Procedure flowcharts

These flowcharts reflect the procedures to be undertaken by schools, prescribers and Student Wellbeing and Inclusion Programs and Services (SWIPS) to deliver the Disability Equipment Funding Program.

# Procedure for Prescribers

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| **Receive a request from school or from parent** |
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| **Conduct assessment and investigate equipment in consultation with school and parent** |
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| **Check with SWIPS to determine if the potential equipment is in Department of Education (department) storage** |
|  |  |  |
| **Potential equipment in department storage** |  | **Potential equipment not in department storage** |
|  |  |  |
| **Complete equipment grant request form requesting trial** |  | **Arrange loan of potential equipment to conduct2-to-4-week trial to ensure it meets all functional, environmental, and school needs** |
| **cc** |  |  |
| **Provide training to school staff on equipment use and facilitate a2-to-4-week trial** |  | **Following a successful trial completeDisability equipment funding request form requesting new purchase** |
|  |  |  |
|  |  | **Set up equipment with the child and all relevant school staff to ensure safe implementation** |
|  |  |  |  |  |
| **Successful trial - notify SWIPS** |  | **Unsuccessful trial** |  | **Conduct training on equipment use to all relevant school staff and provide them with instructions** |
|  |  |  |  |  |
| **Review the use of equipment in 6 to 12 months** |

# Procedure for SWIPS

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| **Liaise with prescriber regarding availability of equipment in department storage** |
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| **Potential equipment in department storage** |  | **Potential equipment not indepartment storage** |  |
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| **Liaise with Prescriber to arrange and facilitate a2-to-4-week trial** |  | **Prescriber will source equipment and facilitate a 2-to-4-week trial** |  |  |
|  |
| **Following successful trial, receive and review Disability equipment funding program request form submitted by school** |
|  |  |  |
| **Successful application** |  | **Unsuccessful application** |
|  |  |  |
| **If equipment is from department storage send Equipment Agreement to school** |  |  **If equipment not from department** **storage, send following documents to** **school with cc to:****infrastructure.DET@education.nt.gov.au*** **approval notification**
* **equipment agreement**
* **asset number**
* **FFE acquittal form**
 |  | **Notify Prescriber of the outcome** |
|  |  |  |  |  |
| **Maintain records of allocation of equipment on SSID and TRM** |  |
|  |  |  |
| **Transfer equipment when child is moving to a new school** |  |
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| **Collect equipment when it is no longer required** |  |

# Procedure for schools

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| **Ensure confirmation is received from the National Disability Insurance Agency that the student cannot access equipment through their National Disability Insurance Scheme package** |
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| **Contact a Prescriber to undertake an assessment of the student** |
|  |
| **Collaborate with Prescriber to complete 2-to-4-week trial of equipment** |
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| **Sign and submit Disability equipment funding request form prepared by Prescriber and submit to:** **sesupport.det@education.nt.gov.au** |
|  |  |  |
| **If application approved and equipment comes from department storage, complete Equipment Agreement and send to:** **sesupport.det@education.nt.gov.au** |  | **If application approved and equipment to be purchased:*** **arrange purchase**
* **label equipment with asset number provided by SWIPS**
* **send photos, completed Equipment Agreement, tax invoice and acquittal form to:**

**sesupport.det@education.nt.gov.au** **and****infrastructure.DET@education.nt.gov.au** |
|  |  |  |  |  |
| **Document the use of equipment in the child’s personalised plan** |
|  |
| **Arrange and fund equipment maintenance, servicing and minor repairs whilst in use and keep records** |
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| **Advise SWIPS when equipment is no longer required or the child is moving to a new school** |