



## Attachment A Specialist Equipment Notification of Receipt

\* This form **MUST** be completed, signed, and returned to Inclusion Agency (IA) via email [inclusion@gowrie-tas.com.au](mailto:inclusion@gowrie-tas.com.au) on receipt of equipment.

Early Childhood Education and Care Service Name:

Address:

Contact Number:

Type of equipment on loan:

Equipment code number:

Date loan commenced:

Please indicate when the following tasks have been completed:

Task Completed	Date	Accountable Person/s
Equipment Delivered to service		
Therapist contacted and attends centre		Name of therapist:
Therapist checks and fits/adjusts equipment to meet child's needs		Name of therapist:
Educators <ul style="list-style-type: none"> <li>• familiarised with equipment</li> <li>• instructed on safe and correct use</li> <li>• instructed on how to move child</li> </ul>		Names of educators instructed:

Directors Name:

Signature:

Therapist's Name:

Signature:

Date completed form emailed to IA:

Email: [inclusion@gowrie-tas.com.au](mailto:inclusion@gowrie-tas.com.au)

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