



## Training High - Referral for training of care staff

Details of child			
Please ensure parents/guardians are aware of the referral as we may need to contact them for more information			
Name of child:			
Date of birth:		Age:	
Home address:			
Home telephone no:			
	Name:	Address:	Telephone no:
General Practitioner:			
Paeditrician(s):			
Community Children's Nurse:			
Health Visitor:			
Social Worker:			
Nursery / School:			
Parents/Carer details			
Relationship:			
Name:			
Mobile telephone numbers:			

## Training High - Referral for training of care staff

<b>Details of child's medical history/diagnoses</b>		
<b>Details of clinical/care procedure to be taught (to include timing/frequency)</b>		
<b>Details of care setting - where/when is this care to be undertaken??</b>		
<b>When is this training needed by - please give dates to avoid</b>		
<b>Details of care staff to be trained</b>		
<b>Name:</b>	<b>Designation/Job Role:</b>	<b>Telephone Contact No:</b>
<b>Details of person making this referral</b>		
<b>Name:</b>	<b>Designation/Job Role:</b>	<b>Telephone Contact No/Email:</b>

**Please return this form to:**  
**Children's Community Trainer,**  
**Children's Continuing Care Team,**  
**East and North Hertfordshire NHS Trust,**  
**South Block Building (Q65),**  
**QE2 Hospital,**  
**Welwyn Garden City,**  
**Herts. AL7 4HQ.**  
**Email: adminccct.enh-tr@nhs.net**  
**Mobile 07717 714526**  
**Tel (01707) 365055**  
**Fax (01707) 365238**