Request to Borrow Asset

Staff Nam	ne: Date:
Asset Number	
Short Des	cription
Asset Usual Location:	
Location	where asset will be kept (address):
Commen	ts on equipment
Date of Borrowing:	
Period of Loan:	
Reason for Loan:	
Borrower's Agreement	
• By	r signing this agreement, I acknowledge the equipment I am borrowing is the property of College.
	prrowed equipment is to be kept in a locked secure place out of open sight when not in se.
-	may seek reimbursement or compensation from a user for all or art of any costs where the user has causedto incur costs due to egligence or loss of the device.
Sc Cc	I Government schools are eligible for cover under the School Equipment Coverage cheme. The SECS applies to all equipment as defined in Section 6 in the School Equipment overage Scheme Guidelines 2017.docx
er	tps://edugate.eduweb.vic.gov.au/edrms/keyprocess/FS/Finpolcorp/Insurance/School%20Equipm ht%20Coverage%20Scheme%20Guidelines%202017.docx?Web=1 he Department retains the ultimate discretion in approving claims under the SECS
pr ca	ogram taking into account all circumstances surrounding the loss. The test of reasonable re will be stringently applied when assessing claims. The SECS covers the equipment: • while on school grounds
	 outside school premises anywhere in Australia, provided the equipment is used for educational purposes and the principal's and/or school council's permission is obtained and details recorded in a borrower's register. It does not cover equipment when taken overseas.
	icknowledge that the equipment when off the school grounds is my responsibility whilst my possession.

• I agree to abide by the conditions of the DET Acceptable Use Policy – Information and

Communications Technology Resources https://www.education.vic.gov.au/hrweb/Documents/ICT-acceptable-use-policy.pdf

I agree to return the said equipment in the same condition it was in upon the time of borrowing.
I understand and agree to comply with the terms of the borrowers agreement
Staff Name:
Staff Signature:
Principal/Principal Delegate Name:
Principal/Principal Delegate Signature:
Date Approved: