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| This form must be completed for all ceiling hoist installation requests – NOT relevant for Gantry Style.  Attach this form to a completed *Equipment Prescription/Request Form* and email to DES at [des.frontdesk@sa.gov.au](mailto:des.frontdesk@sa.gov.au). | | |
| SECTION 1: ASSESSOR TO COMPLETE | | |
| Client Name | | |
| Assessor Name | | Phone |
| Ceiling Hoist Specifications (if known) | | |
| Proposed System and Model Number |  | |
| Proposed Supplier |  | |
| Information about House  Address  Year house built / approx. age or house  Internal wall frame  Solid  Steel Frame  Timber Frame  Outer wall cladding  Fibro / Weatherboard  brick veneer  sheet metal  Other  Roof Cladding  Tiled  Sheeting  Asbestos present in ceiling / roof space?  yes  no  unknown | | |
| Assessor Checklist  Equipment Prescription form completed  Proposed diagrams attached  Copy of relevant approvals sent to DES (if homeowner is Housing SA or other Community Housing Group)  The “*Terms and Conditions of Installation of Home Modifications*” document has been provided to the participant / advocate / guardian and the home owner (where these people are different) | | |
| Diagrams and details  Number of Tracks requested:  Number of pages attached:  Notes for requester:   * Attach drawings ensuring the following information is indicated: * Clearly number each diagram if more than one track * Clearly specify which room in home track is to be installed * Indicate track length and measurements for placement | | |
| SECTION 2: CLIENT / GUARDIAN / ADVOCATE TO COMPLETE | | |
| I have been involved in the decision making and to the best of my knowledge I believe the recommendations will meet the needs of those using the ceiling hoist and tracking.  I understand that this is subject to final consultation with the supplier and approval by the funder.  I agree for Domiciliary Equipment Service (DES) to coordinate the installation of the recommended ceiling hoist tracking through an appropriately qualified supplier / installer.  I have received, read, understood and accept the “*Terms and Conditions of Installation of Home Modifications*”.  I am the home owner, and I giving permission for the installation of ceiling hoist tracking into my home  *OR*  I am **not** the home owner (private home owner to complete section 3)  Signature       Date  Name       Best Contact Number | | |
| SECTION 3: OWNER OF THE PROPERTY (if different to section 2) | | |
| I, the owner of this dwelling, give permission for the installation of the ceiling hoist tracking into my home  **NB**: where the home owner is government or community housing, forward any additional approval forms required by that group.  I agree for Domiciliary Equipment Service (DES) to coordinate the installation of the recommended ceiling hoist tracking through an appropriately qualified supplier.  I have received, read, understood and accept the “*Terms and Conditions of Installation of Home Modifications”*  Signature:       Date:  Name:       Best Contact Number: | | |
| SECTION 4: INFORMATION FOR SUPPLIER | | |
| Quote provided must be as per specifications provided by requester where appropriate, or as negotiated with the requester and client  Quote must be itemised, showing costs for:   * The hoist – with specifications and model number * The installation * Any structural or modification works * Engagement of engineer for sign-off * Final Drawings   Hoist installation must be:   * Overseen by an appropriately qualified and licenced tradesperson * As per manufacturer’s specifications * Signed-off by an engineer on completion   Payment will only be forwarded on:   * Receipt of Engineer’s report at DES | | |