

Request for Access Equipment

A E S O O 1

Date: _____

Preschool/School: _____

Preschool/School Address: _____

Postcode:

Telephone: _____ Fax: _____ Courier: _____ Email: _____

Principal's/Director's Delegate: _____

(DP, AP, Coordinator, Teacher)

Name of Child/Student: _____ ED ID

Age: DOB: Year Level Level of Support

Gender: NEP Aboriginal/Torres Strait Islander?

Under the Guardianship of the Minister?

Disability/ies: _____

Recommending Health Professional/s: _____

(OT, Physio etc)

Organisation: _____

Accompanying Documentation from: _____

(Essential for all access equipment)

Equipment Requested: (please include details such as model no, size, photograph/drawing, cost, possible supplier)

NOTE: Proformas available for commode chairs, classroom chairs and toileting frames/rails/platforms/steps

Other Relevant Information: _____

Principal/Director

Principal's Delegate

FOR OFFICE USE ONLY

APPROVED

Assistant Manager, SERU

Date

A copy of this and other proformas can be found on the SERU website: web.seru.sa.edu.au

