**CONFIRMATION OF GAP (OUT OF POCKET EXPENSE) FORM**

 DD/MM/YYYY

***For:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (consumer name)

***Of:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (consumer address)

***Re:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (item/garment description)

***Gap Amount:* $**

**SWEP ID:** **Application Number:**

**CLIENT CONTRIBUTION**

I, **«Client\_Given\_Name» «Client\_Surname»,** of the above address, acknowledge that by signing the below I have agreed to pay a non-refundable amount, directly to the supplier, of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_towards the supply of the above item.

I will inform SWEP of any change in my residential address within 14 days of such change.

I will refrain from making inappropriate use of, or modification to, items supplied unless authorisation is received from SWEP prior to modifying the aid or equipment.

Signed ……………………………………………………………………………………………. Date ………………………………….

**THIRD PARTY CONTRIBUTION**

***TO BE COMPLETED BY THE AGENCY PROVIDING OR APPROVING FUNDING FROM CLIENT’S FUNDS***

**I**……………………..……………………………………………………………………………………………….………..…………. ***(Full Name)***

**Position**………………………………………………..………………………………………………………….…….……………………………..

**From...**……………………………………………………………………………………………………..….……………… ***(Agency Name)***

**Address**...………………………………………………………………………..……..…………………**Post Code**…………..……

**Telephone (Bus. Hrs.)**.……………………………………  **Email** …………..….…………………….…………………………………………

confirm that this agency will be responsible for / pay on behalf of / pay from the clients funds to the extent legally authorised to do so *(cross out whichever is not applicable)* a non-refundable amount, payable directly to the supplier, of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the aid mentioned above.

Signed …………………………………………………………………………………… Date ………………………………………….

Please complete the Confirmation of Gap Form as soon as possible to avoid any delays in ordering your item(s). You can send the Gap Confirmation Form back to SWEP using the replied paid envelope provided or email sweplcgp@gh.org.au