



LAPTOP 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 / 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 / Adaption's / 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. Why only a laptop computer is suitable?

Q5. Can the laptop be operated without a battery supply? (i.e. 240V power outlet close by?)

Q6. What type of software does the customer intend to use?

Q7 Does the customer have Internet access? (Dialup or Broadband, Internet Service Provider?)

Q8. Does the customer have a Health Care Concession Card? (from Centrelink) Yes or No

Q9. 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

Q10 If the customer cannot be phoned directly prior to a delivery/service call, then who do we contact regarding delivery?

Q11 Does a trustee manage finances for the customer? (Please circle) **Yes or No**

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

Q12 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

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Bassendean WA 6934

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Website: <http://www.tadwa.org.au/>