

**CUSTOM DESIGNED EQUIPMENT – PROJECT APPLICATION FORM**

Locked Bag 2008, WENTWORTHVILLE, NSW 2145

T: 02 9912 3400 or 1300 663 243 F: 02 9890 1912

E: [cde@tadnsw.org.au](mailto:cde@tadnsw.org.au) W: [www.tadnsw.org.au](http://www.tadnsw.org.au)



**Please fill in ALL fields to avoid unnecessary time delays in processing application.**

<b>CLIENT:</b> Title: .....	Address: .....
Surname: .....	Phone: .....
First Name: .....	Mobile: .....
DOB: ...../...../..... <input type="checkbox"/> F <input type="checkbox"/> M	E-mail: .....

<b>CONTACT PERSON:</b> Title: .....	Organisation: .....
Surname: .....	Address: .....
First Name: .....	Phone: .....
Relationship: .....	Mobile: .....
	E-mail: .....

<b>REFERRER:</b> Title: .....	Organisation: .....
Surname: .....	Address: .....
First Name: .....	Phone: .....
Job Title or Role: .....	Mobile: .....
	E-mail: .....

Send quote to  client  referrer  contact person      Language spoken at home: .....

**MEDICAL DETAILS:**

Diagnosis: .....

Previous Medical History: .....

Medications: ..... Child's height: ..... cm Weight: ..... kg

**For standard size Easy to Order (ETO) or Ready to Go (RTG) items go directly to PROPOSED SOLUTION**

**FUNCTIONAL ISSUES:** .....

**DESCRIPTION OF PROBLEM:** (please attach clinical assessment if necessary) .....

**CLIENT IDENTIFIED GOALS:** (relating to this modification / custom item) .....

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**COMMERCIALY ACCESSIBLE OPTIONS INVESTIGATED:** (relating to this modification / custom item) .....

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**PROPOSED SOLUTION or REQUESTED ITEM:** (please attach TADaid dimension sheets or personal sketches with dimensions if applicable) .....

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**PLEASE TICK WHERE APPROPRIATE:**

- A therapist (OT or PT) is involved on an ongoing basis with this client
- Dimension sheet attached (for Easy to Order items)
- Attachments (include photos, drawings, assessment report where appropriate): .....

This device will be used predominantly in the:  Home  School  Workplace  Other

**HOW DID YOU HEAR ABOUT TAD DISABILITY SERVICES**

- Community Information Service  Event  Display / Talk
- Website  Social media  Word of mouth
- Volunteering organisation  Health professional / Disability organisation
- Previous client  Other: .....

**PAYER DETAILS:** (For application to proceed please ensure this section is completed.)

- Self-funded  NDIS: Reference Number: .....
- Insurance Company: Reference Number: .....
- Other: .....

All personal and sensitive information provided to TAD Disability Services is covered by our Privacy and Confidentiality Sub-Policy and Procedure and Consumer Guide which are available on our website at [www.tadnsw.org.au](http://www.tadnsw.org.au). I understand TAD Disability Services will keep me updated about their services and I can opt-out of receiving information at any time.

By signing this form I am agreeing that I have viewed and understood the Consumer Guide and my right to Privacy and Confidentiality.

SIGNATURE: ..... PRINT NAME: .....

Date: ...../...../..... On behalf of: ..... (if client unable to sign)

**OFFICE USE ONLY**

Date Entered: ...../...../.....