

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.

1800 119 247

ECEC services are responsible for returning this form, along with relevant supporting documentation, to:
info@wainclusionagency.org.au

SERVICE DETAILS			
Service Name:			
SIP ID:			
Delivery Address:			
Suburb:		Postcode:	
Contact Person:			
Position:			
Phone:		Mobile:	
Email:			
Service Type:	<input type="checkbox"/> Centre Based Day Care (CBDC)	<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Outside School Hours Care

EQUIPMENT REQUEST DETAILS			
Child's First Name:		Child's Surname	
Date of Birth:			
Identification Method	<input type="checkbox"/> Identified through SIP	<input type="checkbox"/> Professionally recommended	
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:			

The Inclusion Support Program is funded by the Australian Government Department of Education.
 WA Inclusion Agency services are delivered by Communicare in partnership with One Tree and Wanslea.

RELEVANT HEALTH PROFESSIONAL'S DETAILS	
Professional's Name:	
Occupation:	
Qualifications:	
Organisation:	
Phone:	
Email:	

INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS	
Name of IA:	
Name of IP:	
Phone:	
Email:	
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 Director/ Co-ordinator:			
Signature:		Date:	/ /

PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD			
Parent/Guardian Name:		Signature:	
Date Signed:			