

# Disability equipment funding program – request form

Child information					
Surname		Given name			
Gender	Male/Female/Self-specified	Date of birth			
School		Grade			
Prescriber information					
Surname		Given name			
Agency		Profession			
Telephone		Email			
Signature		Date	Click here to enter a date.		
Diagnosis of child – to be completed by prescriber					
Functional limitations					
Physical					
Sensory					
Communication					
Cognitive					
Details of equipment requested – list all items the child needs					
Item description	Urgency level	Type of request	Quantity	Cost – attach quotation	Supplier
	Urgent or non-urgent  Urgent is when the absence of equipment will put the child or staff at high medical or safety risk	Trial/New purchase			

Rationale for request – to be completed by prescriber	
Have you discussed the trial or new purchase with the school?	Yes/No
Does this application meet the eligibility criteria as outlined in the Equipment grants guidelines and procedures?	Yes/No
How will this piece of equipment assist the child to participate in learning and school activities?	
Will the equipment be required for a short term of less than 12 months or for long term of more than 12 months? Please consider the impact of the child's growth on the suitability of the equipment requested.	
What training and ongoing support will be provided to the classroom staff regarding equipment use?	
What are the potential risks to the child and staff relating to the use of the equipment? What risk mitigation strategies will be implemented?	
What steps have you undertaken and what factors have you considered to ensure the equipment requested is the most suitable equipment?	
All the items trialled or considered	Yes/No
Child's tolerance	Yes/No
Required support	Yes/No
Potential risks	Yes/No
Arrangement of the physical space to accommodate the equipment	Yes/No
Provide information relevant to trials.	
Other information that may support this application.	

Principal or nominated authority approval			
I have discussed this application with the prescriber and parent and support this request. I am aware that the equipment remains the property of Student Wellbeing and Inclusion Programs; however, the school is responsible for equipment maintenance, servicing and minor repairs whilst the child with the designated equipment is enrolled.			
<b>Surname</b>		<b>Given name</b>	
<b>Telephone</b>		<b>Email</b>	
<b>Signature</b>		<b>Date</b>	Click here to enter a date.
Office use only			
Student Wellbeing and Inclusion Programs and Services	<b>Recommendation</b>	Supported/Not supported	
	<b>Signature</b>		
	<b>Date</b>	Click here to enter a date.	
Assistant Director, Professional Practice and Intake, Access and Participation	<b>Approved</b>	Yes/No	
	<b>Signature</b>		
	<b>Date</b>	Click here to enter a date.	
Application outcome sent to school and prescriber		Click here to enter a date.	

## Further information

Email your completed form to [support.det@education.nt.gov.au](mailto:support.det@education.nt.gov.au)

## Collection notice

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