

## Specialist Equipment Library – Item Request Form

The Inclusion Support Programme (ISP) provides assistance to early childhood and child care (ECCC) services to address barriers to inclusion. This assistance may include access to the Specialist Equipment Library which is managed by the Inclusion Agency (IA) in each jurisdiction. This request is subject to approval in line with the ISP Guidelines and the suitability and availability of requested equipment.

ECCC services are responsible for returning this form, along with relevant supporting documentation, to:

Email – inclusion@gowriesa.org.au or nimat@gowriesa.org.au | Fax – (08) 8125 6644

SERVICE DETAILS			
Service name			
SIP ID			
Delivery address			
Suburb		Postcode	
Contact person			
Position			
Phone		Mobile	
Email			
Service type	<input type="checkbox"/> Long Day Care	<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Vacation Care
	<input type="checkbox"/> Outside School Hours Care	<input type="checkbox"/> Occasional Care	<input type="checkbox"/> Mobile Services
	<input type="checkbox"/> Budget Based Funded (BBF) Service		
	<input type="checkbox"/> Other (please provide details)		

EQUIPMENT REQUEST DETAILS			
Child's first name		Child's surname	
Date of birth			
Identification Method	Identified through SIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended by therapist
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment required (Specifications of equipment required including any specific measurements for fitting to the child)	<p><b><u>(Please note that if the exact model of equipment requested is not available the SEL will contact the ECCC service to discuss suitable alternatives)</u></b></p>		

<b>Equipment ID No (if known)</b>	
<b>Relevant information to support the request</b>	

<b>THERAPIST DETAILS (IF REQUIRED)</b>			
<b>Therapist name</b>			
<b>Occupation</b>			
<b>Qualifications</b>			
<b>Organisation</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>		<b>Signature</b>	

<b>INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS</b>			
<b>Name of IA</b>			
<b>Name of IP</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>	<a href="mailto:nimat@gowriesa.org.au">nimat@gowriesa.org.au</a> <span style="color: red;">(EMAIL COMPLETED FORM TO THIS EMAIL ADDRESS)</span>		
<b>If recommended by a therapist, has the IA endorsed the Specialist Equipment request?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SERVICE REQUEST AUTHORISATION</b>			
<b>Name of service representative authorising request</b>			
<b>Signature</b>		<b>Date</b>	

<b>PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD</b>			
<b>Parent/guardian name</b>		<b>Signature</b>	
<b>Date signed</b>			