

## Attachment A

### Specialised Equipment Notification of Receipt

\* This form **MUST** be completed, signed and faxed to PSCTAs on receipt of equipment.

Child Care Service Name:

Address:

Contact Number:

Type of equipment on loan:

Equipment code number:

Date loan commenced:

**Please indicate when the following tasks have been completed:**

Task Completed	Date	Accountable Staff
Equipment Delivered to centre		N/A
Therapist contacted and attends centre		Name of therapist:
Therapist checks and alters equipment to meet child's needs		Name of therapist:
Staff - familiarised with equipment - instructed on safe and correct use - instructed on how to move child		Names of staff instructed:

Directors Name:

Signature:

Date fax sent:

**FAX : 62 306 811**

PSC TAs  
**Office Use Only**

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