Appendix A: Basic personal information for requesting 1:1 support on the ward

**In Hospital Support**

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| --- | --- |
| \*Full Name:Preferred name:\*Date of Birth: | \*NHS No:Hospital No:\*Hospital name:Mosaic No if known: |
| \*Permanent address: | **NHS/IDT budget holder agreement** *(for ECC reclaiming of costs)*Name of Budget Holder:ICB name:Unique CCG Patient ID Code/Personal ref. (to quote on invoice):Hours required per week:Required Start date:Signed:Date: |
| \*Post code: | Position: |
| \*Telephone No:Email contact: | Contact No:Email contact: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Provider** (Provider to notify SPT when normal support at home resumes):

|  |  |
| --- | --- |
| \***Start date:** **End date** *(to be added by SPT once provider notify)*:**ECC BUDGET CODE** | **Support hours provided per week:****Hourly rate:** |
| \*Admission date to hospital: |
| \*Ward name: \*Ward Telephone No: |
| \*Ward Fax No: \*Ward staff name and contact No.:  |

\*indicates mandatory fields, if these are not filled in, the form will **NOT** be processed.**Please return by email SPT.PackageChanges@essex.gov.uk**To ‘’Chase’’ progress phone 033301 39975 Monday to Friday or Saturday 07774337494.Please allow 3 hours for admin processing and communication with care provider. |

|  |  |
| --- | --- |
| \*Staff signature: | \*Date: |

**Appendices B – Relevant sections of acute trust policies**

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