

Assistive Technology Lending Library Guidance  
Appendix 6 - Equipment Request Form

Please complete this form to request equipment. Fields marked with \* are required.

1. Requester Details

Full Name: \* \_\_\_\_\_

Role: \* \_\_\_\_\_

Organisation/School: \* \_\_\_\_\_

Contact Number: \* \_\_\_\_\_

Email Address: \* \_\_\_\_\_

2. Equipment Needs

Requested Equipment: \* \_\_\_\_\_

Accessories Required: \_\_\_\_\_

(can be drop down list / multiple choice)

3. Purpose and Setting

Intended Use: \* \_\_\_\_\_

Setting Where Equipment Will Be Used: \* \_\_\_\_\_

4. Accessibility and Safeguarding Considerations

Please describe any relevant accessibility needs or safeguarding considerations:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_