**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:

Email – specialistequipment@yooralla.com.au

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| **SERVICE DETAILS** |
| **Service name** |       |
| **SIP ID** |       |
| **Delivery address** |       |
| **Suburb** |       | **Postcode** |       |
| **Contact person** |       |
| **Position** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Service type** | [ ]  Long Day Care | [ ]  Family Day Care | [ ]  Vacation Care |
| [ ]  Outside School Hours Care  | [ ]  Occasional Care | [ ]  Mobile Services  |
| [ ]  Budget Based Funded (BBF) Service | [ ]  Other (please provide details):       |

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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)** |       |
| **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 SPECIALIST (IP) DETAILS** |
| **Name of IA:** | Victorian Inclusion Agency |
| **Name of IP:** |       |
| **Phone** |       | **Fax** |       |
| **Email** |       |
| **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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