



DESKTOP COMPUTER

'REQUEST' FORM

Are you registered with DSC? Yes No
--

Please carefully complete this form and return it, along with the other forms attached, in person or by mail as soon as possible.

All information is treated confidentially

CUSTOMER DETAILS (The customer is the person who will use the computer)

Surname: First name: Date of birth:

Address:

Town/suburb: Post Code:

Phone: Fax or mobile: Email:

To avoid any delays please give us the best day/s and time/s to contact you.
Day: **Time:**

Q1. Please describe briefly the customer's disability (aspects that may affect computer use)

Modifications / Adaptions / Special Software required:

Q2. What is the most effective way for us to communicate with the customer?

Phone Fax Letter TTY Email (tick all applicable)

Comments:

Q3. What does the customer need the computer for?

Q4. What type of software does the customer intend to use?

Q5. Does the customer prefer Tower (upright) or Desktop (laying down) computer? (Subject to availability)

Q6. Does the customer have Internet access? (Dialup or Broadband & Internet Service Provider?)

Q7. Does the customer have a Health Care Concession Card? (from Centrelink) Yes or No

Q8. Indicate how the computer will be transported:-

1 way transport \$20* Installation \$20* by customer pickup by courier (tba)

Via DSC LAC \$20*

* Reflects Health Care Card Concession Rate

Q9. If the customer cannot be phoned directly prior to a delivery/service call, then who do we contact regarding delivery?

Q10 Does a trustee manage finances for the customer? (Please circle) **Yes or No**

(please give name and contact details of the trustee, if applicable)

Q11 Please indicate Customer's LAC, therapist, teacher, O.T. or other professional adviser that TADWA may contact to discuss relevant details of customer's condition and needs.

Name: Organisation:

Phone: Email: Mobile:

Signed: Date:

Comments:

REFEREES (Please provide the contact details of a referee)

Name:

Address: Phone:

BILLER DETAILS: If this request is granted then the biller assumes responsibility for PAYMENT and safe-keeping of customers equipment sold or supported by TADWA. If customer is under 18, then this must be a carer, or the customer's guardian, or other appropriate person.

Name:

Address:

Phone: Mobile: Fax: Email:

I the biller accept the above conditions.

Signed: Date:

Notes (office use only):

TADWA Technology Assisting Disability WA Inc

P.O. Box 266 or 371 Collier Rd

Bassendean WA 6934

Tel: 9379 7400 - Fax: 9379 7498 Country Callers: 1300 663 243

Email: tadwasupport@westnet.com.au Website: <http://www.tadwa.org.au/>