

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 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"> • familiarised with equipment • instructed on safe and correct use • instructed on how to move child 		Names of educators instructed:

Director's Name:

Signature:

Therapist's Name:

Signature:

Date completed form emailed to IA:

Email: inclusion@gowrie-tas.com.au

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