****

***Mae’r ddogfen yma ar gael yn y Gymraeg / This document is available in Welsh***

**Funding for Assistive Technology request form**

**Please Note:** Return to Access & Inclusion Service, Ty Trevithick, Abercynon, CF45 4UQ. [A&IService@rctcbc.gov.uk](mailto:A&Iservices@rctcbc.gov.uk)

The purpose of this form is to make a request for Assistive Technology to support the pupil to access the curriculum following recommendations from health professionals.

|  |
| --- |
| **How we use your personal information**  The information on this form (and any additional information attached) will processed in line with the Data Protection Act 2018 in line with the Council’s legal duty under Section 321 of the Education Act 1996. Any personal information provided will be treated as confidential but may be shared with relevant Council departments, External Specialists e.g. health professionals, transition school, and where required by law.  To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here [[www.rctcbc.gov.uk/serviceprivacynotice](http://www.rctcbc.gov.uk/serviceprivacynotice)](http://www.rctcbc.gov.uk/serviceprivacynotice) and the Councils data protection pages here [www.rctcbc.gov.uk/dataprotection](http://www.rctcbc.gov.uk/dataprotection). |

**Section 1: Pupil Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil:** |  | | **DOB:** |  |
| **School:** |  | | | |
| **Does pupil currently attend school?** | | Yes/No | **Date due to start:** |  |
| **Does the pupil have a statement?** | | Yes/No | **Review date:** |  |
| **Occupational therapist involved?** | | Yes/No | **Contact:** |  |
| **Report/agreement:** | | Yes/ No | **Attached/Outlined below:** |  |
| **Physiotherapist involved:** | | Yes/No | **Contact:** |  |
| **Report/agreement:** | | Yes/No | **Attached/Outlined below:** |  |
| **Has there been involvement from the Centre for assistive technology?** | | Yes/No | **Report Attached?** | Yes/No |
| **Accessibility issue requiring consideration:** | | | | |
|  | | | | |
| **Applications for equipment will be considered on the basis of the following criteria** | | | | |
| **Details of relevant interventions that have been put in place to deal with the issue of concern** | | | | |
|  | | | | |
| **Teaching key skills** | | | | |
|  | | | | |
| **Reasonable adjustments** | | | | |
|  | | | | |
| **Details of when the pupil will need the recommended equipment during the school day** | | | | |
|  | | | | |
| **Details as to how the existing equipment in the school is insufficient to meet the pupil's needs** | | | | |
|  | | | | |
| **The educational outcomes the equipment is designed to assist with** | | | | |
|  | | | | |

**Section 2: Declarations**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Headteacher/Teacher**  I confirm that the information submitted is true reflection of the pupil’s current need | | | | | | |
| **Signed:** |  | **Role:** |  | | **Date:** |  |
| **Parent / guardian**  I am aware that an application for Assistive Technology is being made on behalf of my son/daughter and the information provided in this form will be processed as it has been outlined above. | | | | | | |
| **Parent/guardian Signature:** |  | | | **Date:** |  | |
| Return to Learning Support Service [A&IService@rctcbc.gov.uk](mailto:A&IService@rctcbc.gov.uk)  ***Mae croeso i chi gyfathrebu â ni yn y Gymraeg / You are welcome to communicate with us in Welsh.*** | | | | | | |