**WA ETS Kit Request**

**Requestor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location where kit will be stored:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor Level:**  Assistant Senior Educator

**Kit required:**  Mini-Kit A Mini-Kit B Standard Kit

Specialist Kit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required from:** \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

**Required to:**  \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

**Kit will be:**  Pick up/Drop off (warehouse) Via courier (WACHS)

1. This ETS Kit remains the property of the Disaster Preparedness and Management Unit (DPMU)
2. Custodians (and their parent organisations) are responsible for:
	* Regular audit of the ETS Kit on loan.
	* Repair and maintenance of ETS kit on loan.
	* Replacement of lost items from the ETS kit on loan. Note: Lost items may be procured directly from the WA ETS Official Supplier: Lane Design & Illustration, Email: AUS/NZ ETS PRODUCTION (ets@lanedesign.com.au); Phone: **0418 881 116.**
	* Return of the ETS kit to DPMU by the due date.
3. DPMU may require custodians to conduct an audit of the ETS Kits on a regular, or as required basis, and may, with due cause, terminate any Loan Agreement at any time.
4. A failure by the custodian to comply with the responsibilities detailed in this policy may result in the early termination of the loan agreement and issue of an invoice to the parent organisation to cover the cost of repairing or replacing lost or damaged items plus an administrative fee.

I agree to the above to the above terms and conditions

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please submit to* *DPMUTraining@health.wa.gov.au*