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**Equipment request form**

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| **Completing the Equipment request form and working within the National Injury Insurance Scheme, Queensland (NIISQ)*** This equipment request form may be used for all assistive technology requests.
* It is expected that providers working within the NIISQ adopt the [Clinical Framework for the Delivery of Health Services](https://www.tac.vic.gov.au/__data/assets/pdf_file/0010/27595/clinical-framework-single.pdf) within the standards and boundaries of their professional expertise.

Please send all completed request forms to requests@niis.qld.gov.au. |

 **Participant details**

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| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Weight (kg)** |  | **Height (cm)** |  |
| **Contact Name***(for deliveries)* |  | **Contact Phone** |  |

 **Equipment Recommendation** *(\*Please attach quotes)*

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| **Hire** |[ ]  **Purchase** |[ ]  **Other** |  |
| If hire, state the required start and finish date |
| **Start date** |  | **Finish date** |  |

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| **Equipment**(specific model and/or specifications required) | **Supplier**(include quote number) | **Quantity** | **Cost**(GST and delivery) |
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**Equipment Justification**

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| **State the participant centred goal/s that relate to this equipment prescription.** |
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| **Describe the participant’s need for this equipment (clinical justification).** **Include relevant assessment results, functional abilities, prognosis, motivation, support, other equipment used or prescribed and environment/s and potential risks for participant/care/other users if this equipment is not provided.**  |
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| **Please provide clinical justification for any customisation and/or accessories that have been prescribed.**  |
| ***Customisation/accessory*** | ***Justification***  |
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| *<Add extra lines as required>* |  |

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| **Is the recommended equipment compatible with the participant’s environment/s (including storage, compatibility with other equipment, transport etc.)?** |
| **Yes** |[ ]  **No** |[ ]
| **If no, please provide comment.** |
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| **Does the recommended equipment have an appropriate safe working limit (SWL) for the participant (if applicable)?** |
| **Yes** |[ ]  **No** |[ ]  **NA** |[ ]
| **If no, please provide comment.** |
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| **Describe duration, location and outcome of trial of the recommended equipment. Include details of other equipment trialled or considered including cost and why not recommended.**  |
| **Item** |  |
| **Duration and location of trial** |  |
| **Cost** |  |
| **Outcome of trial** |
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| **Describe duration, location and outcome of trial of the recommended equipment. Include details of other equipment trialled or considered including cost and why not recommended.**  |
| **Item** |  |
| **Duration and location of trial** |  |
| **Cost** |  |
| **Outcome of trial** |
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| **Describe duration, location and outcome of trial of the recommended equipment. Include details of other equipment trialled or considered including cost and why not recommended.**  |
| **Item** |  |
| **Duration and location of trial** |  |
| **Cost** |  |
| **Outcome of trial** |
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| **Other supporting information.** (Please attached documents if required) |
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**Delivery Information**

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| **Who should be notified when the equipment is ready to be delivered?** |
| **Participant** |[ ]  **Prescriber** |[ ]  **Other** |  |
| **Delivery address** |  |
| **Setup/ installation/ customisation and training required** | *<Provide details of setup/installation and/or training required>* |

**Prescriber Declaration**

|  |  |
| --- | --- |
| **Name** |  |
| **Profession & position** |  |
| **Contact Phone** |  |
| **Contact Email** |  |
| **Has a copy of this request been provided to the participant?** | Yes [ ]  No [ ]  |
| **Does the participant confirm that:** |
| **They actively participated in the assessment and/or trial** | Yes [ ]  No [ ]  |
| **The features, options and/or any appropriate alternatives have been adequately explained to them** | Yes [ ]  No [ ]  |
| **They believe the item/s meets their needs** | Yes [ ]  No [ ]  |
| **Date** |  |

**Sensitive information:** This form collects sensitive information about you, such as your health details or ethnicity. By submitting this form, you consent to NIISQ collecting and handling this information.

**Privacy statement:** We are collecting your personal information in order to perform our functions under the NIISQ Act. We collect, use, disclose and store your personal information in accordance with the *Information Privacy Act 2009 (Qld)*, the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) and the *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation). If we cannot collect this information, we may not be able to assist you. It is our usual practice to disclose your personal information to the Permitted Entities prescribed in s14 NIISQ Regulation and mandated by s19(3) of the NIISQ Act. Your personal information will not otherwise be released unless the disclosure is permitted or required by law. Further information on how we handle your personal information can be found in our privacy policy including how to access or update your information. You can also contact our Privacy Officer on 1300 607 566 or privacy@niis.qld.gov.au