

# Request for Access Equipment

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#### **HELP TO COMPLETE THIS FORM**

You should only complete this form if the student:

- has been verified under the Department for Education Disability Support program
- has a relevant Health Care, Transfer & Positioning Plans

When prescribing equipment, health professionals must consider:

- that the equipment supports access and participation in the curriculum,
- generic equipment available in the SERU Equipment catalogue
- the equipment meets the correct size requirements for the student and takes into account future growth to maximise its length of use
- trial and assessment of the requested equipment on site
- site WHS requirements including usage, maintenance and storage
- Equipment for children/students without a physical disability is limited to support their personal care needs and is only available:
  - on a short term loan to enable training
  - if a Continence Care Plan is in place

#### Who contributes information to this form?

The class teacher, learning support team, student, family and allied health professional (Physiotherapist, Occupational Therapist)

### Who can submit this form?

This form is completed as a joint submission between site and allied health professional. Sites submit a request, signed by the Principal with relevant documentation attached.

#### Where is the information drawn from to complete this form?

Student's current Health Care or Transfer and Positioning plan.

Assessment report from allied health professional, taking into account:

- a) main reasons for this submission (including student strengths/needs, functional skills and abilities and details of impairment)
- b) trials undertaken
- c) learning environment and nature of tasks (including description of how access equipment supports student access and participation)

#### What can be requested?

SERU provides equipment for personal care and curriculum access, including specialised seating, toileting and self-care.

Requests for equipment that are essential for the student's inclusion at pre-school/school and not in our catalogue, will be considered on a case by case basis.





1	Preschool A	/ School	Details
_	r i esciloui i	, 3011001	Details

Site						
Contact person			Role			
Contact email			Telephor	ne	Fax	
2 Student Details						
Name			ED ID			
DOB Ye	ear level	Gender	M F			
Disability/ies						
Relevant Plan(s)						
3 Health Professional		Q				
Name		Organi				
Email		Phone				
5 Site Verification						
l, successfully trialed onsite	verify that that the e and that the site will			-	•	
6 Direct Support						
Will the equipment requ	ire fitting/adjustments	s? Yes 🗌 N	o 🗌 🛮 If y	es, provided	by	
7 Checklist						
Relevant Health Care	Plan attached	Transfe	r and Positic	ning plan at	tached	
Successful site trial u		_	atures enter			
REQUEST COMPLETEI	D. Principal signature r al Name	equired prio	r to submiss		Signature	
OFFICE USE ONLY		API	PROVED	☐ NC	OT APPROVED	



## **Health Professional Documentation**

Student hackground information (or mobility and noctural chills, level of independence, current equipment atc
Student background information (eg mobility and postural skills, level of independence, current equipment etc
Equipment requested (incl model, size, accessories, diagrams etc)
Has the requested equipment been trialled on site? Yes No
Trial undertaken with loan equipment from SERU Other (specify)
CONSIDERATIONS Student's needs (eg physical access, personal care etc)
Access and participation in the curriculum
WHS considerations (site usage, storage, maintenance)
Is item requested to replace existing SERU equipment? Yes No
Other equipment trialled Suitability
5 AHP Verification

I, verify that that a trial has been successfully undertaken on site for the requested equipment and that full consideration has been given to the type and specification of equipment requested.

Signature