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| **Assistive Technology** | |
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| **Furniture application form**  For Occupational Therapy and Physiotherapy use only |  |



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| This form is for Ministry of Education (or Ministry contracted) Occupational Therapists and Physical Therapists to apply for furniture to support students to physically access the curriculum after 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. | | | Applications should be submitted by the first Tuesday in each month (Feb to Nov) to be considered for the monthly moderation meetings. Urgent applications may be considered on a case by case basis.  Please **download and SAVE this 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** |  | **Student information** | |
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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:

Learning Support Coordinator/SENCo: Email:

Assessor details (team member completing this form):

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* | *Role* | *Email (optional, for decision letter)* |
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School team member responsible for 6 month review:

Name: Email:

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| **02** |  | **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. **Request for:**

*Note: Mobility requests must have Regional Assistive Technology Coordinator approval as these are usually funded by Ministry of Health. See* [*Appendix 1 Support checklist*](#Appendix1)*.*

Change table  Desk/table  Chair/seating  Mobility

Other:

1. I confirm that this student’s learning needs cannot be met by the resources currently available to them in the school.
2. I confirm funding responsibility lies with the Ministry of Education, under the protocols between Education, Health and ACC.
3. I confirm there are no other school property modifications underway that could include this furniture.

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| **03** |  | **Student information relevant to this application** |
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1. Ministry of Education funds furniture to meet learning needs. Applications for furniture where the only outcome is for the student to work at the same level as their peers or to look the same as their peers will not be considered. **Explain the student’s physical needs that have led to this application - include 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, please provide details of the new school and complete section 4 for **both** schools:

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| **04** |  | **Learning environments** |
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1. **Provide a brief description of the class environment(s) where the furniture will be used and support available (max 4 lines):**

1. **What furniture does the student currently use?**

1. **Other relevant school information (max 4 lines):**

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| **05** |  | **New assistive technology considered** |
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1. **What does the equipment need to do, to support the student’s learning goals (i.e. the key features, including all accessories):**
2. **What other furniture solutions were considered and why were they rejected or abandoned (brief list):**

**Chair/mobility applications only:**

Does the student have an existing wheelchair or other adapted chair?  Yes  No

If yes, please explain briefly why the existing wheelchair/chair cannot be used or altered to meet the student’s needs:

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| **06** |  | **Recommendation based on successful trial** |
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| **Furniture trialled, including accessories**  *Please see appendix 1 for consideration list to support decision making*  Length of trial: | **Trial outcome** |
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**How often will the recommended furniture be used?**

Daily for toileting

For all curriculum areas / majority of every day

For some classes / part of most days

For one class / 1-3 times per week

Other (please describe):

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| **07** |  | **Evidence of outcomes** | |
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Insert photo evidence for chair and/or desk applications (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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**School/Teacher Comments (max 5 lines):**

**Student comments - if appropriate (max 5 lines):**

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| **08** |  | **Recommended furniture** |
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List each item being requested in the table below. If these need to be purchased, the corresponding quote must be attached. Ensure the quote is cost effective. If any items were provided by the Ministry of Education for trial, please list the equipment details and ID numbers.

**I confirm that I have checked and the requested equipment is not available for reissue from any other Ministry of Education office**

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| **Supplier name** *and quote number if supplied* | **Furniture details** *list and price each item separately* | Cost (excl. GST)  [GST calculator](http://www.newzealandfinance.co.nz/calculators/gst-calculator/) | **TOTAL**  (incl. GST) |
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| Freight  *detail each if more than one* | |  |  |
| **TOTAL** | |  |  |

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| **09** |  | **Managing the furniture** |
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**The assistive technology will be monitored and maintained by (please tick):**

Supplier

Not applicable

Other (please describe):

**Other management**:

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| **10** |  | **Acceptance of responsibility - parent/caregiver to complete** |
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I/we understand and accept that we are responsible for:

1. Following the agreed management plan for the assistive technology where applicable.
2. Keeping the equipment clean and well looked after (if taken home according to school agreement).
3. Notifying the school if the assistive technology is no longer meeting the needs of the student.
4. Notifying the school if the equipment is lost or broken, or if it is no longer being used for the intended purpose.

I/we agree to the following privacy statement:

Privacy: The personal information on this form is being collected for the purpose of allocating equipment and will be reviewed by teams from the Ministry of Education. Personal information is also used for quality assurance purposes to improve the quality of services provided, and for associated administrative and accountability purposes. The information is held by the Ministry of Education (PO Box 1666, Wellington) in a national database or sometimes paper files at local Ministry offices. Information may be shared with your child’s school but is not shared with other agencies except where necessary for the provision of services, or as authorised or required by law. It is not compulsory for you to provide any personal information but we may not be able to provide the most effective services for your child if you don’t. You and your child have rights to request access to and correction of personal information held by the Ministry.

Parent/Caregiver name: Relationship to student:

Home address: Home phone:

Signed (Parent/Caregiver): Date:

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| **11** |  | **Acceptance of responsibility - principal to complete** |
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Please note the following processes and conditions must be followed if the application is successful. You accept that the school:

1. Will order and pay for the assistive technology using the quote from this application, where applicable.
2. Will take ownership of the equipment for the time that the student is enrolled in the school. This includes listing the equipment on the school’s asset register, maintaining a record of the serial numbers along with supplier details and warranty conditions.
3. Is responsible for insuring and maintaining the equipment and will contact the local Ministry of Education office if costly repairs, maintenance or replacement of the item is needed.
4. Is responsible for the safekeeping of all items such as manuals and accessories as documented in the management plan.
5. Will support the ongoing use of the equipment and ensure it is used for the intended purpose by the student it is allocated for.
6. Will contact the local Ministry of Education office when this student transfers to another school or leaves school, and will transfer the equipment to the new school with the student or return it to the Ministry of Education.
7. Agrees that the electronic version of this document can act as the record copy for this application.

Principal name: School:

Signed (Principal): Date:

Principal email:

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| **12** |  | **Checklist** |
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| All signatures are completed | | |
| Trial results include clear rationale and evidence for all items being requested, including any accessories | | |
| Included pre-trial and post-trial photographs | | |
| Preferred quote is attached and is cost effective (unless equipment is being reissued from trial) | | |
| Peer review is completed and signed **OR**  the assessor has already completed two applications | | |

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| Include only if appropriate to support this application: |
| Detailed training plan, if required |

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| **13** |  | **Peer review** |
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Peer review is recommended in all cases. For the first two applications this section is compulsory. A peer reviewer should be a neutral person who has knowledge of the equipment requested and has checked the information provided. For more information and a checklist, please see the [Peer Review information sheet](https://education.govt.nz/school/student-support/special-education/assistive-technology/forms-for-assistive-technology/).

Name: Role:

Signature: Date:

Please email the completed application form, with attached supplier’s quote and work samples as a single PDF to the assistive technology coordinator at your local Ministry of Education office.

Applications are due by **the first Tuesday of each month** (Feb – Nov) for consideration that month.Urgent applications may be considered on a case by case basis so please contact us if you have special circumstances.

*Optional page for inserting supporting evidence*

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| **Appendix 1** |  | **Support checklist (optional)** |
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This is a checklist available for occupational therapists and physiotherapists to use when applying for furniture.

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| **Change Table** | **Desk / Table / Work Bench** | **Chair / Seating system** | **Mobility** |
| Main features:  Wall mounted  Freestanding / fixed position  Portable / mobile  Adjustability:  Mains power Hi-Lo  Battery power Hi-Lo  Hydraulic Hi-Lo  Fixed height adjustable  Add-Ons:  Safety rails  Straps  Positioning pads  Other considerations:  Shower compatible  Water resistant  Hoist accessible  Space available  Long term use (6 months+)  Goals:  Safety  Independence | Main features - work surface:  Standard flat desk / work surface  Angle adjustable desk  Cut-out desk  Easy lift desk  Adjustability:  Battery / mains power Hi-Lo  Hydraulic Hi-Lo  Fixed height adjustable  Not adjustable  Add-Ons:  Reader Bar  Tray  Side book storage  Wheels  Brake mechanism  Side ledges  Safety add-ons  Other considerations:  Adapting existing desk  Classroom space  Adjustable for growth  Learning goals:  Safety  Independence  Stability for desktop activities  Engagement in learning | Main features:  Solid base  Padded base  Adjustability:  Battery power Hi-Lo  Hydraulic Hi-Lo  Fixed height adjustable  Not adjustable  Add-Ons:  Head support  Arm-rests  Trunk support / side laterals  Pommel  Lap belt  Shoulder harness  Foot support  Foot straps  Wheels  Brake mechanism  Tray  Other considerations:  Adapting existing chair  Classroom space  Adjustable for growth  Learning goals:  Safety  Independence  Stability for desktop activities  Engagement in learning | Refer to your local Assistive Technology Coordinator as these are normally funded by the Ministry of Health.  If approved please include information about special circumstances that make this an Education application in section 4 of this application (using more lines if necessary). |

*NB: Ministry of Education fund furniture to meet* ***learning goals*** *as in the above areas. Applications for furniture where the only outcome is to support a student to work at the same level as their peers, or to look the same as their peers will not be considered.*