|  |
| --- |
| 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: |  |  |
|  |