REFERRAL FORM

AIMS OF THE JAMES HOPKINS TRUST

- Free respite nursing care in the family home or at our Respite Centre.

TO QUALIFY FOR HELP FROM THE JAMES HOPKINS TRUST A CHILD MUST BE:

- Age 5 or under
- Living in Gloucestershire
- Have a life limiting or life threatening condition with a nursing/medical need
- Severely disabled with a nursing/medical need.
- Every child and family will be assessed and allocated respite on an Individual basis.

PLEASE COMPLETE ALL SECTIONS CLEARLY IN PEN

Providing nursing respite care for children

KITES CORNER, NORTH UPTON LANE, GLOUCESTER GL4 3TR
T 01452 612216 www.jameshopkinstrust.org.uk

/thejameshopkinstrust

James Hopkins Trust Registered charity number 1183110
and registered with the CQC

PERSONAL DETAILS

CHILD'S DETAILS

SURNAME:

FORENAMES:

DATE OF BIRTH:

LIVES WITH:

ADDRESS:

POST CODE:

HOME TEL No:

MOBILE No's:

E-MAIL ADDRESS:

RELIGION:

NATIONALITY:

MAIN LANGUAGE USED AT HOME IF NOT ENGLISH:

NEXT OF KIN

FATHERS NAME: AGE:

MOTHERS NAME: AGE:

MARITAL STATUS:

SIGNIFICANT OTHER ADULTS:

PARENTAL RESPONSIBILITY:

CONTACT TEL. No. (If different from above):

SIBLINGS NAME: D.O.B.:

NAME: D.O.B.:

CHILD'S DIAGNOSIS/MEDICAL DETAILS

PLEASE GIVE A DESCRIPTION OF THE CONDITION AND HOW THIS AFFECTS THE CHILD. GIVE DETAILS OF TREATMENT/NURSING CARE AND MEDICATION REQUIRED:

Please include past medical history, current daily additional needs and impact this has on child and family.

MEDICATION BEING GIVEN:

DRUG NAME	DOSE	FREQUENCY

MULTI-AGENCY SUPPORT

GP's NAME, ADDRESS:

POST CODE:

TEL NO:

MAIN CONSULTANT'S NAME, HOSPITAL, ADDRESS:

POST CODE:

TEL NO:

HEALTH VISITOR'S NAME, ADDRESS:

POST CODE:

TEL NO:

SOCIAL WORKER'S NAME, ADDRESS:

POST CODE:

TEL NO:

COMMUNITY CHILDREN'S NURSE NAME, ADDRESS:

POST CODE:

TEL NO:

OTHER SUPPORT WORKER'S NAME, ADDRESS:

POST CODE:

TEL NO:

NAME OF NURSERY/ SCHOOL ATTENDED. & DAYS/ HOURS PER WEEK:

ARE YOU REQUESTING SUPPORT FOR (Please tick the appropriate box)

USE OF KITES CORNER FACILITIES ☐

RESPITE CARE ☐

OVERNIGHT RESPITE CARE AT KITES CORNER ☐

ANY OTHER RELEVANT INFORMATION TO SUPPORT RESPITE REQUEST:-

ARE ANY OTHER AGENCIES INVOLVED IN THE CHILD'S CARE? (If yes, please give details)

REFERRAL COMPLETED BY PROFESSIONAL

Are the parents/carers aware of the referral being made to James Hopkins Trust?

Yes ☐ **No** ☐

If parents not aware please give reasons why:

Name: **Signed:**

Profession: **Date:**

If the referral is from a professional, it would be helpful if you could provide additional details separately i.e. current clinic letter/ discharge summary. All information will be treated as strictly confidential.

REFERRAL COMPLETED BY PARENT / CARER:

If you are a parent do we have your permission to contact your GP/Consultant Paediatrician/other professionals for further information in support of your application. If yes please sign & date below:

Name: **Signed:**

Relationship to child: **Date:**

APPLICATIONS PROCEDURE

- On receipt of this application, one of our Nursing Management Team members will arrange to make an assessment visit to your family home.
- Following this assessment the application will be considered by our Nursing Management Team.
- The Trust Management Committee will have access to the information contained in this application form and any other relevant information.

I understand the procedure for processing applications and that the information given in my application form and other relevant information, will be made available to the Nursing Management team.

Signed: (parent/guardian)

Print Name:

Name of Child: Date:

Please forward this Application to:
Nursing Management Team, The James Hopkins Trust, Kites Corner, North Upton Lane, Barnwood, Gloucester GL4 3TR

If you have any questions regarding this Application Form or need assistance with filling it in please ring our Nursing Management Team at our Trust Office on 01452 632725 or Fax us on 08450 788 700.

Details about the Trust can be found on our web site www.jameshopkinstrust.org.uk

If you need an interpreter or need a document in another language, large print, Braille or audio version please call 01452 612216 or email info@jameshopkinstrust.org.uk