ECA SPECIALIST EQUIPMENT LIBRARY – REQUEST FOR SERVICE FORM

SECTION 1: PARTICIPANT INFORMATION			
Participant's full name:		Date of birth:	
Contact numbers:	H: M:	Gender:	☐ M ☐ F ☐ Other
Does the participant identify as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Neither		
Cultural background:			
Language/s spoken at home:		Interpreter required:	☐ Yes ☐ No
Under the care of:	☐ Territory Families ☐ Public Guardian ☐ Other _____		
Parent/guardian name:		Phone:	
Email:			
Diagnosis/disability: (please attach supporting documentation)			
Current supports/services: (e.g. Occupational Therapy, Speech Pathology, Physiotherapy, if applicable)			
Communication status:	☐ Verbal ☐ Non-verbal ☐ Auslan/Key Word Sign ☐ AAC e.g. PODD, eyegaze, switches		
Comments: _____			

SECTION 2: SERVICE DETAILS			
Service name:			
SIP ID:			
Delivery address:			
Suburb:		Postcode:	
Contact person:			
Position:			
Phone:		Mobile:	
Email:			
Service type:	☐ Centre-based ☐ Family Day Care ☐ OSHC		

SECTION 3: EQUIPMENT REQUEST DETAILS

Equipment required: (if known) Include any specific measurements for fitting to the child.
Reason for referral: (e.g. equipment needs)

Identification method:	Identified through SIP: ☐ Yes ☐ No	Professionally recommended: ☐ Yes ☐ No
If professionally recommended, has the IA endorsed the Specialist Equipment request?	☐ Yes ☐ No	

SECTION 4: INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS

Name of IA:	Early Childhood Australia		
Name of IP:		Phone:	8986 7142
Email:		Mobile:	

SECTION 5: INCLUSION AGENCY (IA) AND SEL COORDINATOR DETAILS

Name of IA:	Early Childhood Australia		
Name of SEL Coordinator:		Phone:	8986 7142
Email:	sel@ecant.org.au	Mobile:	

SECTION 6: CONSENT AND AUTHORISATION

SERVICE REQUEST AUTHORISATION			
Name of service representative authorising request:			
Signature:		Date signed:	
INCLUSION PROFESSIONAL REQUEST AUTHORISATION			
Name of IP authorising request:			
Signature:		Date signed:	
PARENT/GUARDIAN CONSENT FOR SERVICE			
Do you consent to this request for specialist equipment for use by your child?		☐ Yes, I consent	☐ No
Parent/guardian name:			
Signature:		Date signed:	

Please send the completed referral form to intake@carpentaria.org.au
For additional enquiries regarding this referral, please phone the Intake Officer on 8920 9400.

Completing this form is not a guarantee that the service can be provided. Carpentaria requires completion of a service agreement for all services provided.