

This form can serve as backup loan form when online system is down.

Assistive Technology Loan Library Registration Form

Particulars of Client (if applicable)

Name: _____ NRIC / FIN / Birth Cert: _____

Address: _____ Singapore ()

Contact No: _____ Email address: _____

Particulars of Applicant

Name: _____ NRIC / FIN / Birth Cert: _____

Address: _____ Singapore ()

Contact No: _____ Email address: _____

Designation / Relationship to client: _____

Company: _____

Rental details of device(s) (Tick ✓ where applicable)

Device Category:

- | | |
|--|--|
| <input type="checkbox"/> AAC | <input type="checkbox"/> Computer Access |
| <input type="checkbox"/> Environmental control | <input type="checkbox"/> Hearing AT |
| <input type="checkbox"/> Visual AT | <input type="checkbox"/> Power mobility access |
| <input type="checkbox"/> Others: _____ | |

Purpose of loan:

- | | |
|--|--|
| <input type="checkbox"/> Trial use | <input type="checkbox"/> Training |
| <input type="checkbox"/> Temporary accommodation | <input type="checkbox"/> Others: _____ |

Loan Period (To be completed by SPD ATC Staff)

- | | | |
|--|-------------------------|--------------------|
| <input type="checkbox"/> 1 st loan | (From) _____ (To) _____ | Approved by: _____ |
| <input type="checkbox"/> 1 st extension | (From) _____ (To) _____ | Approved by: _____ |
| <input type="checkbox"/> 2 nd extension | (From) _____ (To) _____ | Approved by: _____ |
| <input type="checkbox"/> 3 rd extension | (From) _____ (To) _____ | Approved by: _____ |

Description of devices (To be completed by SPD ATC Staff)

No.	Device Description	Return Date	Checked by	Remarks

Deposit Amount:
Amount Return:

Total Loan Amount:

Part I: DECLARATION

Please read the following conditions:

1. I understand and agree that I am responsible of the proper handling and use of the AT device(s) loaned to me.
2. I shall return the devices(s) to the Specialised ATC on or before the due date indicated herein.
3. In the event of loss, theft or malfunction of AT device(s), I shall immediately notify the Specialised ATC.
4. I shall be responsible for the repair and replacement of the AT device(s) in the event of any loss or damage beyond normal wear and tear. The amount of compensation is as follows:
 - a. For item valued <\$10,000, minimum \$300 or 5% of item value, whichever one is higher
 - b. For item valued >\$10,000, minimum \$1500 or 10% of item value, whichever one is higher
5. A loan extension may be possible and must be requested at least 3 working days prior to the due date if the loan period is less than 2 weeks. For loan more than 2 weeks, extension should be requested at least a week in advance. Request approval will be dependent on the waiting list. There will be additional cost, billed at original rate for the extended period.
6. In the event where you fail to inform Specialised ATC of the loan extension, a fine of \$11 will be charged weekly, on top of loan fees.
7. Refund of deposit will be made after the loan device is checked and confirmed to be in good order. This may take between to 2-3weeks.
8. There will be no refund for loans returned earlier than stipulated date of return.

Part II: PRIVACY CONSENT

I acknowledge that I have read SPD’s Privacy Policy at (<https://www.spd.org.sg/useful-links/privacy-policy/>) and consent to SPD collecting, using and disclosing the personal data provided in the Assistive Technology Device Loan Form for the following purposes in accordance with the Personal Data Protection Act 2012 and SPD’s Privacy Policy:

- a) Assessing my application for AT Device Loan;
- b) Providing me with the services and/or assistance upon approval of my application; c
- c) Facilitating training for SPD’s professional team; and
- d) For submission to relevant ministries and statutory boards, to satisfy regulatory requirements.

I declare that all information in the Assistive Technology Device Loan Form (and attached documents, if any) are true to the best of my knowledge and belief, and I have not wilfully suppressed any material facts. I agree that the services and/or assistance may be withdrawn/terminated without any notice if any information is found to be untrue or material facts have been wilfully suppressed.

If applicable:

This information has been translated to me in _____ (language) by
 _____ (staff’s name, designation/organisation) on
 _____ (date).

SIGNATURE FOR PART (I) & (II)

I have read and understood and agree to the conditions in Part (I) and the Privacy Consent in Part (II).

I have read and understood the above and agree to the conditions outlined.

Name of Loanee*	Signature of Loanee	Date
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*For minors below 21 years old, or clients above 21 years old and certified mentally incapacitated, consent will be obtained from parent and/or legal guardian on client’s behalf