

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.

**1800 119 247**

ECCC services are responsible for returning this form, along with relevant supporting documentation, to:  
**WAIA@communicare.org.au**

SERVICE DETAILS			
<b>Service Name:</b>			
<b>SIP ID:</b>			
<b>Delivery Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Contact Person:</b>			
<b>Position:</b>			
<b>Phone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Service Type:</b>	<input type="checkbox"/> Long Day Care	<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Vacation Care
	<input type="checkbox"/> Outside School Hours Care	<input type="checkbox"/> Occasional Care	<input type="checkbox"/> Mobile Services
	<input type="checkbox"/> Budget Based Funded (BBF) Service	<input type="checkbox"/> Other (please provide details):	

EQUIPMENT REQUEST DETAILS		
<b>Child's First Name:</b>		<b>Child's Surname</b>
<b>Date of Birth:</b>		
<b>Identification Method</b>	<input type="checkbox"/> Identified through SIP	<input type="checkbox"/> Professionally recommended
<b>Equipment Required:</b> (Specifications of equipment required including any specific measurements for fitting to the child)		
<b>Equipment ID No:</b> (if known)		
<b>Relevant information to support the request:</b>		

RELEVANT HEALTH PROFESSIONAL'S DETAILS (IF REQUIRED)			
<b>Professional's Name:</b>			
<b>Occupation:</b>			
<b>Qualifications:</b>			
<b>Organisation:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

INCLUSION AGENCY (IA) AND INCLUSION PROFESSIONAL (IP) DETAILS			
<b>Name of IA:</b>			
<b>Name of IP:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>If professionally recommended, has the IA endorsed the Specialist Equipment request?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE REQUEST AUTHORISATION			
<b>Name of service Director/ Co-ordinator:</b>			
<b>Signature:</b>		<b>Date:</b>	

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