



Access & Inclusion Model (AIM) Level 5 Capital Form

For HSE and HSE Funded Health Professional's

Please **complete the form in full** to avoid delays and factor in lead-time required for equipment to be sourced and delivered before pre-school commencement

Child Details
Full Name:
Date of Birth:

Pre-school Details
Pre-school Name:
Pre-school Address:
DCYA Reference (if known):
Owner's Name (if different from pre-school name):

Health Professional Details
Name:
Title or position:
Email address:
Contact number:
Alternative contact details:
CHO area:
Prescriber's line manager contact details:

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 aimlevel5@pobal.ie or call 01 511 7000 and ask for a member of the AIM Capital Team.

Capital Type: (please tick relevant boxes below and circle Yes or No where relevant)

(a)	Minor Alterations	
	Does the person making the application have the authority or approval of the owner of the building to make the minor alterations	YES / NO
(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	

(If (a) selected above, please fill in this section)

Minor Alterations

State what alterations are necessary and critical to enable the child's meaningful participation in the ECCE programme in the named pre-school. Support with evidence of why these alterations are required (**Please provide evidence of specific alterations to be carried out by an engineer, architect or professional installer of specific equipment e.g. wall mounted changing beds**)

(If (b) or (c) are selected above, please fill in this section)

Equipment

- 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.
- Single items less than €50 are **not eligible** through AIM.

Equipment piece No. 1		
Equipment Name or Type: <i>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. (Note: public procurement regulations will still be adhered to)</i>		
Specifications: <i>Provide information on Generic Technical or Functional specification including size, dimensions, accessories, etc.</i>		
Rationale: <i>Provide a clear and clinical rationale as to why the proposed equipment is critical to the child's participation in the pre-school.</i>		
Please tick appropriate boxes below:	Yes	No
If this piece of equipment is not in place will this prevent the child's commencement in pre-school?		
Is an assessment by the quoting supplier(s) required?		
Is a demonstration from the supplier for using equipment required by you? 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.		
Do you need to be present for the equipment setup or training?		
Will this item need to be replaced or upgraded as the child grows and progresses through their ECCE years?		
Please provide details of any additional services that need to be included in the procurement of the aids and appliances that you are recommending.		

Authorisations	
Please provide your signature for the following statements	Signature
I confirm that the proposed minor alteration works are necessary and are critical to enable the meaningful participation of this child in the ECCE programme in the named pre-school setting.	
All prescribed individualised and specialised equipment is necessary and critical to enable access and meaningful participation of this child in the ECCE programme in the relevant pre-school.	
To the best of my knowledge, the proposed equipment is not already available in the pre-school setting or capable of being transferred from the child's home to the pre-school.	

Date: _____

Equipment piece No. 2		
Equipment Name or Type: <i>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. (Note: public procurement regulations will still be adhered to)</i>		
Specifications: <i>Provide information on Generic Technical or Functional specification including size, dimensions, accessories, etc.</i>		
Rationale: <i>Provide a clear and clinical rationale as to why the proposed equipment is critical to the child's participation in the pre-school.</i>		
Please tick appropriate boxes below:	Yes	No
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Equipment piece No. 3		
Equipment Name or Type: <i>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. (Note: public procurement regulations will still be adhered to)</i>		
Specifications: <i>Provide information on Generic Technical or Functional specification including size, dimensions, accessories, etc.</i>		
Rationale: <i>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.</i>		
Please tick appropriate boxes below:	Yes	No
If this piece of equipment is not in place will this prevent the child's commencement in pre-school?		
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