

**SUCTION UNIT APPLICATION FORM**

The MND Association cannot use its resources to replace statutory responsibilities. In completing this application form, health and social care professionals should include supporting documentation demonstrating efforts made to secure statutory provision. In signing this application form the professional confirms every effort has been made to seek statutory and other appropriate resources.

Please email completed form to support.services@mndassociation.org **We will not process incomplete forms.** Referring professionals must ensure applications are fully completed and returned in a timely manner. Please include ethnicity according to Department of Health coding

**1. DETAILS OF PERSON WITH MND**

|  |  |
| --- | --- |
| **Title** Mr/Mrs/Ms/Miss/Mx/Other/No title**First Name****Surname** | **Gender** Male ☐ Female ☐ Non-Binary ☐ Trans ☐Other  **☐** |
| Date of birth | Date of diagnosis |
| Religion (see Appendix A) | Sexual Orientation (see Appendix A) |
| NHS Number (if known) | Ethnicity (see Appendix A)  |
| AddressPostcode | Preferred contact name and method for queries relating to this application: -Name☐ Telephone☐ Email |
| E-mail address |
| Telephone |
| GPs name and address  |

**2. DETAILS OF REQUESTING PROFESSIONAL**

|  |  |
| --- | --- |
| Name of requesting professional | Job title |
| AddressPostcode | Preferred contact method for queries relating to this application: -☐ Telephone☐ EmailNormal working hours when you can be contacted: |
| E-mail |  |
| Telephone |  |
| Contact name and telephone/e-mail of a colleague who can be contacted if you are unavailable:Name☐ Telephone☐ Email |  |

**3. DETAILS OF EQUIPMENT LOAN REQUEST**

**Please note:** The provision of suction units is a statutory requirement. While we are continuing to loan suction units, we are now requesting that statutory services contribute £50 towards the transport, maintenance and cleaning costs of each unit requested. Please tell us the name of the person we need to invoice for the £50 payment or send us a purchase order. This request **should not delay delivery**. We will continue to review the provision of suction units, along with other items that are part of our current core loan items.

|  |
| --- |
| Items requested with details of specification: |
| Delivery address for equipment:  |
| Postcode: | Telephone: |
| Any other relevant information:**Please tell us the name of the person we need to invoice for the £50 payment:** |

**4. FUNDING BY STATUTORY AGENCIES OR OTHERS**

**Please note:** This section is **mandatory**. Failure to complete it fully may cause the application to be delayed.

|  |
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| Detail what attempts have been made to secure the equipment/funding from statutory services: |
| Reason why this need cannot be met by statutory services: |
| If the equipment or service is available from statutory services but there is a waiting list please state the date the equipment or service is likely to be available: | Date: |
| Details of other charities or organisations that have been approached for funding: |

**5. ANY OTHER INFORMATION RELEVANT TO THE APPLICATION**

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|  |

**6. STATEMENT BY THE REFERRING PROFESSIONAL**

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| If this application is approved, I understand that, unless otherwise agreed with the Communication Aids Coordinator:* Where appropriate, it is my responsibility to continue to pursue equipment from statutory services
* It is my responsibility to monitor and assess the ongoing needs of the person with MND in relation to this application.
* It is my responsibility to notify the relevant statutory service that the MND Association has provided equipment loan services to a person with MND
* Should I leave my current post, I will notify the MND Association of the name of the professional who has taken on the responsibility for ongoing communication and liaison with the MND Association
* I will monitor suitability, provide any necessary instruction, and will notify you when equipment is no longer needed.
* I will ensure that loaned equipment is returned in a timely manner when it is no longer being used.
 |
| **Signed:** | **Date:** |

**DATA PROTECTION STATEMENT**

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| --- |
| The Association will follow procedures for recording, storing, and updating personal information all of which will comply with the Data Protection Act 1998 and any subsequent legislation including the General Data Protection Regulation.  We may occasionally share your information within the Association and with local health and social care professionals where it helps with your care and support or with development of better services.  If you have already expressed a preference for future contact we will follow these, if not, we may ask you for your views on how our services might be improved. If you do not want us to be in contact, please let us know on communicationaids@mndassociation.org Please see our privacy policy on our website [www.mndassociation.org](http://www.mndassociation.org)  for full details of how we use your information.  In making this application I consent to:* This application being made for/on my behalf
* Details of this application being held on record by the MND Association

I also confirm the following:* **All questions have been answered**
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Please return completed form to:

Support Services

Motor Neurone Disease Association

Francis Crick House

6 Summerhouse Road

Moulton Park

Northampton, NN3 6BJ Tel no: 0808 802 6262 Email: support.services@mndassociation.org

**Appendix A**

**Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
| A – White | English / Welsh / Scottish / N Irish / BritishIrishTravellerAny other white background | A01A02A03A04 |
| B - Mixed / multiple ethnic groups | White and Black CaribbeanWhite and Black AfricanWhite and AsianAny other mixed / multiple background | B01B02B03B04 |
| C - Asian / Asian British | IndianPakistaniBangladeshiChineseAny other Asian background | C01C02C03C04C05 |
| D - Black / African / Caribbean / Black British | AfricanCaribbeanAny other Black / African / Caribbean background | D01D02D03 |
| E - Other ethnic group | ArabAny other ethnic group | E01E02 |
| F | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
|  | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |