|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **ENAE207** | **EQUIPMENT GIFTING**  **moh.processing@enable.co.nz 0800 171 995** | | | | | |
| **To be completed by the CLIENT** | | | | | | | | | | |
| **CLIENT DETAILS** | | | | | | | | | | |
| Family Name | |  | | | | First Name | |  | | |
| Street Address | |  | | | | Town/City | |  | | |
| Postcode | |  | | | | Telephone | |  | | |
| NHI number | |  | | | | Date of Birth | |  | | |
| **EMS ASSESSOR DETAILS** | | | | | | | | | | |
| Name | | |  | | | AEA Number | |  | | |
| Email | | |  | | | Phone | |  | | |
| Your EMS Assessor has recently advised **Enable New Zealand** that you wish to gift your privately purchased equipment to the Ministry of Health. Your EMS Assessor will complete a service request to accompany this form. All community equipment assets owned by the Ministry of Health are managed by **Enable New Zealand** and are subject to the following terms and conditions:   * Once I no longer require this equipment, I will contact **Enable New Zealand** on 0800 171 995to arrange for its return because it could be checked and made available for use by another person. * The equipment cannot be modified without the knowledge and consent of **Enable New Zealand**. * If the equipment needs repairing, **Enable New Zealand** will coordinate the repair and maintenance of equipment through Ministry of Health funding where this is due to normal wear and tear. (Note: this does not include the day to day maintenance of equipment ie cleaning). * If I don’t look after the equipment, or use it for the purpose it was provided, I will be responsible for all costs associated with the repair and/or replacement and/or componentry. * Repairs will be completed during normal business hours (8am – 5pm). * No reimbursement will be made for any financial contribution that I have made toward an item of equipment. * Part funded equipment must be returned to **Enable New Zealand** when it is no longer required. * No retrospective funding or reimbursement will be provided for any equipment or repairs. * An asset number will be assigned to my equipment.   ***Note:*** *Where the equipment you have purchased is of a higher specification having specialised options (ie power chair with powered elevating leg rests, powered recline) these items may not be eligible for repair or replacement where these are deemed to be outside of the Ministry of Health funding criteria. Repair of these items will need to be confirmed by your EMS Assessor.* | | | | | | | | | | |
| **CLIENT DECLARATION** | | | | | | | | | | |
| I have read, understood and accept the terms and conditions above relating to the gifting of my equipment to the Ministry of Health. I confirm that I wish to donate the following equipment to the Ministry of Health. | | | | | | | | | | |
| **EQUIPMENT DESCRIPTION** | | | | | | | | | | |
| Brand |  | | | | | | | | |  |
| Model |  | | | | | | | | |  |
| **CLIENT TO SIGN HERE\*** | | | | | | | | | | |
|  |  | | | | | | **Date** | |  |  |
|  | \*The signature of a guardian/agent is required if you are under 16 years of age, or are not able to complete this form. | | | | | | | | | |
| Please sign and return this form to Enable New Zealand, PO Box 4547, Palmerston North, 4442  **You may wish to retain a copy of this form for your future reference** | | | | | | | | | | |