



Assessment of Need

Application Form

You can apply for an Assessment of Need if you think that you have a disability and you were born on or after 1 June 2002.

Details of person to be assessed

First name

Last name

Date of birth

For example, 31 03 2026

Sex

☐

Male

☐

Female

PPS number

A PPS number is 7 numbers followed by 1 or 2 letters

Address line 1

Address line 2 (optional)

Town or city

County

Eircode

For example, A65 F4E2

Telephone number

Email address

For a person aged under 18 years

Parent or guardian 1

First name

Last name

Is the address the same as the child or young person?

☐

Yes

☐

No

If no, provide the correct address

Address line 1

Address line 2 (optional)

Town or city

County

Eircode

For example, A65 F4E2

Telephone number

Email address

Parent or guardian 2

First name

Last name

Is the address the same as the child or young person?

☐

Yes

☐

No

If no, provide the correct address

Address line 1

Address line 2 (optional)

Town or city

County

Eircode

For example, A65 F4E2

Telephone number

Email address

Details of GP

GP practice name

GP full name

Address line 1

Address line 2 (optional)

Town or city

County

Eircode

For example, A65 F4E2

Telephone number (optional)

Email address (optional)

Education

Complete this section if the person to be assessed is in full time education.

Name of pre-school, school or college

Address line 1

Address line 2 (optional)

Town or city

County

Eircode

For example, A65 F4E2

Education supports

Provide details for any supports in place

For example, access and inclusion model (AIM), special needs assistant, learning support, special class or school placement

What is the reason you or your child is applying for an Assessment of Need?

Are there specific services that you feel are necessary?

Who advised you to apply for an Assessment of Need?

Teacher

Health Professional

Other

If other, please specify

Name of person who advised you to apply for an Assessment of Need

Profession

Contact details

Details of the person completing this form

Who is completing this form?

☐

Person to be assessed

☐

Parent or guardian 1

☐

Parent guardian 2

☐

GP

☐

Personal advocate

☐

Other

If personal advocate or other please provide

Name

Address

Profession

Telephone number

Email address

Other services

Provide the name and contact details for any services or assessments you or your child has accessed previously, for example Children's Disability Network Team, Psychologist, Speech & Language Therapist etc

To complete an assessment of need the HSE Assessment Officer will contact you to gather relevant information and reports. They will review this information and where necessary will arrange to refer you or your child for clinical assessment. Referral information for service provision will be shared with service providers as necessary and appropriate.

These may include services such as:

- HSE services
- HSE contracted service providers
- National Council for Special Education
- National Educational Psychological Service
- Education service providers
- Better Start AIM

I give permission for an assessment of need for:

Name of person to be assessed

Signed

Date

Relationship to person to be assessed

A parent / guardian must consent to an assessment for a child aged under 16.

Any person aged 16+ must provide their own consent.

Your personal information

We need your personal information to provide this service.

Our privacy statement has information about:

- how we process your personal information
- your rights
- how to contact us about data protection and your personal information

You can read our privacy statement at hse.ie/privacynotice (PDF, 750 KB, 10 pages)