

Specialist Equipment Library – Item Request Form

The Inclusion Support Program (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.

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

 ${\bf Email-\underline{inclusion@gowrie\text{-}tas.com.au}}$

SERVICE DETAILS						
Service name						
SIP ID						
Delivery address					T	
Suburb					Postcod	e
Contact person						
Position					T	
Phone	Mobile					
Email					T	
	Long Day Care		Family Day Care		☐ Vacation Care	
Service type	Outside School Hours Care		Other (please provide details):			
EQUIPMENT REQUEST I	DETAILS					
Child's first name	Child's surname					
Date of birth						
Identification Method	Identified through SIP	□Y	'es 🗌 No	Professi recomm	-	☐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)					
Equipment ID No (if known):						

The Inclusion Support Program is funded by the Australian Government Department of Education.

Relevant information to support the request						
RELEVANT PROFESSIONAL'S DETAILS (IF REQUIRED)						
Professional's name						
Occupation						
Qualifications						
Organisation						
Phone		Fax				
Email						
INCLUSION AGENCY (IA) AND INCLUSION SPECIALIST (IP) DETAILS						
Name of IA:	Inclusion Agency Tasmania					
Name of IP:						
Phone	6230 6840					
Email	inclusion@gowrie-tas.com.au					
If professionally recommended, has the IA endorsed the Specialist Equipment request?						
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SERVICE REQUEST AUTHORISATION						
Name of service representative authorising request	Felicity					
Signature		Date				
DADENT/CHARDIAN CONSENT FOR SERVICE TO RECUEST SOCIALIST FOR USE TO THE						
PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD						
Parent/guardian name		Signature				
Date signed						

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