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| **Āwhina Hangarau | Assistive Technology** | |
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| **Joint Funding application form**  For Ministry of Education and Ministry of Health Equipment |  |



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| This form is to be used when requesting consideration for Joint funding of high cost ($5000 incl GST) equipment /assistive technology by both Ministries.  The equipment will support the child/young person in their daily living as well as have specific features that support learning.  This form will be completed by a Ministry of Education team member and is to be considered alongside the Ministry of Health EMS Assessor ‘Request for EMS Advice’ process | | | All requests must show collaboration between education and health personnel and will be jointly peer reviewed and signed off by both Ministry of Education (MOE) and the Ministry of Health (MOH) prior to trial and at the completion of a successful trial.  If you have any queries about the use of this form, please contact the Assistive Technology Coordinator at your local Ministry of Education office.  This form is designed to be used electronically. Please **download and SAVE the form** before use. This form is specifically formatted for use in Microsoft Word and will lose some functions if used with other programmes (e.g. Google Docs). |
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| **01** |  | **Ākonga/Student details** | |
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Student’s name: (first) (last) Date of application:

Date of birth: Age: School year level: Ethnic group/s:

School name: School email:

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| **02** |  | **Kaiarotake/Assessor details** (MOE school/learning support team member completing this form): |
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Name: Assessor's role:

Assessor Telephone: Assessor email:

List names of other team members (e.g. student, parents, teacher, support staff, etc.):

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| ***Name/Ingoa*** | ***Role/Mahi*** | ***Email (optional, for decision letter)*** |
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Learning Support Coordinator/SENCo: Email:

EMS Assessor (MOH) who has submitted the ‘Request for EMS Advice’ form:

Name: Email:

EMS Advice Reference or Date if known:

EMS Advice comments including provisional funding criteria advice:

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| **03** |  | **Māraurau/Eligibility** |
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1. **Ministry of Education initiative (select one):**

ORS – Very High  ORS – High  School High Health Needs Fund (SHHNF)  Physical Disability Service

Other:

1. I confirm the need for this equipment is not related to an existing ACC claim.

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| **04** |  | **Ākonga/Student information relevant to this application** |
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1. **Explain the student’s learning needs that have led to this joint application – including any physical barriers and current diagnosis if any (max 8 lines):**

1. **Do you expect this student to move to another school/leave school within the next 6 months?**  Yes  No

If yes, name of new school: . Complete all questions in section 4 for **both** schools.

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| **05** |  | **Kura/Learning environments** |
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1. **Provide a brief description of the class environment(s) where the equipment will be used and the support available in these (max 4 lines):**

1. **What equipment does the student currently use at school?**

1. **Other relevant school information i.e. access to classroom, outdoor environment (max 4 lines):**

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| **06** |  | **Key learning goals/whāinga** (based on wāhanga ako/learning areas of the National Curriculum) |
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1. **What are the key curriculum learning goals this equipment will support? (list a maximum of 3):**



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| **07** |  | **New assistive technology/āwhina hangarau considered** |
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1. **Request for:**

Power Wheelchair with power seat elevation  Power Wheelchair with power standing

Eye-Gaze System  Other:

1. **What is the recommended equipment for trial? (including any accessories)**

1. **What other equipment solutions were considered and why were they not suitable? (briefly list):**

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| **08** |  | **APPROVAL FOR TRIAL -** to be completed firstly by the Ministry of Education Regional Assistive Technology Coordinator and then the *Access*able/Enable New Zealand EMS Advisor | | | | | | |
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| **Agency** | | | | **Respective Responsibilities**  **(including costs)**  **agreed in principle** | | **Rationale**  **& other comments** | **Name**  **Phone**  **Email** | **Agreed** |
| **Item/s** | **Training** |
| Ministry of Education  Regional Assistive Technology Coordinator | | | |  |  |  |  | **Yes**  **No**  **Date:** |
| Ministry of Health  Accessable /  Enable New Zealand  EMS Advisor | | | |  |  |  |  | **Yes**  **No**  **Date:** | |

**Note: MOE contribution may vary depending on use and impact on learning outcomes**

**Approval for trial does not guarantee approval of final service request**

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| **09** |  | **Ngā Putanga/Trial results using equipment in the school/kura** |
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List equipment successfully trialled:

Length of trial:

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| **Curriculum Learning goals/tasks**  (copy from section 5) | **Baseline (before trial)**   * Student’s achievement with existing equipment before the trial began | **Outcomes of the successful trial**   * Student’s achievement with requested equipment in the school/kura environment |
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| **Other relevant comments from trial:** | | |

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| **10** |  | **Evidence of outcomes/ngā putanga** | |
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Insert photo evidence (using insert 🡪 picture) OR attach image on a separate page (please name each sample clearly).

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| **Pre-trial** | **Post-trial** |
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| **11** |  | **FINAL SIGN OFF – Agreed Funding Responsibilities** (firstly completed byMinistry of Education Regional Assistive Technology Coordinator **and then** *Access*able/Enable New Zealand EMS Advisor) |
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| **Agency** | | **Item/s (including costs)** | | **Training** |
| Name:  Regional Technology Coordinator Ministry of Education  Date: | |  | |  | |
| Name:  EMS Advisor  Ministry of Health  Accessable/Enable New Zealand  Date: | |  | |  | |

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| **12** |  | **Agreed ownership and ongoing responsibility** (completed by Ministry of Education Regional Assistive Technology Coordinator and *Access*able/Enable New Zealand EMS Advisor) |
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**Ownership:**

Item(s):

Ongoing responsibility including repairs and maintenance, purchase, delivery, and set-up will be undertaken by: known as “the owner”.

If separate item(s) have different ownership:

Item(s):

Ongoing responsibility including repairs and maintenance, purchase, delivery, and set-up will be undertaken by: known as “the owner”.

**Invoicing:**

The MOH will pay the supplier the total amount, and invoice MOE, the joint funder $ (excl GST) for their contribution to the equipment purchased. Invoice details to be included by the owner are:

Address for MOE invoice:

MOE Assistive Technology Coordinator approving payment:

Joint funding reference (student’s name):

MOE Purchase order number:

**Ongoing Responsibility:**

MOH - the assessor is responsible for ensuring the family have received and understand the ‘Care and Use of Equipment Form’

MOE – the assessor is responsible for ensuring the ongoing care details and ‘Management Plan’ processes are commenced