

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

The Inclusion Support Programme (ISP) provides assistance to Early Learning and Child Care (ELCC) 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).

ECCC services are responsible for returning this form, along with relevant supporting documentation, to [inclusion@gowriesa.org.au](mailto:inclusion@gowriesa.org.au) or [nimat@gowriesa.org.au](mailto: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)

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

## **Inclusion Support Programme (ISP)**

### **Specialist Equipment Library – Item Request Form**

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:  
[inclusion@gowriesa.org.au](mailto:inclusion@gowriesa.org.au) or [nimat@gowriesa.org.au](mailto:nimat@gowriesa.org.au)  
or fax: (08) 8125 6644