

Inclusion Support Programme (ISP) Specialist Equipment Library – Item Request Form

The Inclusion Support Programme (ISP) provides assistance to Early Childhood Education and Care (ECEC) 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.

Note that services requesting Specialist Equipment will also be required to complete a Strategic Inclusion Plan (SIP).

ECEC services are responsible for returning this form, along with relevant supporting documentation, to inclusion@gowriesa.org.au or nimat@gowriesa.org.au or fax: (08) 8125 6644

SERVICE DETAILS

Service Name: _____

SIP ID: _____

Delivery Address: _____

Suburb: _____ Post Code: _____

Contact Person: _____

Position: _____

Phone: _____ Mobile: _____

Email: _____

SERVICE TYPE

Long Day Care Family Day Care Occasional Care Mobile Services

Before School Care After School Care Vacation Care

EQUIPMENT REQUEST DETAILS

Child's First Name: _____ Child's Surname: _____

Date of Birth: _____

Identification Method:

Identified through SIP: Yes No Identified by Therapist: Yes No

Equipment Required: (Specifications of equipment required including any specific measurements for fitting to the child)

*Please note that if the exact model of equipment requested is not available the SEL will contact the ECEC service to discuss suitable alternatives.

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Equipment ID no (*if known*): _____

Relevant info to support request: _____

THERAPIST DETAILS (IF REQUIRED)

Therapist Name: _____

Occupation: _____

Qualifications: _____

Organisation: _____

Phone: _____ Fax: _____

Email: _____ Signed: _____

INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL'S (IP) DETAILS

Name of IA: _____

Name of IP: _____

Phone: _____ Fax: _____

Email: _____ (Email completed form to this address)

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: _____

Please return all page by email to:
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