



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 commencement in the Early Learning and Care Setting

Child Details
Full Name:
Date of Birth:

ELC Setting Details
ELC Setting Name:
ELC Setting Address:
Service Reference (if known):
Owner's Name (if different from ELC Setting 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 ELC 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 DCEDIY.
- If you wish to contact us please email aimlevel5@pobal.ie or contact the Early Years Provider Centre (EYPC) on 01 511 7222 and ask for a member of the AIM Capital Team to contact you.

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	
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(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 name ELC setting. 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 <u>particular brand of equipment</u> 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 ELC Setting.</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 the ELC Setting?		
Is an assessment by the quoting supplier(s) required?		
Is a demonstration from the supplier for using equipment required by you? <i>Demonstration for all relevant ELC setting staff in the proper use of the equipment will be provided by the supplier as a standard additional service.</i>		
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??		
Is a duplicate piece of this equipment required under the rules of the AIM Expansion Programme?		
Rationale for Duplicate piece of Equipment (if applicable):		
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	
<i>Please provide your signature for the following statements</i>	Signature
I confirm that the proposed <u>minor alteration works</u> are <u>necessary and are critical</u> to enable the meaningful participation of this child in the ELC setting named.	

All prescribed individualised and specialised equipment is necessary and critical to enable access and meaningful participation of this child in the ELC setting named.	
To the best of my knowledge, the proposed equipment is not already available in the ELC setting or capable of being transferred from the child's home to the ELC setting.	

Date: _____

Equipment piece No. 2		
Equipment Name or Type: <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 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 ELC setting.</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 the ELC setting.		
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 ELC setting 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?		
Is a duplicate piece of this equipment required under the rules of the AIM Expansion Programme?		
Rationale for Duplicate piece of Equipment (if applicable):		
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	
<i>Please provide your signature for the following statements</i>	Signature
I confirm that the proposed minor alteration works are necessary and are critical to enable the meaningful participation of this child in the name ELC setting.	
All prescribed individualised and specialised equipment is necessary and critical to enable access and meaningful participation of this child in the named ELC setting	
To the best of my knowledge, the proposed equipment is not already available in the ELC setting or capable of being transferred from the child’s home to the ELC setting	

Date: _____

Equipment piece No. 3		
Equipment Name or Type: <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 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 ELC setting.</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 the ELC setting.		
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 ELC setting 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?		
Is a duplicate piece of this equipment required under the rules of the AIM Expansion Programme?		

Rationale for Duplicate piece of Equipment (if applicable):		
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	
<i>Please provide signature for the following statements</i>	Signature
I confirm that the proposed <u>minor alteration works</u> are <u>necessary and are critical</u> to enable the meaningful participation of this child in the named ELC setting.	
All prescribed individualised and specialised <u>equipment</u> is <u>necessary and critical</u> to enable access and meaningful participation of this child in the named ELC setting.	
To the best of my knowledge, the proposed equipment is not already available in the ELC setting or capable of being transferred from the child’s home to the ELC setting.	

Date: _____