



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

**Child Details:**

Full Name	
Date of Birth	

**Pre-School Setting Details:**

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

**Capital Type: (one or more may be selected)**

A	Minor Alterations	
B	Equipment for child blind/visually impaired or deaf/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 enabling the participation of the child in the ECCE programme in the relevant pre-school and reason they are required. (*Guidance on what specific alterations are to be carried out are to be provided by an engineer or architect*)

**B: Equipment for child blind/visually impaired or deaf/hard of hearing**

Please describe as fully as possible (including accessories, colour preference etc.) what equipment you are recommending and the reason it is necessary and critical to enabling the participation of the child in the ECCE programme in the relevant pre-school.

- Quantity required will be considered one item unless specified otherwise.
- A brand name and product code can also be included to help suppliers understand the specification more fully.
- Quotes for equivalents to named brands will be sought by procurement, but if a quote is available please provide copy.
- Please specify if the equipment being recommended is to complement existing equipment

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

Please describe as fully as possible (including accessories, colour preference etc.) what equipment you are recommending and the reason it is necessary and critical to enabling the participation of the child in the ECCE programme in the relevant pre-school.

- Quantity required will be considered one item unless specified otherwise.
- A brand name and product code can also be included to help suppliers understand the specification more fully.
- Quotes for equivalents to named brands will be sought by procurement, but if a quote is available please provide copy.
- Please specify if the equipment being recommended is to complement existing equipment

*If you are recommending a particular brand of equipment as the only one on the market suitable, please provide a rationale here as to why only that brand will meet the child's needs and confirmation that public service procurement guidelines have been adhered to:*

--

**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

Additional Services	Yes	No
Is an assessment by the Supplier required?		
Do you require training from the Supplier in the use of the equipment? <i>Training for all relevant pre-school staff in the proper use of the equipment will be provided by the Supplier as a standard additional service</i>		
Will any items need to be replaced/upgraded as the child grows and progresses through their ECCE years? (if yes, please identify those items in the below box)		
Please specify if you have any other relevant requests or information that you wish us to consider in the procurement of the recommended aids & appliances. Please also use this section to also identify any current/potential suppliers that we may be able to include in our procurement process.		

<b>Confirmation:</b>	Please tick
<i>I confirm that the proposed <u>minor alteration works</u> are necessary and are critical to enabling the participation of this child in the ECCE programme in this pre-school setting</i>	
<i>I confirm that the proposed <u>equipment</u> is necessary and critical to enabling the participation of this child in the ECCE programme in this pre-school setting</i>	
<i>I confirm that the proposed <u>equipment</u> 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/Position:	

Email Address:	
Contact Number:	
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.*
- *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 [aimteam@pobal.ie](mailto:aimteam@pobal.ie) or call 01 511 7000 and ask for a member of the AIM Capital Team*