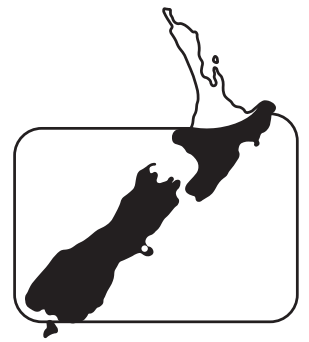


Hearing Aid Repairs and the Supply of Batteries

Van Asch Deaf Education Centre supplies batteries, accessories and equipment service for students in the central and southern regions of New Zealand. Students must be enrolled in an educational setting and under 21 years of age.



Obtaining Batteries and Accessories



To obtain batteries and accessories the students or families can access the VADEC technical department by:

1. Phone: 03 326 6009
2. Fax: 03 326 5346
3. Email: info@vanasch.school.nz
4. Write to us at: Information
van Asch Deaf Education Centre
Truro St
Sumner
Christchurch 8081
5. Contacting their area adviser on deaf children
6. Contacting their local audiology clinic

A number of audiology clinics hold supplies of batteries on our behalf or will offer to contact us on behalf of the student/ family should any supplies be needed.

The minimum information we require in order to supply students and undertake repairs is:

- The student's first and last name
- Date of birth
- Home address
- Audiology Clinic

Repairs to Hearing Equipment



If equipment requires repair we recommend the repair be sent in to us by the fastest possible means. Depending on the student's location and access to support, this may be via the audiology clinic, the AODC or sent directly to our above address by the Parent/Caregiver. Please include the minimum information listed above and include a return address for the repair if it is other than the home address and a brief description of the fault.

For repair of FM equipment it is essential to **send all components**, i.e., transmitter, receivers, charger, adaptors, microphone and DAI shoes. Please package the equipment well. These devices are fragile and expensive to replace. Repair and battery supply forms are available from VADEC on request.

van Asch Deaf Education Centre 38 Truro Street, Sumner Christchurch 8081	Ph/TTY (03) 326 6009 Fax (03) 326 5346 email: info@vanasch.school.nz
Hearing Aid Repair Request (Please fill in ALL details)	
Date: <u>17/4/11</u>	Sender's Name: <u>Kim Jones</u>
Hearing Aid Wearer's Name <u>John Smith D.O.B.</u>	
IMPORTANT - Please indicate if the student has been diagnosed with APD (Auditory Processing Disorder) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address: SMITH JOHN C/- POST SHOP STATE HW 1 PH 7891234 -AUDIOLOGY, M GP: HEALTHCARE CENTRE DR	4Y 13/04/2002 M OPD HAS
Audiology Clinic: <u>Hawkes Bay Hospital</u>	
Address where Hearing Aid is to be returned: <u>Hawkes Bay Hospital</u> <u>Private Bag 9014</u> <u>Hastings</u>	
Make <u>Phonak</u> Model <u>Valeo 211</u> Serial No <u>046H22267</u>	Serial No _____
Make <u>Phonak</u> Model <u>Valeo 211</u> Serial No <u>046H22265</u>	Serial No _____
Make _____ Model _____	Serial No _____
Make _____ Model _____	Serial No _____
FAULT (Please describe problem in full) Ⓛ Still working & insertion gain reasonable though slightly down ▽. Please check and if OK reshell <u>both</u> in Red. If prob w̄ HA please let me know! Kim	