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| **NHS Specialised AAC Service –**  **Referral Form** | | |
| This form should be used to request a specialist assessment from the NHS Specialised AAC Service. Ace Centre has been contracted by NHS England to provide this service across two regions – the North West, and Thames Valley & Wessex.  Please note: If a comprehensive and robust assessment has already been undertaken locally ***and*** the exact equipment requirements are known and ***do not*** require wheelchair mounting, then a standard referral is not required. If this is the case, please do not complete this Referal Form, but instead submit a completed Equipment Only Request Form.  If you are unclear which form to submit, please contact  our helpline on 0800 080 3115.  Guidance Notes for completion of this Referral Form are available from our website. We strongly recommend that you refer to the Guidance Notes when completing the Referral Form as failure to provide adequate information will delay the processing of your referral. | | |
| **SECTION 1: REFERRER DETAILS** | | |
| 1.1 | Name: | Click here to enter text. |
| 1.2 | Relationship to client: | Click here to enter text. |
| 1.3 | Days worked: | Click here to enter text. |
| 1.4 | Address: | |
|  | Click here to enter text. | |
| 1.5 | Postcode: | Click here to enter text. |
| 1.6 | Telephone no: | Click here to enter text. |
| 1.7 | Mobile no: | Click here to enter text. |
| 1.8 | Email address: | Click here to enter text. |



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| **SECTION 2: CLIENT DETAILS** | | | | | | | | | | | | |
| 2.1 | | Name: | | | | Click here to enter text. | | | | | | |
| 2.2 | | Known as: | | | | Click here to enter text. | | | | | | |
| 2.3 | | Date of birth: | | | | Click here to enter text. | | | | | | |
| 2.4 | | NHS Number: | | | | Click here to enter text. | | | | | | |
| 2.5 | | Gender: | | | | Choose an item. | | | | | | |
| 2.6 | | First language | | | | Click here to enter text. | | | | | | |
| 2.7 | | Other language(s) | | | | Click here to enter text. | | | | | | |
| 2.8 | | Diagnosis: | | | | Choose an item. | | If other, please specify: | | | Click here to enter text. | |
| 2.9 | | Provide details of any relevant additional medical conditions: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 2.10 | | Ethnic group: | | | | Choose an item. | | | | | | |
| 2.11 | | Address: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 2.12 | | Postcode: | | | | Click here to enter text. | | | | | | |
| 2.13 | | Address type: | | | | Choose an item. | | | | | | |
| 2.14 | | Telephone no: | | | | Click here to enter text. | | | | | | |
| 2.15 | | Mobile no: | | | | Click here to enter text. | | | | | | |
| 2.16 | | Email address: | | | | Click here to enter text. | | | | | | |
|  | |  | | | |  | | | | | | |
| **SECTION 3: DETAILS OF PARENT, CARE GIVER OR SIGNIFICANT OTHER** | | | | | | | | | | | | |
| 3.1 | | Name: | | | | Click here to enter text. | | | | | | |
| 3.2 | | Relationship to client: | | | | Click here to enter text. | | | | | | |
| 3.3 | | Telephone no: | | | | Click here to enter text. | | | | | | |
| 3.4 | | Email address: | | | | Click here to enter text. | | | | | | |
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| **SECTION 4: GP DETAILS**  Please note: Clients who are not registered with a GP Practice in England are ***not*** eligible to use the NHS Specialised AAC Service. | | | | | | | | | | | | |
| 4.1 | | GP name: | | | | Click here to enter text. | | | | | | |
| 4.2 | | GP address: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 4.3 | | GP postcode: | | | | Click here to enter text. | | | | | | |
| 4.4 | | GP telephone no: | | | | Click here to enter text. | | | | | | |
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| **SECTION 5: LOCAL SPOKE AAC SERVICE DETAILS** | | | | | | | | | | | | |
| 5.1 | | Service name: | | | | Click here to enter text. | | | | | | |
| 5.2 | | Lead contact: | | | | Click here to enter text. | | | | | | |
| 5.3 | | Service address: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 5.4 | | Service postcode: | | | | Click here to enter text. | | | | | | |
| 5.5 | | Telephone no: | | | | Click here to enter text. | | | | | | |
| 5.6 | | Is the Local Spoke AAC Service aware of this referral and able to support it? | | | | | | | | | | |
|  | | Choose an item. | | | | | | | | | | |
| 5.7 | | Where the Local Spoke AAC Service is ***not*** aware of this referral ***and/or not*** able to support it, please give details in the space below: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 6: TEAM AROUND THE CLIENT** | | | | | | | | | | | | |
| 6.1 | | Provide details for each of the key professionals currently supporting the client: | | | | | | | | | | |
|  | | Name | | | Role | | | | Tel. No. | Email address | | |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. | Click here to enter text. | | |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. | Click here to enter text. | | |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. | Click here to enter text. | | |
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| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. | Click here to enter text. | | |
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| **SECTION 7: PRIMARY ADDITIONAL ESTABLISHMENT REGULARLY ATTENDED BY CLIENT** | | | | | | | | | | | | |
| 7.1 | | Establishment type: | | | | | Choose an item. | | | | | |
| 7.2 | | Frequency of attendance: | | | | | Click here to enter text. | | | | | |
| 7.3 | | Name of lead contact name: | | | | | Click here to enter text. | | | | | |
| 7.4 | | Establishment address: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 7.5 | | Establishment postcode: | | | | | Click here to enter text. | | | | | |
| 7.6 | | Establishment telephone no: | | | | | Click here to enter text. | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 8: REASON FOR THIS REFERRAL** | | | | | | | | | | | | |
| 8.1 | | How does the client meet the eligibility criteria for the NHS Specialised AAC Service as defined in the Service Specification D01/S/b?  *Your answer* ***must*** *include a brief statement to* ***evidence how*** *the client meets each of the eligibility criteria: it is* ***not sufficient*** *simply to restate the criteria themselves. Details of the current NHS England eligibility criteria are given on Ace Centre’s website* [*www.acecentre.org.uk*](http://www.acecentre.org.uk)*.*  *If you are unsure whether a person is eligible, please contact Ace Centre on 0800 080 3115 to discuss the case prior to submitting a Referral.* | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 8.2 | | Indicate which, if any, of the prioritisation criteria defined in the Service Specification D01/S/b the client meets – tick all that apply: | | | | | | | | | | |
|  | |  | Client has a rapidly degenerating condition, e.g. MND | | | | | | | | | |
|  | |  | Client currently has communication aid equipment that has ceased to be functional or is significantly unreliable to meet their communication needs | | | | | | | | | |
|  | |  | Client is facing a transition to a new sector / school / college /workplace environment or is currently in rehabilitation provision | | | | | | | | | |
|  | |  | Client is at risk of developing psychological / challenging behaviour as a consequence of their inability to communicate without a communication aid | | | | | | | | | |
|  | |  | Client does not meet any of the above prioritisation criteria | | | | | | | | | |
| 8.3 | | Provide details of how the client meets each of the prioritisation criteria selected above: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 8.4 | | What does the client want AAC resources to enable them to do: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **SECTION 9: UNDERSTANDING OF LANGUAGE** | | | | | | | | | | | | |
| 9.1.1 | | Provide specific details and examples of the client’s ***understanding of spoken*** language across a range of environments, situations and communication partners: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 9.1.2 | | Provide details of all relevant standardised and non-standardised assessments and observations of ***understanding of spoken*** language that have been undertaken, and a summary of the conclusions that have been drawn: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 9.2.1 | | Provide specific details and examples of the client’s ***understanding of written*** language across a range of environments, situations and communication partners: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 9.2.2 | | Provide details of all relevant standardised and non-standardised assessments and observations of ***understanding of written*** language that have been undertaken, and a summary of the conclusions that have been drawn: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 10: HOW THE CLIENT COMMUNICATES** | | | | | | | | | | | | |
|  | | Describe each of the verbal and non-verbal systems/strategies that the client ***currently*** uses to communicate, and state how effective they are at meeting the client’s needs: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 10.2 | | Provide more detailed information about the client’s ***main method of communication***, including a full description and examples of:   * The range of communicative functions supported * Where and with who communication takes place * How language is represented * How much vocabulary is represented * How the vocabulary is organised and accessed * How effectively this method of communication meets the client’s needs: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 10.3 | | Where the client has previously used and/or trialled any AAC system(s) that they do not currently use (i.e. an AAC system ***other*** than those detailed in your answer to question 10.1), provide details about this system(s): | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 10.4 | | Provide details of all relevant standardised and non-standardised assessments and observations that have been undertaken, and a summary of the conclusions that have been drawn: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 11: WRITING & LITERACY** | | | | | | | | | | | | |
| 11.1 | | Provide specific details and examples of the client’s ability to use handwriting: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 11.2 | | Provide specific details and examples of the client’s ability to ‘write’ in another way – e.g. using a keyboard, computer software, alphabet charts etc: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **SECTION 12: LEVELS OF ATTENTION, MEMORY & ENGAGEMENT** | | | | | | | | | | | | |
| 12.1 | | Provide specific details and examples of the client’s levels of attention across a range of environments, situations and communication partners: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 12.2 | | Provide specific details and examples of any memory difficulties that the client has: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 12.3 | | State what activities and/or topics the client finds motivating: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 12.4 | | State what activities and/or topics should be avoided: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 13: PHYSICAL ABILITY** | | | | | | | | | | | | |
| 13.1 | | Provide specific details and examples of the client’s ***voluntary*** movements and the functional skills these movements allow them to carry out: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 13.2 | | If the client regularly has any ***involuntary*** movements, provide details: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 13.3 | | Provide specific details and examples of the client’s co-ordination of the smaller movements of their hands and fingers: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 13.4 | | Provide specific details and examples of the client’s ability to control their head movement: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **SECTION 14: MOBILITY, SEATING & POSITIONING** | | | | | | | | | | | | |
| 14.1 | | Provide specific details of the client’s mobility, including information about any equipment the client uses to aid their mobility and how they operate it: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 14.2 | | Provide specific details of any special seating or positioning equipment that the client uses: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 15: HEARING & VISION** | | | | | | | | | | | | |
| 15.1 | | Provide relevant information regarding the client’s ***hearing*** ***ability*** and any support that they require: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 15.2 | | Provide relevant information regarding the client’s ***visual ability*** and any support that they require: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 15.3 | | Provide specific details of the ***visual perceptual difficulties*** that the client has: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 16: CONTROL OF THE ENVIRONMENT** | | | | | | | | | | | | |
| 16.1.1 | | Provide details of any special equipment that the client uses to enable them to control aspects of their environment, including information about how the client operates the equipment, and details of the organisation or service that provided it: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 16.1.2 | | Indicate whether or not the client has given consent for Ace Centre to contact the organisation or service providing the equipment in section 16.1.1 to discuss relevant aspects of the client’s care: | | | | | | | | | | |
|  | |  | Client has given consent | | | | | | | | | |
|  | |  | Client has ***not*** given consent | | | | | | | | | |
| 16.2.1 | | Provide details of any special equipment that the client uses to enable them to access/operate a computer, including information about the organisation or service that provided it: | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |
| 16.2.2 | | Indicate whether or not the client has given consent for Ace Centre to contact the organisation or service providing the equipment in section 16.2.1 to discuss relevant aspects of the client’s care: | | | | | | | | | | |
|  | |  | Client has given consent | | | | | | | | | |
|  | |  | Client has ***not*** given consent | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 17: CONSENT & SIGNATURE** | | | | | | | | | | | | |
|  | I understand that, as the referrer, it is my responsibility to ensure that the appropriate consent for this referral has been obtained, and I hereby confirm that this consent has been obtained. | | | | | | | | | | | |
| **ACE CENTRE DATA PROTECTION STATEMENT**  Ace Centre are of their obligations as data controllers under the Data Protection Act 1998 and will comply with the Act at all times. Ace Centre will ensure that Client information is processed fairly and lawfully and is only used for the purposes that have been agreed with you.  The information Ace Centre collect about the client includes the information requested on this form, and all relevant information gathered in any subsequent assessment process including the observations of Ace Centre service delivery staff.  Ace Centre will use this information for the processing of this referral and for service audit, evaluation and development. | | | | | | | | | | | | |
|  | I have read Ace Centre’s Data Protection Statement, and I hereby agree to the terms and conditions of that Statement. | | | | | | | | | | | |
|  | I understand that, as the referrer, I will be the main contact for this referral and that it will be my responsibility to disseminate information from Ace Centre to the client, parent/significant other and relevant professionals, and to co-ordinate their attendance and/or contribution to the assessment process. | | | | | | | | | | | |
|  | Signature: | | | Click here to enter text. | | | | | | | |  |
|  | Print name: | | | Click here to enter text. | | | | | | | |  |
|  | Date: | | | Click here to enter text. | | | | | | | |  |
|  | | | | | | | | | | | | |
| **WHAT NEXT?**  **Return the completed Referral Form to Ace Centre by email, fax or post.**  Email: [admin@acecentre.org.uk](mailto:admin@acecentre.org.uk)  Fax: 0161 358 0152  Post for North West region: Ace Centre, Hollinwood Business Park, Albert Street, Oldham OL8 3QL  Post for Thames Valley & Wessex region: Ace Centre, 5 Hitching Court, Blacklands Way, Abingdon Business Park, Oxfordshire OX14 1RG  **Ace Centre will acknowledge all referrals in writing within 10 days of receipt. The acknowledgment will be sent to the main contact and will advise on the client’s eligibility for the requested service or notify the main contact that further information is required.** | | | | | | | | | | | | |