

Request for Access Equipment

A E S O O 1

Date:

Preschool/School:

Preschool/School Address:

Postcode:

Telephone:

Fax:

Email:

@schools.sa.edu.au

Principal's/Director's Delegate:

(DP, AP, Coordinator, Teacher)

Name of Child/Student:

ED ID

Age:

DOB:

Year Level

Level of Support

Gender: M F

NEP Y N

Aboriginal/Torres Strait Islander? Y N

Under the Guardianship of the Minister? Y N

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)

Other Relevant Information:

Principal/Director/Delegate

FOR OFFICE USE ONLY

APPROVED

Manager, SERU

Date

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

