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ECCE Access and Inclusion Model

Level 5 – Capital

Instruction for completing your application

Before commencing this application process please ensure that you fulfil the following basic eligibility requirements:

1. Be an existing service that is a registered pre-school setting under an active DCYA contract to deliver the ECCE Programme
2. That you are completing this application in conjunction with the child's parent/guardian/carer and that you have their signed informed consent
3. That child qualifies for the ECCE programme i.e. born between 1st January 2012 and the 31st March 2014
4. That child is/will be in the ECCE room availing of the ECCE programme
5. Be tax compliant with an up to date Tax Clearance Certificate or Tax Clearance Access Number (TCAN) and Tax Registration Number (TRN)

Step 1: Informed Consent

- Before you begin completing the application form please read the [AIM Level 5 Capital Guidelines](#). Fully consider with the child's parent/guardian/carer what capital supports are necessary and critical to enable the access and participation of the child in the ECCE programme in your service.
- Seek advice from your local City/County Childcare Committee as required.
- Please read the Privacy Statement and print off a copy of the 'Informed Consent' and ask the parent/guardian/carer to read and sign it.

Step 2: Professional Reports

- From the guidelines, confirm what 'designated' professional reports you will be required to submit with the application.
- Confirm with the parent/guardian/carer that you are both satisfied the report/s meets the eligibility requirements as per the guidelines

Step 3: Quotations

- If applying for alterations, quotations must be sought at application stage in accordance with public procurement procedures as stated in the guidelines. However, only your chosen quote is required to be attached to the application.

- Quotations are not required for equipment (aid & appliances). If approved, the provision of equipment will be directly managed by Pobal

Step 4: Application Completion

Please complete the application form in full.

- The Capital Application may be saved as a draft before submission on PIP. However, once the child's PPSN is entered on the Application it must either be submitted or the PPSN must be removed in order to save the form as a draft. You will only be able to submit the application when all mandatory fields denoted by * are completed.
- Where an ECCE child has already registered on PIP, then the existing Registration or Profile ID number along with the child's full name and date of birth may be used in place of the PPSN when submitting the application on PIP.
- Ensure that all supporting documents, such as reports and quotations are attached within the form where requested. Ensure you scan documents using the lowest resolution, before attaching. Please do not scan professional reports with quotations in to the same document (i.e. keep separate). Full Medical Assessment Reports are not required.

Step 5: Post Submission

- Once you submit your on-line application the form cannot be edited and no additional documents can be attached to this on-line form
- Where we identify that information is missing or needs clarification, we will notify you by email and we will then re-open the on-line form to allow you to make edits or attach missing documents. If you notice an error in your application after it has been submitted, please notify us by emailing aimteam@pobal.ie (do not send sensitive data via email)
- Upon receipt of your on-line application, Pobal will send a 'receipt of submission' via email to both you and the parent/guardian/carer. Pobal will then review and decide on the application. The decision on your application will be communicated to you and the parent/guardian/carer in writing by Pobal.
- Where your application is successful, Pobal will be responsible for completing all contractual processes with you and where applicable issuing payments, managing equipment and subsequent expenditure and compliance/verification requirements.
- Before you begin completing the application form please read the AIM Level 5 Capital Guidelines. Fully consider with the child's parent/guardian/carer what capital supports are necessary and critical to enable the access and participation of the child in the ECCE programme in your service.

Application

ID: kk000123

Status: Submitted

Applicant Details

Pre-school Name	Auto filled by PIP
Pre-school Address	Auto filled by PIP
DCYA Reference	Auto filled by PIP
Applicant Name	Auto filled by PIP
Pre-school Manager's Name	Auto filled by PIP
Pre-school Email	Auto filled by PIP

Before you begin completing the application both parent/guardian/carer and pre-school manager must read the [AIM Level 5 Capital Guidelines](#)

Additionally, the parent/guardian/carer is asked to print off and read the [AIM Informed Consent](#) form. As part of Better Start AIM, parental consent is required to share information regarding their child with relevant professionals in order to prepare and plan for the child's inclusion in the pre-school setting.

I confirm that both the parent/guardian/carer and the pre-school manager have read the guidance document and that the parent/guardian/carer has signed and attached the informed consent form.



I confirm that both the parent/guardian/carer and the pre-school manager have read the AIM Privacy Statement and that the pre-school manager is aware of their obligations under the Data Protection Acts.



Please attach the Signed Informed Consent Declaration

Informed Consent Declaration already submitted with Access & Inclusion Profile



Parent & Child Data

Child Information

First Name	
Last Name	
Date of Birth	
Gender	
PPSN	
Existing Registration/Profile ID	
Child Already Registered	Automated PIP check
Planned Start Date	
Planned Number of Days	

Parent/Guardian/Carer Information

First Name	
Last Name	

Contact Number	
Email	
Address	
Service Request (options)	
PPSN Validation	<i>Will be required where child's details do not pass PPSN Validation</i>
Other	<i>Please use this option to submit additional information where required or requested</i>

Health Supports

	Yes	No	
Has the child had an assessment carried out by a health professional working for, or on behalf of, the HSE?	<input type="checkbox"/>	<input type="checkbox"/>	
Where your child has had an assessment carried out by a health professional working for, or on behalf of, the HSE, please indicate from the list below what health services have been recommended and what health services are currently being provided as a result of the assessment.			
	N/A	Recommended	Provided
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a description of what health other health services have been recommended or provided.			
	Yes	No	
Please indicate if you are awaiting services	<input type="checkbox"/>	<input type="checkbox"/>	

Capital Funding Request

Select type of Proposal <i>(can select more than one option)</i>	
Minor Alterations	
Equipment for children that are blind/visually impaired or deaf/hard of hearing	
Equipment for children with all other types of disability	



Minor Alterations

Select the Type of Alterations Proposed <i>(can select more than one option)</i>	
Access In/Out of the ECCE setting/room	<input type="checkbox"/>
Access to/from play areas	<input type="checkbox"/>
Reconfiguration of toilet/changing areas	<input type="checkbox"/>
Reconfiguration within the ECCE Room to facilitate ease of access and quiet space	<input type="checkbox"/>
Other	<input type="checkbox"/>
If Other, please provide details	
Provide a brief description of the alterations being requested	
	Yes No
Have the proposed alterations been recommended by one of the designated HSE healthcare professionals as per the guidelines?	<input type="checkbox"/> <input type="checkbox"/>
Have the proposed alterations been recommended by an Architect/Engineer?	<input type="checkbox"/> <input type="checkbox"/>
Please attach one or more Professional Reports that verify: a) that the proposed minor alteration works are necessary and are critical to enable the access and participation of the child in the ECCE programme in this pre-school setting b) that the proposed minor alteration works are compliant with the Building (Part M Amendment) Regulations 2010 (if Architect/Engineer)	Attachment/s
	Yes No
Is your organisation registered for VAT?	<input type="checkbox"/> <input type="checkbox"/>
<i>If registered for VAT, you must enter ALL figures below exclusive of VAT</i>	
Please provide a summary breakdown of quoted costs by alteration type as per the application guidelines	
Access In/Out of the ECCE setting/room	€
Access to/from play areas	€
Reconfiguration of toilet/changing areas	€
Reconfiguration within the ECCE room to facilitate ease of access and quiet space	€
Other	€

Total cost of the proposed alterations	€ auto sum
Enter the Total cost of the architect/engineer professional fees (if applicable) (max. of €300 inclusive of VAT)	€
Total cost of the proposed alterations and professional fees	€ auto sum
Enter the amount of the grant requested (maximum of € 7,000.00 inclusive of VAT)	€
Own funds to complete the project	€ auto sum
<p>Please attach at least one valid quote to support the amount of grant requested.</p> <p><i>NOTE: For a quote to be considered valid it must contain the following information:</i></p> <ul style="list-style-type: none"> • Be dated within 3 months of application • Be on headed paper • Include a VAT Number • Clearly itemised • Where more than one quote is attached, they must be from separate providers. 	Attachment/s

Equipment

Provide a brief description of the Equipment being requested	
Has the equipment been recommended by a DES Visiting Teacher?	<input type="checkbox"/> <input type="checkbox"/>
Has the equipment been recommended by one of the designated HSE healthcare professionals as per the guidelines?	<input type="checkbox"/> Attachment/s <input type="checkbox"/>
<p>Please Attach a copy of the Letter of Recommendation from the Visiting Teacher or Health Professional Report that verifies:</p> <p>a) that the proposed equipment is necessary and critical to enable the access and participation of the child in the ECCE programme in this pre-school setting, and</p> <p>b) that the proposed equipment is not already available in the pre-school setting or capable of being transferred to and used in the pre-school setting</p>	
<p>Yes No</p>	

Submission

I confirm that the child who is the subject of this application will be in the ECCE room of my service and availing of the ECCE programme	<input type="checkbox"/>
I confirm that any capital grant works will be in compliance with the Child Care Act 1991 (Early Years Services) Regulations 2016	<input type="checkbox"/>
I confirm that no alteration costs, or part thereof, of any element of the proposed alterations as outlined in this application have already been expended or purchased. All items or services purchased (excluding professional fees) will be post the approval date of this application	<input type="checkbox"/>
I confirm that I/we will comply fully with statutory procurement requirements in relation to any Grant awarded. <i>NOTE: The current requirements are as follows:</i> <ul style="list-style-type: none"> For building works and repairs less than €5,000 one written quotation/tender is required For building works and repairs for €5,000 but less than or equal to €25,000 a minimum of 3 written quotations/tenders are required 	<input type="checkbox"/>
I confirm that the requested funding will be fully spent and reported by the dates outlined in the applicant guidelines	<input type="checkbox"/>
I confirm on behalf of the legal owner that where the total project cost is greater than €7,000; I/we have in place the additional funds to complete the project and will submit evidence of this with our expenditure claims	<input type="checkbox"/>
I confirm my commitment to ensure that suppliers or providers for costs of €10,000 or more (inclusive of VAT) will have a valid TCAN or Tax Clearance Certificate or Valid C2, which I will retain for inspection for at least 7 years after the delivery period	<input type="checkbox"/>
I confirm that I have the permission of the legal owner to carry out the alterations as outlined in this application: Note evidence of this must be available for future expenditure claims or inspections	<input type="checkbox"/>
I confirm that the Board of Management/Service Owner has authorised the submission of this application and will adhere to the AIM Privacy Statement	<input type="checkbox"/>
I confirm that when requested, all relevant staff will be made available to undertake training in the use of the equipment being supplied under AIM	<input type="checkbox"/>

Completed by	Auto filled
Date	Auto filled

