

Application to NCSE for Assistive Technology

A. PUPIL DETAILS

Name of Pupil: _____

Home Address of Pupil: _____

PPSN: _____ Date of Birth: _____

Date Enrolled in School: _____ Present Class/Year: _____

Category of Assessed Disability: _____ Code: _____

B. SCHOOL DETAILS

Name of School: _____

Address of School: _____

Roll No: _____ Phone No: _____

Name of Principal: _____

C. APPLICATION DETAILS

Equipment for which grant is sought: _____

Estimated cost of equipment: _____

D. PARENTAL/GUARDIAN CONSENT
(to be completed in all cases)

I/We, the undersigned, being the parent(s)/guardian(s) of the above named pupil confirm:

that this application has been discussed with me/us and that I/we give consent to the school to apply for the Assistive Technology support services identified above.

that I am aware that all information relating to this application will be kept on file, and made available to the SENO/National Council for Special Education.

Signed: _____ Date: _____

Name (In Block Letters): _____

Contact Phone No. for Parent(s)/Guardian(s): _____

E. DECLARATION BY PRINCIPAL

I hereby confirm :

that this application is supported by the Chairperson of the school's Board of Management.

that in making this application full regard has been paid to Assistive Technology support services already allocated to and available at the school.

that a relevant / required professional has stated that this equipment is necessary, and this documentation is attached.

that a quotation for the cost of the equipment is attached.

I declare that the particulars given above are accurate, that the application conforms with Department of Education and Science guidelines, and that assistance in the use of the equipment will be provided by the school

Signed: _____ Date: _____

(Principal)

Date received: SENO USE ONLY

F.

Recommendation of SENO

Signed: _____

Date:

SENO Area: _____