WA INCLUSION AGENCY





1800 119 247

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.

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:				Post	code:		
Contact Person:							
Position:							
Phone:				Mobi	ile:		
Email:							
Service Type:		Centre Based Day Care (CBDC)	☐ Family Day C	are		Outside School Hours Care	
EQUIPMENT REQUEST DETAILS							
Child's First Name:			Child's Surnam	е			
Date of Birth:				·			
Identification Method		Identified through SIP	☐ 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.

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Specialist Equipment Library – Item Request Form

RELEVANT HEALTH F	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? No								
			1					
SERVICE REQUEST AUTHORISATION								
Name of service Director/ Co-ordinator:								
Signature:			Date:	1	1			
PARENT/GUARDIAN CONSENT FOR SERVICE TO REQUEST SPECIALIST EQUIPMENT FOR USE BY THEIR CHILD								
Parent/Guardian Name:		Signature:						
Date Signed:			1					

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