



**Access & Inclusion Model (AIM)  
HSE and HSE Funded Health Professional  
AIM Level 5 Capital Report Template**

Please complete the form in full to avoid delays

**Child Details:**

Full Name	
Date of Birth	

**Pre-School Setting Details:**

Pre-school Name	
Pre-school Address	
DCYA Reference (if known)	

<b>Capital Type:</b> (one or more may be selected)		<b>Please tick where appropriate</b>
A	Minor Alterations	
Who owns the premises or facility which is the subject of this application for minor alterations?		
B	Equipment for a child who is blind or visually impaired or deaf or hard of hearing	
C	Equipment for children with all other types of disability	

**A: Minor Alterations**

Please state if minor alterations are necessary and are critical to enable the meaningful participation of the child in the ECCE programme in the relevant pre-school and the reasons they are required.

***(Guidance on what specific alterations are to be carried out are to be provided by an engineer or architect)***

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**B: Equipment for children with all other types of disability**

Please provide a technical or functional generic specification and describe as fully as possible (including size, dimensions, accessories, etc.) the equipment you are recommending.

- Quantity required will be considered one item unless specified otherwise.
- A sample brand name or supplier is welcomed to assist us in the procurement process.

- If a quote is already available, please provide a copy (quotes for equivalents to named brands will be sought by procurement).
- Please specify if the equipment being recommended is to complement existing equipment.
- Equipment will be procured in line with public service procurement regulations.
- **Please factor in lead time required for equipment to be sourced and delivered before pre-school commencement.**

<p><b>Please provide a <u>clear and clinical</u> rationale as to why the proposed equipment is critical to the child's participation in the pre-school.</b></p>	
<p><b>Alternatives considered or tried (include reasons they did not or will not work.</b></p>	
<p><b>Equipment Name/Type</b></p> <p><b>Specifications</b>  <i>(Generic Technical or Functional specification including size, dimensions, accessories, etc.)</i></p>	

**Please note single items less than €50 are not eligible under AIM Level 5**

<p><i>If you are recommending a <u>particular brand of equipment</u> as the only one on the market suitable, please provide a rationale here as to why only that <b>brand</b> will meet the child's needs. (Note: public procurement regulations will still be adhered to)</i></p>
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**Additional Requisition Details (equipment only)**

Please use this section to enable us to build in appropriate additional services that need to be included in the procurement of the aids and appliances that you are recommending.

<b>Additional Services</b>	<b>Yes</b>	<b>No</b>
Can the child commence pre-school without this single piece of equipment?		
If applying for multiple pieces of equipment, please confirm which items are necessary for the child to commence pre-school (please list).		
Is an assessment by the quoting supplier(s) required?		

Do you require a demonstration from the Supplier in the use of the equipment? <b>Demonstration for all relevant pre-school staff in the proper use of the equipment will be provided by the supplier as a standard additional service.</b>		
Do you need to be present for the equipment setup or training?		
Will any items need to be replaced or upgraded as the child grows and progresses through their ECCE years? (if yes, please identify those items in the box below.)		
Please specify if you have any other relevant requests or information that you wish us to consider in the procurement of the recommended aids and appliances. <b>Please use this section to also identify any current or potential suppliers that we may be able to include in our procurement process.</b>		

<b>Confirmation</b>	<b>Please tick where appropriate</b>
<i>I confirm that the proposed <b>minor alteration works</b> are necessary and are critical to enable the meaningful participation of this child in the ECCE programme in this pre-school setting.</i>	
<i>I confirm that the proposed <b>equipment</b> is necessary and critical to enable the meaningful participation of this child in the ECCE programme in this pre-school setting.</i>	
<i>I confirm that the proposed <b>equipment</b> is not already available in the pre-school setting or capable of being transferred to and used in the pre-school setting.</i>	

**Health Professional Details:**

Name:	
Title or Position:	
Email Address:	
Contact Number:	
Alternative Contact Details:	
CHO Area:	
Date:	
Signature:	

*Please note:*

- *A member of the Pobal AIM Team will contact you via email to confirm that any equipment recommended by you has been ordered and the expected date of delivery to the pre-school setting.*
- *A member of the Pobal AIM Team may contact you if further clarification is required as part of the appraisal or procurement of any equipment recommended by you.*

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- *The procurement and maintenance of aids and appliances under AIM will be the responsibility of Pobal on behalf of the DCYA.*
- *If you wish to contact us please email [aimlevel5@pobal.ie](mailto:aimlevel5@pobal.ie) or call 01 511 7000 and ask for a member of the AIM Capital Team.*