**Cambridgeshire and** **Peterborough Community**

**short-term loan equipment**

**To request loan of the equipment** please speak with your therapist or complete the form below and send via email to;

For children known to therapy services (CPFT) in Peterborough - [cpm-tr.childrensotcpft@nhs.net](mailto:cpm-tr.childrensotcpft@nhs.net)

For children known to therapy services (PCC) in Peterborough - [adminhsdm@peterborough.gov.uk](mailto:adminhsdm@peterborough.gov.uk)

For children known to therapy services (CCS) in Cambridgeshire - [CCS-TR.therapyreferrals@nhs.net](mailto:CCS-TR.therapyreferrals@nhs.net)

\*If known, please indicate your child/young person’s therapist.

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| --- | --- | --- | --- | --- |
| This equipment is appropriately maintained. You are responsible to provide your own risk assessment. | | | | |
| Child’s name | Child’s date of birth: | Child’s address: | Parental responsibility: | Contact telephone number |
|  |  |  |  |  |
| Item(s) requested: | | | | |
| Please give as much notice as possible and ideally 6 weeks.  When do you want to loan period to start?  **First choice of dates**:  From:  To:  **Second choice of dates**:  From:  To: | | | | |

**Delivery and Collection:** This will be through our equipment loan store, NRS Healthcare.