|  |  |  |
| --- | --- | --- |
|  | **ENAE208** | **REPLACEMENT EQUIPMENT****moh.processing@enable.co.nz 0800 171 995**  |
| ***To be completed by the Repair Service or EMS Assessor***  | ***Date*** |   /  /      |
| The item of equipment needs replacement due to being beyond economic repair. The person has already undergone an assessment and has an existing item of equipment on long term issue. This form may only be used to replace the previous item of equipment with a same or similar item of equipment. The EMS Assessor is responsible for ensuring the person receiving the equipment has read and understood the ***Equipment Information Form*** and ***Care and Use of Equipment Form***, and authorises Enable New Zealand to use/disclose information as described in the Privacy Act Statement. |
| **CLIENT DETAILS – *repair service to complete as far as possible*** |
| **NHI** |       | **Gender**  | **[ ]**  Male **[ ]**  Female |
| **Family Name** |       | **Telephone** | (     )      |
| **First Name** |       | **Ethnicity** |       |
| **Street Address** |       | **Date of Birth** |   /  /      |
| **Town/City** |       | **Postcode** |       |
| **REPAIR SERVICE DETAILS**  |
| **Name**  |       | **Telephone** |       |
| **ASSESSMENT SERVICE DETAILS**  |
| **DHB** |       | **Department** | [ ]  OT [ ]  PT [ ]  CDU |
| **Phone**  | (     )       | **Fax** | (     )       |
| **EXISTING EQUIPMENT – *the equipment listed below is beyond economic repair***  |
| **Equipment Type**  | **Supplier**  | **Description/Size/Type** | **Asset Number**  |
|       |       |       |       |
|       |       |       |       |
| \*Reason(s) |
| **LOAN EQUIPMENT – *the equipment listed below has been loaned to the client***  |
| **Equipment Type**  | **Supplier**  | **Description/Size/Type** | **Asset Number**  |
|       |       |       |       |
|       |       |       |       |
| **TO BE COMPLETED BY THE EMS ASSESSOR – *please complete any missing client details above*** |
| **Equipment Type**  | **Supplier**  | **Description/Size/Type** | **MoH List Equipment # or Catalogue #** | **Exact Item\*** |
|       |       |       |       | [ ]  |
|       |       |       |       | [ ]  |
| \*Enable New Zealand will provide items of equipment that are similar to the items requested if these are available in Store. If this is not going to be appropriate the EMS Assessor needs to explain why only the requested item will be suitable. |
| **EMS ASSESSOR DETAILS**  |
| **Name**  |       | **AEA Number** |       |
| **Email** |       | **Mobile**  | (    )       | **Phone**  | (    )       |
| **EMS Assessor Declaration:** By completing and submitting this electronic service request I confirm that the assessment and selection of equipment has been personally completed by me and the service request is correct and meets the criteria in the current Ministry of Health Equipment & Modifications Services Manual. | **Date Sent**   /  /     |
| **DELIVERY DETAILS**  |
| **Please indicate a delivery address**  | [ ]  **Client**  | **[ ]  Other (details below)** |
| **Delivery instructions**  |       | **Street Address** |       |
|  |  | **Town/City** |       |
|  |  | **Contact Phone** | (    )       |