**Furniture Request Form (Agency Use Only)**

* We deliver on Wednesday between 9:00am-12:00pm to homes to the suburbs listed in the footer\*
* The Support worker should have visited the home to confirm access and that the goods are needed
* We aim to fill requests in the order received; providing those items in stock at that time of delivery.This will finalise the request. i.e. repeat deliveries cannot be made
* We will deliver to the ground floor or to a floor with lift – our volunteers are not permitted to carry goods upstairs
* PCI takes no responsibility for the condition, safety, or operability of any furniture or whitegoods.
* Refurbished mattresses and bed bases, delivered at cost, **must be paid for**. Invoice will be emailed to the Agency.

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| Date of This Request: |   |

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| **Support Worker Contact Information** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name: |   | Last Name: |  |
| Mobile Phone: |   | Office Phone:  |  |
| Email Address: |   |
| Agency Name: |   |
| Agency Address: |   |
| Suburb: |   | Postcode |   |

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| **Client’s details and delivery address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name: |  | Last Name: |  |
| Mobile Phone: |  | Office Phone:  |  |
| Email address: |  |
| Delivery address Line1: |  |
| Delivery address Line 2: |  |
| Suburb: |  | Postcode |   |

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| By submitting this form, the Support Worker and their Client accept the conditions of service above. The availability of all items varies and depends on donations received. Requests are filled in order received |
| **Item** |  **Ask**  | **Load** | **Item** |  **Ask**  | **Load** | **Item**  |  **Ask**  | **Load** |
| **Lounge** 2 seats |  |  | **Bedside table** |  |  | Kitchen Pack |  |  |
| **Lounge** 3 seats  |  |  | **Drawers** Small |  |  | Kettle |  |  |
| **Arm chair** |  |  | **Drawers** Medium |  |  | Toaster |  |  |
| **Dining table** Small (2) |  |  | **Drawers** Large |  |  | ***Limited Availability Items***  |
| **Dining table** Medium (4) |  |  | ***Mattress Only*** |  |  |  Washing machine |  |  |
| **Dining table** Large ( 5+) |  |  |  Single $112.20 |  |  |  Fridge/Freezer |  |  |
| **Dining Chairs –** how many? |  |  | Double $122.00 |  |  |  TV |  |  |
| **Shelves** Medium |  |  |  Queen $143.00 |  |  |  Microwave |  |  |
| **Shelves** Large |  |  | ***Bed Base Only*** |  |  |  Vacuum Cleaner |  |  |
| **Coffee Table** Medium |  |  |  Single $106.70 |  |  |  Fan |  |  |
| **Coffee Table** Large |  |  |  Double $122.00 |  |  |  Heater |  |  |
| **TV stand** |  |  |  Queen $143.00 |  |  |  Lamps |  |  |
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| Send invoice for beds to this email address (e.g. Accounts Payable): |  |

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| **DELIVERY & ACCESS: Please, you MUST provide the information requested below:** |  **Y**  |  **N**  |
| Are there **STAIRS** to the entrance of the home? |  |   |
|  Is there a **LIFT** to the home?  |  |  |
| **Stairs but no lift = Y?** You must confirm the arrangements you and your client have made to move the furniture up the stairs. Our volunteers are not permitted to carry items up-stairs.  |
| Please tell us about any **special delivery instructions**; advice on **street parking** or loading bay access; any **other issues** or special requests. |

***email completed form to*** **ops@pyrmontcares.org.au**