input type="checkbox"/> Batteries <input type="checkbox"/> Cable <input type="checkbox"/> Other - please specify		
PURPOSE OF LOAN:	<input type="checkbox"/> Assessment <input type="checkbox"/> Trial of device <input type="checkbox"/> Develop skills (of client) <input type="checkbox"/> Personal development/CPD <input type="checkbox"/> Other - please specify		
LENGTH OF LOAN:	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 week <input type="checkbox"/> 4 week <input type="checkbox"/> Other - please give reason.....		
DATE OF LOAN:		DATE TO BE RETURNED:	

- I acknowledge receipt of the above equipment which is on loan to me for a period of up to one month, or up to the date specified on this form.
- I understand that the equipment remains the property of West Dunbartonshire AAC Project and that I am responsible for its safe keeping while it is on loan to me.
- I will report any faults that develop to immediately.

SIGNATURE: **DATE:**