

# REFERRAL FORM

## AIM OF THE JAMES HOPKINS TRUST

Safe and trusted care for life-limited children with complex nursing needs

## 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**

Nursing Respite Care for Children in Gloucestershire  
KITES CORNER, NORTH UPTON LANE, GLOUCESTER, GL4 3TR  
01452 612216

[www.jameshopkinstrust.org.uk](http://www.jameshopkinstrust.org.uk)

 /thejameshopkinstrust

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

## PERSONAL DETAILS OF CHILD

Surname:

Forenames:

Date of Birth:

Lives With:

Address:

Postcode:

Home Tel No:

Mobile No:

Email Address:

Religion:

Nationality:

Main Language Used At Home If Not English:

## PARENT/CARER DETAILS

Father's Name:

Age:

Mother's Name:

Age:

Marital Status:

Significant Other Adults:

Parental Responsibility:

Contact Tel No (if different from above)

## SIBLINGS

Name:

DOB

Name:

DOB:

Name:

DOB:



## MULTI-AGENCY SUPPORT

GP's Name, Surgery, Address:
Postcode:
Tel No:

Main Consultant's Name, Hospital, Address:
Postcode:
Tel No:

Health Visitor's Name, Address:
Postcode:
Tel No:

Social Worker's Name, Address:
Postcode:
Tel No:
Email:

Community Children's Nurse Name, Address:
Postcode:
Tel No:

Other Support Worker's Name, Address:
Postcode:
Tel No:

Name of Nursery/School attended & Days/Hours per Week:



## 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/carer 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 will undertake an initial review to assess if James Hopkins Trusts eligibility criteria is met
- If criteria is met, the family will be invited to attend a primary assessment
- Following this assessment the member of the Nursing Management Team who attended the primary assessment will complete the National Framework for Children and Young People's Continuing Care (DoH 2016) Assessment Tool and the James Hopkins Trust's bespoke Vulnerability Assessment Tool. The outcome of the referral will be advised by telephone to the family within two weeks of the Primary Assessment. This outcome will be confirmed in writing.

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

Signed:

(parent/carer)

---

Print Name:

---

Name of Child:

Date:

---

Please forward this referral form by post to **Nursing Management Team, James Hopkins Trust, Kites Corner, North Upton Lane, Barnwood, Gloucester GL4 3TR** or via email using [nurses@jameshopkinstrust.org.uk](mailto:nurses@jameshopkinstrust.org.uk)

If you have any questions regarding this referral form or need assistance with filling it in please contact our Nursing Management Team on **01452 632725** or via email using [nurses@jameshopkinstrust.org.uk](mailto:nurses@jameshopkinstrust.org.uk)

Details about James Hopkins Trust can be found on our website [www.jameshopkinstrust.org.uk](http://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](mailto:info@jameshopkinstrust.org.uk)