AIM Level 1 – Inclusion Co-ordinator
Increased ECCE Capitation
Notification of Changes

A requirement of funding is that changes in the employment of the Inclusion Co-ordinator **must be** notified immediately to the Pobal AIM Team. The types of changes that require notification are:

1. Inclusion Co-ordinator ceases employment
2. Inclusion Co-ordinator changes their employment conditions e.g. extended absence from work.
    For this purpose, an extended absence has been defined as four or more consecutive ECCE weeks and includes maternity leave, sickness and career breaks etc.

A notification of change **must be** reported to the Pobal AIM Team via their PIP Portal by the ECCE provider.

A notification of change can also be reported by the Inclusion Co-ordinator. An off-line notification form will be downloadable from the AIM website to facilitate an Inclusion Co-ordinator who wishes to notify Pobal AIM team directly via post or email (aimteam@pobal.ie).

Section 1: Pre-school Facility and Employer Details

- ECCE Provider Name:
- ECCE Provider Address:
- DCYA Reference:
- Employer Contact Name:
- Employer Contact Number:
- Employer Contact Email:

Section 2: Inclusion Co-ordinator Details

- Full Name:
- Graduate ID:
- Personal Contact Number:
- Personal Contact Email:

Section 3 – Notification of Change

Change Type: *(Please circle)*	Ceased Employment Change in Start Date or Extended Absence

If ceased employment is selected above please complete the following:

Last Date of Employment:	
Was notice provided? Yes or No	
Reason for employment ending? *(optional)*	

If Change in start date or Extended absence is selected above please complete the following:

Reason for Absence: *(Please circle)*	Revised Start Date Maternity Leave Sick Leave Career Break Other (please specify)

Revised Employment Start Date*:* (only applicable if revised start date is chosen above)	
Date Extended Absence Started:	
Actual Return Date: *(This is the date the IC returned to work – if known)*	

If the "Actual Return Date" changes or is not known at the time of submission an updated notification of change form should be submitted to the Pobal AIM Team on return of the Inclusion Co-ordinator to the ECCE setting.

Section 4 - Confirmation and Signature

I confirm that the information provided within this notification of change is true and accurate at the time of submission.

Full Name: (Block Capitals)	
Signature:	
Position:	
Date:	