

# Medical Equipment Application Form



*children's heart*  
FEDERATION

Hospital or Centre: .....

Name of Health Professional: .....

Job title or Position: .....

Telephone Number: .....

Address: .....

.....

Postcode: ..... Email: .....

Name of Child: .....

Gender: Male  Female

Child's Date of Birth:   /   /

Heart Condition: .....

Name of Parent(s) or Carer(s): .....

Telephone Number: ..... Mobile Number: .....

Address: .....

.....

Postcode: ..... Email: .....

Please explain briefly why the INR machine is needed: .....

.....

.....

## Professional commitment:

- I confirm that the child mentioned above has a heart condition and is suitable for this programme. I will ensure that the child's parent/carer is trained to use the INR machine and receives regular follow up training or support sessions.
- I will let CHF know as soon as we have received the INR machine and confirm the name of the child the machine is given to.
- I will report any misuse or problems with the INR machine to Children's Heart Federation.

Signed: ..... Print Name: ..... Date: .....

**Criteria for applying:**

The Children’s Heart Federation (CHF) considers applications for INR machines for children and young people with congenital heart disease up to the age of 19 and young adults in full-time education or with learning difficulties up to the age of 25.

**Can you help?**

The INR Service costs us approximately £50,000 per annum to run. We are entirely reliant on voluntary donations to provide this service. We would be very grateful if you were able to make a donation. Thank you.

Children’s Heart Federation are always looking for feedback or photographs to help support our funding applications. If you would like to tell us your INR story please get in touch at [www.chfed.org.uk/contact](http://www.chfed.org.uk/contact).

**Parent/Carer Commitment:**

- I will look after the machine and return it to CHF if we no longer need it.
- I confirm that my Child’s GP does not offer an INR service (and therefore we have a real need for an INR machine, that otherwise we would not be able to obtain it).
- I will be responsible for the maintenance of the machine and will contact Roche directly, if I have any issues with it. You can call Roche’s CoaguChek Careline free on: 0808 100 7666 ([www.coaguchek.com/uk](http://www.coaguchek.com/uk)).
- I will not use the machine without first receiving the appropriate training.
- I **do not** wish to be kept up to date with the latest news and developments at the Children’s Heart Federation.

Signed: ..... Print Name: .....

Date: .....

**Please return to:**

INR APPLICATIONS  
CHILDREN’S HEART FEDERATION  
2-4 Great Eastern Street  
London, EC2A 3NW  
Tel: 020 7422 0630  
Fax: 020 7247 2087  
Email: [info@chfed.org.uk](mailto:info@chfed.org.uk)

**Office Use Only**

Application Received: .....

Correspondence Sent: .....

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.....

.....

Machine Sent: .....

Database Record No. ....

Privacy Policy: At the Children’s Heart Federation information is fairly and lawfully processed. It is processed for limited purposes, is adequate, relevant and not excessive, accurate and up to date. It is not kept for longer than necessary, it is processed in line with your rights (i.e. the right to find out what personal information is held on computer and most paper records about oneself), secure and is not transferred to third parties without your permission.