WEST MORETON REGION
MEDICAL EQUIPMENT LOAN PROGRAM
APPLICATION FORM

PLEASE COMPLETE ALL THE REQUIRED SECTIONS OF THIS APPLICATION FORM.

SECTION 1: ABOUT THE REQUESTING ORGANISATION	
Organisation name:	
Address:	
Contact phone number:	
Contact Email:	
Invoice to (name and email)	
SECTION 2: ABOUT YOU	
Name:	
Designation:	
Contact phone number:	
Contact email:	
Date form completed:	
SECTION 3: ABOUT THE PATIENT	
Name:	
Address:	
Does the patient live in the West Moreton region?	☐ Yes ☐ No – Patient is not eligible for this program.
Does the patient have a life limiting illness?	☐ Yes ☐ No – Patient is not eligible for this program
What equipment does the patient require?	☐ Oxygen concentrator – Complete Section 4 ☐ Continuous Subcutaneous Infusion Pump – Go to Section 5 ☐ Nebuliser – Go to Section 5
SECTION 4: OXYGEN CONCENTRATOR – CLINICAL CRITERIA	
Is the patient a smoker?	☐ Yes – Patient is not eligible to borrow equipment ☐ No
Is the patient in the last stages of life and access to a concentrator will facilitate sooner discharge to preferred place of care?	☐ Yes ☐ No
Has the patient made an application through the Medical Aids Subsidy Scheme	☐ Yes ☐ No – GP approval required

SECTION 5: CONTINUOUS SUBCUTANEOUS INFUSION PUMP & NUBULISER – CLINICAL CRITERIA	
Is the patient under the care of a medical officer who provides medical governance for the individual using the equipment?	☐ Yes – Please provide the name of the medical officer below _____ ☐ No – patient is not eligible for this program.
SECTION 6: PRE-LOAN DISCUSSION WITH PATIENT AND FAMILY / CAREGIVER:	
Have you discussed the Medical Equipment Loan Program with the patient and family / caregiver?	☐ Yes ☐ No – You must do this before a loan can be approved.
Have you provided written information to the patient and family / caregiver?	☐ Yes ☐ No – You must do this before a loan can be approved.
Have you explained the loan is time-limited and that the equipment must not be donated or disposed of?	☐ Yes ☐ No – You must do this before a loan can be approved.
Have you explained that the patient or family / caregiver must inform the requesting organisation if they move away from the West Moreton region?	☐ Yes ☐ No – You must do this before a loan can be approved.
SECTION 7: EXPECTED LOAN TERM:	
How long is the patient likely to need the equipment loan for?	☐ Up to 1 week ☐ Between 1 – 2 weeks ☐ 2 weeks to 1 month ☐ 1 month to 3 months ☐ Other (please state) _____

Terms of Loan:

The Requesting Organisation (listed in SECTION 1):

1. Is fully responsible for the safe and appropriate use of the equipment during the loan period.
2. Is responsible for the scope of practice, knowledge and competency of the person (employee/s and patient and caregiver) using the equipment.
3. Ensures the individual using the equipment is aware of the loan program and their responsibility in the care and management of the equipment.
4. Ensures that the loan equipment is returned to Ipswich Hospice Care promptly if it requires repair or is no longer required.
5. Responsible for ensuring equipment is able to be accommodated in the home or facility and is suitable for the applicant's needs and family/carers are competent and safe in its use.
6. Ensures the applicant and carers are suitably trained on how to use the equipment provided through the Medical Equipment Loan Program.
7. Notifies the Medical Equipment Loan Program if the applicant moves from the care of the requesting organisation to another organisation within the West Moreton HHS region or arrange for alternative supply if the applicant is moving out of the region.
8. Is responsible for the payment of invoice from Ipswich Hospice Care for the administration of the loan
9. Is responsible for the replacement cost of any equipment lost or not returned by the agreed time.

Loan Administration Fees:

Oxygen Concentrator	$50 per loan
Continuous Subcutaneous Infusion Pump:	$50 per loan
Nebuliser:	$15 per loan

AGREEMENT	
I am authorised by the Requesting Organisation (listed in SECTION 1) to agree to the terms of the loan.	☐ Yes ☐ No – We are unable to approve this application.
I agree to the terms of loan listed on page 2 of this form.	☐ Yes ☐ No – We are unable to approve this application.
Signature:	
Date:	

When completed please return to Ipswich Hospice Care, 37 Chermside Road, Eastern Heights, 4305 or via email to nurses@ipswichhospice.org.au . You can call Ipswich Hospice on 3812 0063 to discuss the application.

LOAN COLLECTION	
Date and time collected:	
Type and CODE of equipment collected:	
Name of person collecting:	
Signature of person collecting:	
Signature of Ipswich Hospice Care representative:	

FOR IPSWICH HOSPICE CARE USE ONLY

APPLICATION REVIEW	
Date application received	
Receiving staff member	
Loan criteria met	
Date & time confirmed with requesting organisation	

ADMINISTRATION	
Date loan added to Equipment Tracker	
Date loan equipment returned to Ipswich Hospice Care	