

Access & Inclusion Model (AIM) Informed Consent

AIM is a national initiative that will support access to the ECCE programme for children with a disability. AIM will support pre-school settings and parents/guardians/carers in having timely access to advice and tailored supports for pre-school children with a disability and will support the delivery of an inclusive pre-school experience by building capacity across the early years sector. **AIM may where needed bring together relevant professionals working within Better Start Early Years Specialist Service, Health Service Executive/HSE Funded Agencies, Pobal, Department of Children & Youth Affairs, Department of Education & Skills, and National Council for Special Education and City/County Childcare Committees. Please read the AIM Privacy Statement.**

So that your child can get the best possible experience from their ECCE setting, we require your consent to share information regarding your child with the relevant professionals as named above in order to prepare and plan for your child's inclusion in the pre-school setting.

The information collected **will** include:

- Your child's personal information including PPSN, name, address, date of birth and gender
- Parent/Guardian/Carer names and contact details
- Information gathered through the Access & Inclusion Profile and/or Capital Application
- HSE/HSE funded healthcare professional or DES Visiting Teacher AIM Report for the pre-school setting (capital applications)

The information collected **may** include:

- Health Assessment information, Assessment of Need summary report (if any)
- Information gathered through observation of your child in the pre-school setting
- Details of relevant health professionals involved with your child i.e. G.P. / Family Doctor, Occupational Therapist, Speech & Language Therapist, Physiotherapist, Psychologist, Paediatrician, Audiologist, other.

Child's Name (block capitals)	
Pre-school Setting Name (block capitals)	DCYA Reference No.

Consent Part 1

I consent for information on my child to be gathered by the Better Start (Access & Inclusion) Service and Pobal and shared with the relevant professionals under AIM who may be involved in the assessment and subsequent provision of services and equipment for my child. Please sign and date below.

Parent/Legal Guardian/Carer Name (block capitals)	
Relationship to the Child (block capitals)	
Parent/Legal Guardian/Carer Signature	Date

Consent Part 2

I consent for information gathered by health professionals on behalf of the HSE or HSE funded agencies as part of this process to be shared with relevant professionals as mentioned above to allow for the subsequent provision of services and equipment for my child. Please sign and date below:

Parent 1/Legal Guardian/Carer Name (block capitals)	
Relationship to the Child (block capitals)	
Parent 1/Legal Guardian/Carer Signature	Date
Parent 2/Legal Guardian/Carer Name* (block capitals)	
Relationship to the Child* (block capitals)	
Parent 2/Legal Guardian/Carer Signature*	Date

*if a second parent/legal guardian/carers is available to sign

Consent Part 3

I consent to an Early Years Specialist (Access and Inclusion) observing and noting my child's learning experiences within the pre-school setting under AIM for the purpose of identifying necessary additional supports and the development of an Individual Access & Inclusion Plan for my child which will be used by their pre-school setting. Please sign and date below.

Parent/Legal Guardian/Carer Name (block capitals)	
Relationship to the Child (block capitals)	
Parent /Legal Guardian/Carer Signature	Date

Please Note: A Parent/Legal Guardian/Carer may withdraw their consent at any time, please see [Privacy Statement](#)