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## Loan equipment

**Patient name:**

**Contact Number:**

**Patient address:**

Friends of Palliative Care (FOPC) have received a request to loan the below named patient hospital style equipment to allow them to remain comfortable within their own home. This equipment includes, but is not limited to, electric beds and recliner chairs, pressure care mattresses, bedside tables, bed poles/sticks and live-life alarms.

We are happy to be able to support you in this way and are grateful to our local community for their support, as it is from donations that we are able to offer this to you. Friends of Palliative Care Inc does not receive government funding and relies solely on the generosity of the local community and support of local businesses.

To help us finalise this request, we appreciate your acknowledgement of the following conditions:

- The equipment is on loan, and remains property of Friends of Palliative Care Inc;
- Whilst the equipment is in my possession, all efforts will be made to ensure the equipment is well cared for and is not subject to mistreatment;
- Everyday wear and tear is acceptable, however any significant/purposeful damage will require the patient and their family to pay for replacement/repairs. The replacement cost of a bed/mattress is >\$7,000 whilst a recliner chair is >\$5,000.
- I will immediately report any damage/malfunction to my palliative care team, who will then inform FOPC;
- When the equipment is no longer required, my next of kin/guardian will advise my palliative care team, who will advise FOPC it is ready for collection within a timely manner. The equipment will be kept safe and indoors, until collection occurs. Please do not dismantle any equipment.

Patient:

Next of Kin/Guardian:

Referring person:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Contact number: \_\_\_\_\_

Contact number: \_\_\_\_\_

Contact number: \_\_\_\_\_

Designation: \_\_\_\_\_

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**~Instructions for Palliative Care/referring team~**

- Please ensure your patient and their family understands the conditions outlined in this document.
- Once signatures have been obtained, please take a photocopy/photograph of this document and leave the original document with the patient.
- Please visit [www.friendsofpalliativecare.org.au](http://www.friendsofpalliativecare.org.au) to submit your request for the equipment required and ensure you upload a copy of this document with your request.
- Requests will not be considered until all signatures are obtained and all fields on the online request form are completed.

For any questions or concerns relating to the equipment please reach out to your palliative care team who will then get in touch with us.

In urgent situations, please email us at [friendsofpalliativecare@gmail.com](mailto:friendsofpalliativecare@gmail.com) and one of our volunteers will respond to you as soon as possible.

Kind regards,



Montana Duggan  
President for Friends of Palliative Care Inc