



Service Head/Hospital Representative Declaration Form

In order for the equipment submission application to be approved Humpty requires approval from the Service Head / Hospital Representative with a signature and date from each hospital. Please provide below.

I certify that the application for (name of equipment)
submitted to Humpty Dumpty Foundation on (date)
for the (Hospital) is accurate and correct.

Requestors Name:

Signature: Date:

Service Head/Hospital Representative Declaration

- 1) I support the application for this donation of medical equipment
- 2) I confirm that this donation is necessary for exclusive use in Children's Services
- 3) The requested donation is consistent with the clinical policy of this Service
- 4) Biomedical engineering or the equivalent equipment maintenance service has approved this application
- 5) I understand that ongoing costs for this donation including training, insurance, warranty, maintenance & consumables are the responsibility of the Hospital receiving the donation
- 6) I understand that this donation, if approved, will be purchased by Humpty and donated to the Hospital
- 7) I agree to the Humpty Dumpty Foundation using the Hospital or Service's name for promotional purposes
- 8) Other potential sources of funding, particularly the Area Health Service, have already been approached & have declined
- 9) The Humpty Dumpty Foundation expects that items placed on our final Wish List for our donors to purchase will not appear simultaneously on any other wish list at the time of our events. After each event you will be notified of your equipment status. If your equipment has not been sold it will remain on our wish list. Please advise HDF if you no longer require the item for a 12 month period only from receipt date of application to appear on our Humpty Wish List.

Department Service / Head Name:

Signature: Date: