



Access and Inclusion Model (AIM) - Informed Consent

***Please complete all sections requested below or the consent will be returned**

AIM is a national initiative that supports access and inclusion in the ECCE programme for children with a disability. AIM provides a range of targeted supports including educational advice (Level 4), collaboration with health professionals (Levels 5 and 6) and where necessary, supports for additional assistance in the pre-school room (Level 7). **AIM may where needed bring together relevant professionals working within Better Start Early Years Specialist Service, Health Service Executive or HSE Funded Agencies, Tusla, Pobal, Departments of Children and Youth Affairs; Education and Skills; Health, the National Council for Special Education or City and County Childcare Committees in order to access relevant information or advice to support a child. Please read the AIM Privacy Statement.**

We require your consent to gather and share information regarding your child with the relevant professionals named above. This will enable the Early Years Specialist and other professionals to support your child's inclusion in the pre-school for the duration of his or her ECCE registration and to plan for his or her transition to primary school. **This consent is valid for the duration of your child's enrolment in the ECCE programme, in the named setting.**

The information collected **will** include:

- Your child's personal information including PPSN, name, address, date of birth and gender
- Parent or Guardian or Carer names and contact details
- Information gathered through the Access and Inclusion Profile and/or Capital Application
- HSE or HSE funded healthcare professional or DES Visiting Teacher AIM Report for the pre-school setting and/or capital applications

The information collected **may** include:

- Health Assessment information, Assessment of Need summary report (if any)
- Information gathered through observation of your child in the pre-school setting
- Details of relevant health professionals involved with your child i.e. G.P. or Family Doctor, Occupational Therapist, Speech and Language Therapist, Physiotherapist, Psychologist, Pediatrician, Audiologist, other.

* Child's Name (block capitals)			
* DCYA Reference No.		* Pre-school Setting Name (block capitals)	

Consent

I hereby give consent for information on my child;

- To be gathered by the Early Years Specialist Service and Pobal and shared with the relevant professionals under AIM who may be involved in the assessment and subsequent provision of services and equipment for my child;
- For an Early Years Specialist observing and noting my child's learning experiences within the pre-school setting under AIM for the purpose of identifying necessary additional supports and the development of an Individual Access and Inclusion Plan for my child which will be used by their pre-school setting.
- To be gathered by health professionals on behalf of the HSE or HSE funded agencies as part of this process to be shared with relevant professionals as mentioned above to allow for the subsequent provision of services and equipment for my child;

*Parent 1 or Legal Guardian or Carer Name (block capitals)			
*Relationship to the Child (block capitals)			
*Parent 1 or Legal Guardian or Carer Signature		*Date	

**Parent 2 or Legal Guardian or Carer Name* (block capitals)			
**Relationship to the Child* (block capitals)			
**Parent 2 or Legal Guardian or Carer Signature*		Date	
<i>**If a second parent or legal guardian or carer is available to sign</i>			

Please Note: A Parent or Legal Guardian or Carer may withdraw their consent at any time, please see **Privacy Statement**. All records and data will be processed in compliance with GDPR.

