

**REFERRAL TO THE SOMERSET FOUNDATION TRUST SOCIAL CARE TRAIN AND LEARN SERVICE (SCTL)**

**Please complete this form and email to socialcaretraining@somersetft.nhs.uk**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CORONAVIRUS COVID 19** | | | | | | | | | | |
| **Is the referral about a patient OR home with a coronavirus concern? Please indicate including date and result of last test.** | | | | | | | | | **YES** | **NO** |
| **If Yes please give details so that training staff can be prepared for home visiting PPE requirements:-** | | | | | | | | | | |
| **REFERRAL DETAILS** | | | | | | | | | | |
| PATIENT SPECIFIC TRAINING | YES | | | | PATIENT NAME | | |  | | |
| NHS Nº. |  | | | | D.O.B. | | | Click here to enter a date. | | |
| GENDER | Male  Female | | | | ETHNICITY | | |  | | |
| Home  Address  Key Code |  | | | | Discharge  Address  (if different) | | |  | | |
| GP PRACTICE |  | | | | GP NAME | | |  | | |
| **REFERRERS DETAILS** | | | | | | | | | | |
| Referrers Name | | |  | Designation | | |  | | | |
| Referrer’s Tel. Nº. | | |  | Location of referrer | | |  | | | |
|  | | |  | Date of referral | | |  | | | |
| Other contact for referrer | | |  | Time of referral | | |  | | | |
| Is the training need delaying a hospital discharge? | | | YES  NO |  | | |  | | | |
| **TRAINING REQUIRED** | | | | | | | | | | |
| Please document the patient specific training required | | | | | | | | | | |
| **NUMBERS OF STAFF REQUIRING TRAINING** | | | | | | | | | | |
| **TO BE COMPLETED BY TRAINER** | | | | | | | | | | |
| ACCEPTED TRAINING REQUEST | | YES  NO | | | | IF NO, GIVE REASON  STATE WHO REQUEST HAS BEEN ESCALATED TOO. | | | | |
| DATE/S FOR TRAINING BOOKED | |  | | | |  | | | | |
| DATES ENTERED INTO SOCIAL TRAINING DIARY | | YES  NO | | | | PLEASE STATE WHICH TRAINER | | | | |
| CARE HOME/TEAM OR PATIENT NOTIFIED | | YES  NO | | | |  | | | | |
| EQUIPMENT REQUIRED FOR SIMULATION TEACHING | |  | | | |  | | | | |
| UPLOAD REFERRAL TO “P” DRIVE | | YES  NO | | | |  | | | | |
| INPUT ALL RELEVANT DATA ON QI SPREADSHEET IN “P” DRIVE | | YES  NO | | | |  | | | | |
| ANY OTHER INFORMATION | |  | | | |  | | | | |