Barnsley AT Team Loan Request Form

This form should be completed by relevant professionals wishing to loan from the [Barnsley Assistive Technology Team](http://www.barnsleyhospital.nhs.uk/assistive-technology/) managed loan bank. Please read the loan bank criteria prior to sending a request. Further information is available on our website, [Local Service Support - Assistive Technology Team (barnsleyhospital.nhs.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.barnsleyhospital.nhs.uk%2Fassistive-technology%2Fabout%2Flocal-service-support%2F&data=05%7C02%7Ctara.smith15%40nhs.net%7C0869ebee7e6745f2404e08dc21b3ba64%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638422302999988363%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=6OV1Dmwg7QYkA%2FGGIOAuSPEnOO26AN8kVtAT%2BcHpCNk%3D&reserved=0)

## Further Guidance, Resources & Training

Further guidance and criteria documents are available on our website. Specifically:

* [Training](https://www.barnsleyhospital.nhs.uk/assistive-technology/training-courses/) is available related to AAC and EC interventions
* [Resources to support local teams](https://www.barnsleyhospital.nhs.uk/assistive-technology/resources-and-information/) are available, including our [local services resource pack](https://www.barnsleyhospital.nhs.uk/assistive-technology/resource/local-services-resource-pack/) which includes examples of AAC and EC equipment that is expected to be provided locally.

Please contact the team if you have further questions about what information should be provided.

## Sending this form

The form will be returned if all relevant sections are not completed.

Please ensure fields marked with an \* are completed.

Please email this form to our team address: barnsley.at@nhs.net with the subject ‘Request for loan’.

If you are sending from another nhs.net email address, this is secure. Alternatively, you can send the request as an encrypted (256bit) document.

In all cases, please ensure you are complying with your organisation’s information governance and data protection procedures when sending this form.

You will receive an acknowledgment of receipt of this request by email. If you do not receive this within 1 week, [please get in touch](https://www.barnsleyhospital.nhs.uk/assistive-technology/contact-assistive-technology/) to confirm that we have received the form.

*Form Version: V1. 29-01-2024*

Barnsley AT Team Loan Bank Request Form

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| **Client details** |
| **\*Forename(s):**      | **\*Surname:**      | **Title:**      |
| **\*NHS Number:**       | **\*Date of Birth:**      | **Gender:**      |
| **\*Diagnosis:**      |  |
| **Any other relevant medical conditions:**      |

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| **Requester details** |
| \***Name:**      | **\*Job title, profession or role:**      |
| **Marketing Permissions** [ ]  I would like to sign up for email updates about the Barnsley AT Team. *Emails are sent using the team’s online MailChimp account and your name and email address will be stored on this system. You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us, or by contacting* *barnsley.at@nhs.net* *.* |
| **Service name (what your team calls itself):**      |
| **\*Address:**       | **\*Phone:** |       |
| **\*Email:** |       |
| **Other:** |       |
| **\*Signature:**      | **\*Date:**       |

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| **Request Summary** |
| **What are main changes that you / your client / their family or carers are hoping for from the loan?** (please tick all that apply) |
| **Change in…** | **Basic communication** | I am able to tell others what I want or need | [ ]  |
|  | **Basic control** | I am able to control things in my surroundings | [ ]  |
|  | **Device knowledge** | I know about equipment that may help me | [ ]  |
| **Context** | **Environment** | People around me know how to support my equipment | [ ]  |
|  | **Individual** | I want to have my own (AAC/EC) equipment | [ ]  |
|  | **Future possibilities** | I have new ideas about how the equipment may help me | [ ]  |
| **Success** | **Impact** | I feel excited about being able to use the equipment | [ ]  |
| **Other (please describe):**      |
| **Brief description of client’s presentation:**      |
| **What equipment would you like to loan (please note we may call to discuss this)?**      |
| **How long would you like to loan the equipment for?** |
| 1. 1 month
 | [ ]  |
| 1. 2 months
 | [ ]  |
| 1. 3 months
 | [ ]  |
| **Support** |
| How would you rate the experience/confidence of the member of staff who will support the loan? |
| High [ ]  | Moderate [ ]  | Limited [ ]  |
| How would you rate the experience/confidence of the family member/carer who will support the loan? |
| High [ ]  | Moderate [ ]  | Limited [ ]  |
| **Following the loan period, if successful please state what funding routes exist for provision of non-specialised equipment:**      |

| **Permissions**We would like the opportunity to talk to people involved in the loan after the loan period to hear how it went. Do we have permission to contact: -* The person using equipment [ ]
* The member of staff from service making the request [ ]
* A family member/carer of the person who will be using the equipment [ ]

(please add details below) |
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| **Main contact for client, if not the client (*e.g. Parent, Guardian, Advocate, Family Member)*** |
| **Name:**      | **Relationship:**      |
| **Phone:**      | **Email:**      |