Gowrie
South Australia

The Inclusion Support Programme is funded by the Australian Government Department of Education and Training.

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	☐ Long Day Care	☐ Family Day Care	☐ Vacation Care
	☐ Outside School Hours Care	☐ Occasional Care	☐ Mobile Services
	☐ Budget Based Funded (BBF) Service		
	☐ Other (please provide details)		

EQUIPMENT REQUEST DETAILS				
Child's first name		**Child's surname**		
Date of birth				
Identification Method	**Identified through SIP**	☐ Yes ☐ No	**Recommended by therapist**	☐ Yes ☐ No
Equipment required **(Specifications of equipment required including any specific measurements for fitting to the child)**				

Equipment ID No *(if known)*	
Relevant information to support the request	

THERAPIST DETAILS (IF REQUIRED)			
Therapist name			
Occupation			
Qualifications			
Organisation			
Phone		**Fax**	
Email		**Signature**	

INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS			
Name of IA			
Name of IP			
Phone		**Fax**	
Email			
If recommended by a therapist, has the IA endorsed the Specialist Equipment request?			☐ Yes ☐ No

SERVICE REQUEST AUTHORISATION			
Name of service representative authorising request			
Signature		**Date**	

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