

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

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

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| **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 AddressKey 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? | YESNO |  |  |
| **TRAINING REQUIRED** |
| Please document the patient specific training required |
| **NUMBERS OF STAFF REQUIRING TRAINING**  |
| **TO BE COMPLETED BY TRAINER** |
| ACCEPTED TRAINING REQUEST  | YESNO | IF NO, GIVE REASON STATE WHO REQUEST HAS BEEN ESCALATED TOO. |
| DATE/S FOR TRAINING BOOKED |  |  |
| DATES ENTERED INTO SOCIAL TRAINING DIARY | YESNO | PLEASE STATE WHICH TRAINER |
| CARE HOME/TEAM OR PATIENT NOTIFIED | YESNO  |  |
| EQUIPMENT REQUIRED FOR SIMULATION TEACHING |  |  |
| UPLOAD REFERRAL TO “P” DRIVE | YESNO |  |
| INPUT ALL RELEVANT DATA ON QI SPREADSHEET IN “P” DRIVE | YESNO |  |
| ANY OTHER INFORMATION |  |  |