|  |  |  |
| --- | --- | --- |
| Bolton | | |
| **Telephone:** | 01204 463977 | **Bolton Children’s Continuing Care Team**  **Breightmet Health Centre**  **Breightmet Fold Lane**  **Bolton**  **BL2 6NT** |
| **Fax:** | 01204 463975 |
| **Email:** | Childrens.Communitynurses@boltonft.nhs.uk |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NHS No** | |  | | | | | | |  | **School /Nursery** | |  | |  |
| **Name** | |  | | | | | | |  | **Address** | |  | |  |
| **D.O.B.** | |  | | | | | | |  |  | | |  |  |
| **Address** | |  | | | | | | |  |  | |  | |  |
|  |  | | | | **Postcode** |  | | |  |  | |  | |  |
| **Tel:** | |  | | | | | | |  |  | | | |  |
|  | | | | | | | | |  | **Date of Referral:** | | | |  |
| **Child’s Diagnosis/Care Plan :** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Type of Training:**  **Tracheostomy**  **Gastrostomy Feeding**  **Nasogastric Tube Feeding**  **Feed Pump**  **Oral Suction**  **Oxygen Therapy**  **Medication** | | | | | | | | | | | | | | |
| **Training Required:**  **Initial Theory**  **Practical Competencies**  **Annual Update** | | | | | | | | | | | | | | |
| **Number and Names of Staff Requiring Training:** | | | | | | | | | | | | | | |
| **Any Other Information:** | | | | | | | | | | | | | | |
| **Referred By:** | | | Sign & Print: |  | | | | | | | | | |  |
|  | | | Designation: |  | | |  | Source of Referral: | | |  | | |  |
|  | | | | | | | | | | | | | | |