

**ADAPTABLE SOLUTIONS APPLICATION FORM**

Locked Bag 2008, WENTWORTHVILLE NSW 2145

T: 02 9912 3400 or 1300 663 243 F: 02 9890 1912

E: [solutions@tad.org.au](mailto:solutions@tad.org.au) W: [www.tad.org.au](http://www.tad.org.au)CLEVER IDEAS  
CHANGING LIVES

**Please fill in as many details as possible, if you need help please call us on 1300 663 243.**

**CLIENT:** Title:

First Name:

Surname:

DOB:

F M

Address:

Phone:

Mobile:

E-mail:

**CONTACT PERSON:** Title:

First Name:

Surname:

Relationship:

Organisation:

Address:

Phone:

Mobile:

E-mail:

**REFERRER:** Title:

First Name:

Surname:

Job Title or Role:

Organisation:

Address:

Phone:

Mobile:

E-mail:

**PAYER DETAILS:**

Self-funded

NDIS: Reference Number:

Other:

Language spoken at home:

Are you of Aboriginal or Torres Strait Islander heritage?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Yes, both Aboriginal and Torres Strait Islander

**Tell us about you/your child's health:**

Health conditions:

Allergies:

Height:

cm Weight:

kg

**Which Adaptable Solution do you need?** (please attach a completed dimension sheet for custom measurements or extra options)

Adjustable Chair and Table please select: Large Small Custom

Raised Side Support Chair and Table please select: Large Small Custom

Side Support Chair and Table please select: Large Small Custom

Step and Rail please select: Large Small Custom

Standing Frame please select: Large Small

Corner Chair and Table

Mobility Walker

Sit to Stand Ladder

Rolling Stool

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**PLEASE TICK WHERE APPROPRIATE:**

A therapist or health professional is involved in an ongoing basis with you/your child

Dimension sheet attached

Attachments (include photos, drawings, assessment report where appropriate):

This device will be used mostly in the:    Home    School    Other

**HOW DID YOU HEAR ABOUT TAD?**

Community Information Service

Event

Display / Talk

Website

Social media

Word of mouth

Volunteering organisation

Health professional / Disability organisation

Previous TAD client

Other:

All personal and sensitive information provided to TAD is covered by our Privacy and Confidentiality Sub-Policy and Procedure and Consumer Guide which are available on our website at [www.tad.org.au](http://www.tad.org.au). I understand TAD will keep me updated about their services and I can opt-out of receiving information at any time.

I have viewed and understood the Consumer Guide and my right to Privacy and Confidentiality.

I understand and agree to the above terms and conditions

SIGNATURE:

PRINT NAME:

Date:

On behalf of:

(if client unable to sign)