**Gwent Wide Integrated Community Equipment Services**

**Demonstration Confirmation Form**

|  |  |
| --- | --- |
| **SERVICE USER DETAILS** |  |
| Name:       | SSID/ NHS Number:       |
| Address:       | Date Of Birth:       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Task** | **Discussed** | **Demo** | **Observed** |
| **1.** |       | **[ ]**  | **[ ]**  | **[ ]**  |
| **2.** |       | **[ ]**  | **[ ]**  | **[ ]**  |
| **3.** |       | **[ ]**  | **[ ]**  | **[ ]**  |
| **4.** |       | **[ ]**  | **[ ]**  | **[ ]**  |
| **5.** |       | **[ ]**  | **[ ]**  | **[ ]**  |

I/we confirm that the task as detailed above has been demonstrated to me/us and that I/we have also demonstrated ability to carry out the above mentioned transfers.

I/we understand how to use the equipment correctly.

I/we understand how to check the equipment correctly and understand how to safely maintain the equipment (as per the HSE recommendations). If any defect is noticed I will contact the Occupational Therapist or the Out of Hours number supplied immediately and I will not use the equipment until it has been checked / repaired / replaced.

**Person / Carer(s):**

|  |  |
| --- | --- |
| **Print name:** |       |
| **Signature:** |       |
| **Organisation:** |       |
| **Date:** |       |

**Person / Carer(s):**

|  |  |
| --- | --- |
| **Print name:** |       |
| **Signature:** |       |
| **Organisation:** |       |
| **Date:** |       |

I confirm that I have witnessed the above named safely and effectively carry out the above mentioned task (s)

**Occupational Therapist:**

|  |  |
| --- | --- |
| **Print name:** |       |
| **Signature:** |       |
| **Organisation:** |       |
| **Date:** |       |

**Carer Copy.**