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*The Inclusion Support Programme is funded by the Australian Government   
Department of Education and Training.*

**Specialist Equipment Library – Item Request Form**

The Inclusion Support Programme (ISP) provides assistance to early childhood and child care (ECCC) 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.

ECCC services are responsible for returning this form, along with relevant supporting documentation, to their Inclusion Professional at Early Childhood Australia NT Branch.

**Please email:** [ecant@earlychildhood.org.au](mailto:ecant@earlychildhood.org.au). **Phone:** 08 8986 7142 or Free Call: 1800 959 995.

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

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| **EQUIPMENT REQUEST DETAILS** | | | | | | |
| **Child’s first name** |  | | **Child’s surname** | |  | |
| **Date of birth** |  | | | | | |
| **Identification Method** | **Identified through SIP** | Yes  No | | **Professionally recommended** | | 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 ECCC service to discuss suitable alternatives)** | | | | | |
| **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** |  | | |

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| **INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS** | | | | |
| **Name of IA:** | Early Childhood Australia | | | |
| **Name of IP:** |  | | | |
| **Phone** | 8986 7142 & | **Fax** | | N/A |
| **Email** | (EMAIL COMPLETED FORM TO THIS EMAIL ADDRESS) | | | |
| **If professionally recommended, has the IA endorsed the Specialist Equipment request?** | | | Yes  No | |

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| **INCLUSION AGENCY (IA) AND SEL COORDINATOR DETAILS** | | | | |
| **Name of IA:** | Early Childhood Australia | | | |
| **Name of SEL Coordinator:** | Alexandra Kastellorizios | | | |
| **Phone** | 8986 7142 & 0477006563 | **Fax** | | N/A |
| **Email** | [SEL@ecant.org.au](mailto:SEL@ecant.org.au) & [alex.kastellorizios@ecant.org.au](mailto:alex.kastellorizios@ecant.org.au) (EMAIL COMPLETED FORM TO EMAIL ADDRESSES ABOVE) | | | |
| **If professionally recommended, has the IA endorsed the Specialist Equipment request?** | | | Yes  No | |

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| **SERVICE REQUEST AUTHORISATION** | | | |
| **Name of service representative authorising request** |  | | |
| **Signature** |  | **Date** |  |

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| **PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD** | | | |
| **Parent/guardian name** |  | **Signature** |  |
| **Date signed** |  | | |

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| **PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD** | | | |
| **Parent/guardian name** |  | **Signature** |  |
| **Date signed** |  | | |

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