



My client/patient resides at home or in the community i.e. he/she is not an inpatient (in hospital or a rehabilitation facility) **YES** **NO**

My client/patient and his/her spouse or significant other (if applicable) has joined as a Friend of AphasiaNZ **YES** **NO**

I understand that there may be a waitlist for an iPad loan, and that an iPad may not be immediately available **YES** **NO**

My client/patient is wanting to borrow an AphasiaNZ iPad because they do not have their own device **YES** **NO**

My client/patient is wanting an AphasiaNZ iPad for therapy practice, and/or self-directed and/or supervised learning (not as an AAC device) **YES** **NO**

I will explain the following to my client/patient:

- *The iPad is to be returned to AphasiaNZ by the date stated in the loaning agreement,*
 - *That if damaged, stolen or lost then the cost of repair or replacement will need to be paid to AphasiaNZ,*
 - *The iPad is to be returned to AphasiaNZ as a tracked parcel or by courier, and packaged well.*
- YES** **NO**

If you have answered YES to all of the above, we can proceed with an iPad loan. See the loaning process flowchart on page 2.

iPad Loaning: Person with aphasia receiving SLT

