

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:

Email – inclusion@gowrie-tas.com.au

SERVICE DETAILS			
Service name			
SIP ID			
Delivery address			
Suburb		Postcode	
Contact person			
Position			
Phone		Mobile	
Email			
Service type	<input type="checkbox"/> Long Day Care	<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Vacation Care
	<input type="checkbox"/> Outside School Hours Care	<input type="checkbox"/> Other (please provide details):	

EQUIPMENT REQUEST DETAILS			
Child's first name		Child's surname	
Date of birth			
Identification Method	Identified through SIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professionally recommended <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment required (Specifications of equipment required including any specific measurements for fitting to the child)	<p>(Please note that if the exact model of equipment requested is not available the SEL will contact the ECEC service to discuss suitable alternatives)</p>		
Equipment ID No (if known):			

Relevant information to support the request	
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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			
Email	inclusion@gowrie-tas.com.au		
If professionally recommended, has the IA endorsed the Specialist Equipment request?	<input type="checkbox"/> Yes <input type="checkbox"/> 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			