

GUIDELINES FOR COMPLETING THE PROJECT APPLICATION FORM

- 1. Client Details:** This should be the person (or organisation) who is ultimately receiving the item.
- 2. Referrer:** Usually the therapist who is involved with the client, but in cases where the application is self-referred, leave blank. It is essential that all contact information is entered, eg, phone number. Your email address is particularly important.
- 3. Contact Person:** Nominate the person (client/referrer/other) who will be the primary point of contact for TAD for this request. If same as referrer, please leave blank.

Send quote to: please indicate who should receive the quote. We can send a copy of the quote to more than one person. This may be useful for the information of your therapist or for funding applications.

- 4. Medical Details:** Please list diagnoses, previous medical history and medications to this request eg Cerebral Palsy. Please include clients height and weight.

To make it easier to order **READY TO GO (RTG) OR STANDARD SIZE EASY TO ORDER (ETO)** please go to question 9. If the ETO is customised or has additional extras, it is really important to fill in questions 5-8 to save time processing your application.

- 5. Functional issues:** List what the client can or can't do in regards to the issue that is to be addressed.
- 6. Description of Problem:** Clearly identify what the problem is, attaching supporting documents if available. If you have photographs in digital form, please email them to cda@tadnsw.org.au, clearly indicating the client name and the date of the application that they are for. **Please avoid faxing photos.**
- 7. Client Identified Goals:** Please include the clients specific goal that the modified or custom designed equipment is aiming to achieve.
- 8. Commercially accessible options have been investigated:** TADNSW does not provide equipment that is accessible from commercial sources. We can, however, modify commercially available equipment that is unsuitable to fit specific needs. By including what has been trialled and why it didn't work; provides valuable information which assists in processing your application quickly.
- 9. Proposed solution:** Please let us know how you think we can solve the problem. Please include any sketches with rough dimensions, photos of environment or situation etc. TADaid booklet is available for download from our website.
- 10. Please tick the appropriate boxes:**
 - a. A therapist is involved on an ongoing basis with this client:** We strongly recommend that a therapist is involved to assist in identifying the problem, determining appropriateness of a solution and evaluating outcomes.
 - b. Dimensions sheet attached:** Our Easy To Order (ETO) items require a dimension sheet to accompany the application. These can be found in the ETO section of the **TADaid** book which you can download as a PDF from our website.
 - c. Attachments:** To ensure there is no delay in processing your application, please email all photos (not fax) to cda@tadnsw.org.au
- 11. How did you hear about TAD Disability Services NSW?** Please indication most appropriate.
- 12. Privacy Policy:** A copy is available on our website, or we can send one to you if requested. If the client is unable to sign, you may sign on his/her behalf as long as that is noted.

Please note that the completion of an Application Form does not guarantee that we will be able to proceed with your project.

A staff member will contact you shortly after your application is received to discuss your individual requirements