

INCLUSION NURSING SERVICE REFERRAL FORM

Guidance for completion: without a completed referral form the service is unable to support a named child. All sections must be completed with as much information as possible

All referrals should be emailed to

Note: If a child has nursing interventions the Inclusion Nursing Service requires 4 weeks' notice from the school. The nurse will meet with the child and family, in order to commence a nursing assessment, complete care plans and make any further referrals needed. This time also enables the nurse to seek additional information, equipment and training if required.

For training of education staffs please read the guidance on page 3 and complete the request for training form page 4.

Note: If training is required for education staff (SILC, Resource or Partnership) the service requires a minimum of 6 weeks' notice to organise e.g. children starting school, school trips and residential trips (refer to LCH NHS Trust Training Offer as above).

Child/ Young Person Details:

Name

DOB Age

Address

..... Postcode

Home Telephone No

Parent/ Carer Details

Parents are informed of the referral. YES/ No

Name Ethnicity

Next of kin Religion

Relationship Language spoken.....

Reason for Referral:

Please describe what support you want from the Inclusion Nursing Service.

- Referral for:** Child Assessment
- Staff Training
- 1:1/Group work

Lead Nurse for SILC site.....

Supporting Documentation Required If Available (Please tick and attach with e-mail):

| | | | |
|----------------------------|--------------------------|---|--------------------------|
| Education Health Care Plan | <input type="checkbox"/> | Other Services involved Please detail below. | <input type="checkbox"/> |
| Early Help Assessment | <input type="checkbox"/> | | |
| Previous School | <input type="checkbox"/> | | |

Signed Contact Tel no

Print Name Contact E mail.....

Designation..... Date

REQUEST FOR TRAINING IN A SILC SITE FROM THE INCLUSION NURSING SERVICE

All request for training forms to be sent to SILC Nursing Teams:

- johnjamieson@nhs.net
- farnleypark@nhs.net
- irelandwood@nhs.net
- westoaks@nhs.net
- ralphthoresby@nhs.net
- broomfield@nhs.net
- greenmeadows@nhs.net
- pennyfields@nhs.net

Before completing a request for training:

1. The staff members who are going to be trained must:
 - have a current Enhanced DBS
 - have attended relevant statutory and or mandatory training prior to attendance of the requested training
 - have agreed to undertake health care intervention as part of their role
2. The Head Teacher or member of staff with delegated responsibility must
 - ensure staff have the appropriate insurance cover for the work undertaken in that setting
 - ensure that risk assessments where applicable are in place e.g. use of oxygen
 - ensure that appropriate procedures for management and storage of medications and feeds are in place.
 - ensure first aiders are in place and where relevant are available for school trips
3. The member of staff to be trained will make contact with the Inclusion Nurse to arrange training. The nurse will aim to deliver training within a maximum of 6 weeks. Training programmes length will be determined on an individual basis, with some staff requiring more support until they are deemed competent. Training requests made at short notice will only be considered in exceptional circumstances.
4. The Inclusion Nurse will provide the training in line with the Leeds Training Agreement by ensuring staff are:
 - seen individually during the practical sessions
 - observed carrying out the procedure until they are confident to carry it out
 - assessed carrying out the procedure, providing evidence of competence.
5. Staff are deemed competent on the day they are signed off by the trainer, and are responsible to request any further training required e.g. If there is a change in care or if they have not performed the care for a period of time and do not feel confident. On completion of the training they will receive a certificate; a copy will be given to the school and a copy retained by the Inclusion Nursing Service.

Annual Updates are recommended for staff and it is the responsibility of the Head Teacher or member of staff with delegated responsibility to request this.

REQUEST FOR TRAINING IN A SILC SITE

| | |
|----------------------|--|
| CHILD'S NAME: | |
| D.O.B: | |
| ADDRESS: | |
| SILC SITE: | |

TRAINING REQUIRED e.g. gastrostomy care (please list)

| Name of person(s) to be trained | Contact number |
|--|-----------------------|
| | |
| | |
| | |
| | |

| | |
|---|--|
| Name of person making the request: | |
| Job Role: | |
| Contact Number: | |
| I have read and can confirm that the required actions in the guidance have been completed by the SILC site | |
| Signature: | |
| Date: | |