

# South Eastern Sydney Local Health District

## Prince of Wales Equipment Loan Service

Phone: 02 9382 8245

Email: [seslhd-equipmentservicenorthernsector@health.nsw.gov.au](mailto:seslhd-equipmentservicenorthernsector@health.nsw.gov.au)



### Opening Times (Closed Weekends & Public Holidays)

Monday to Friday: 8am – 4pm

Wednesday: 8am – 12pm

Unavailable: 12pm – 1pm

Dear Sir/Madam,

This letter is to confirm that you have equipment on temporary loan with the Prince of Wales Equipment Loan Pool (ELP). The details and loan items are on the back of this letter.

### Loaning the Equipment

All equipment loans through the ELP are for a three (3) month period with a total cost of \$50. You are required to make payment within 4 calendar weeks of application start date. There are some services that exempt from loan payment for the initial three month period. Please speak to your clinician who will advise you whether you need to pay for this loan.

If equipment is not suitable you must advise the ELP within 5 days of the start date of application via email to [SESLHD-EquipmentServiceNorthernSector@health.nsw.gov.au](mailto:SESLHD-EquipmentServiceNorthernSector@health.nsw.gov.au). If you have questions about using the equipment safely, contact your clinician as soon as possible. Their details are on the back of this letter.

### Caring for your loan equipment

During the loan period, you are responsible for any damage or loss to the equipment beyond normal wear and tear. This means you must pay for all repairs and equipment replacement where applicable.

### Returning your loan equipment

When you are finished with the equipment or the three-month loan period has passed (whichever comes first), please call our office on (02) 9382 8245 or send an email to [SESLHD-EquipmentServiceNorthernSector@health.nsw.gov.au](mailto:SESLHD-EquipmentServiceNorthernSector@health.nsw.gov.au) to arrange equipment return or equipment purchase (not all equipment is available for purchase). We are located in the Edmund Blackett Building at the Prince of Wales Hospital (off Avoca Street) for returning equipment. Our opening times are listed above.

### Collection and delivery of equipment

We can provide equipment delivery and collection services for clients with mobility challenges who do not have a caregiver or support person. Our driver will deliver or pick up the equipment at the front door but is unable to assist with installation or removal of equipment inside the home. Please notify us in advance of any circumstances that may affect the delivery or collection process, such as access through a side entrance, the presence of pets, or individuals in the home with a history of aggressive behaviour.

Please call our team on (02) 9382 8245 or email to [SESLHD-EquipmentServiceNorthernSector@health.nsw.gov.au](mailto:SESLHD-EquipmentServiceNorthernSector@health.nsw.gov.au) with any questions or if you need more information.

Kind Regards,

*The Prince of Wales Equipment Loan Pool*

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Patient Information (patient label may be used)			
Patient Details	Name	D.O. B	MRN
	Address	Gender	Enrolled in Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address	Phone Number	
	Destination <input type="checkbox"/> As above <input type="checkbox"/> Alternative Address: - -----		
Cultural Background	Is an interpreter required to communicate with the patient? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:		
	Is the person of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		
Next of Kin	Name and Relationship	Phone Number	

Loan Information		
Start Date: ___/___/____ End Date: ___/___/____ Is equipment delivery required? <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery Date: ___/___/____	<b>Informed Financial Consent</b> Does patient agree to pay for the loan through PayNSW? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____  POW Palliative Care: Exempt from payment <input type="checkbox"/> POW Transitional Aged Care: Exempt from payment <input type="checkbox"/> WMH Transitional Aged Care: Exempt from payment <input type="checkbox"/>	
<b>Equipment</b>	<b>SKU / Barcode</b>	<b>Equipment Loan Reason</b>
		<input type="checkbox"/> Falls prevention <input type="checkbox"/> Pressure care <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Prevent Hospital Admission <input type="checkbox"/> Support Hospital Discharge

Long-Term Equipment Funding		
Funding application completed? Yes No Date: ___/___/____ <input type="checkbox"/> Palliative Care <input type="checkbox"/> TACP <input type="checkbox"/> NDIS <input type="checkbox"/> EnableNSW <input type="checkbox"/> DVA <input type="checkbox"/> Insurance	Does the patient have a Home Care Package? Yes No  HCP Coordinator Contact Details	

Prescriber Information		
Name	Position and Department	Contact
		Phone/Page: Email:
By signing this, I agree that: <ul style="list-style-type: none"> <li>I declare that I have assessed the person and have the required qualification and level of experience to prescribe this equipment, OR I have been supervised by _____</li> <li>I have instructed the person and / or their carer on the appropriate safe use and care of equipment</li> <li>Person has been advised of the terms and conditions of this loan</li> <li>Person has been advised of the district and NSW Health's privacy policy and use of information.</li> </ul>		
Signature of Prescriber: _____		Date: ___/___/____