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Adult Social Care & Health





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| **ICELS Training Programme 2021** |

All requests to attend training must be made using the ICELS training booking form and be approved by Line Managers.

**PIN Training: Mandatory training if require a PIN.**

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| --- | --- | --- | --- |
| Date |  Day | AM/PM | Venue |
| 21st April | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 19th May | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 30th June | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 28th July | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 15thSeptember | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 13th October | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 17th November | Wednesday | 9.15am – 12.30pm | Teams conference call |
| 15th December | Wednesday | 9.15am – 12.30pm | Teams conference call |

**Middleton Court** **British Red Cross, Middleton Court Glaisdale Parkway, Glaisdale Drive West**

**Nottingham. NG8 4GP**

**Visitor Parking:** Please note, there is NO parking available within the Middleton Court facility. Training attendees must park on the road outside Middleton Court.

**Ollerton Store** **Unit 6 Eco Court, Latimer Way**

 **Sherwood Energy Village**

**Ollerton, NG22 9QW**

**Visitor Parking:** Car Park in front of Unit 6. However, if all parking spaces are full then you must park on Latimer Way and not on the road inside the gated area (Eco Court).





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**NOTTINGHAMSHIRE ICELS PIN TRAINING BOOKING**

**AND PIN APPLICATION FORM (STANDARD OR HYBRID REQUEST)**

**Return completed forms to:** ICELS Administrator

**Post:** Notts ICELS, ASCH & PP, Home Brewery Building, Sir John Robinson Way, Arnold, Nottingham, NG5 6DB,

**Email:** icesteam@nottscc.gov.uk

Course Name: **PIN Training – PLEASE ADD VENUE AND DATE REQUIRED BELOW**

**Training Location: Middleton Court / Ollerton Store Training Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Delete as appropriate)**

**Please complete this form using the guidance notes below**

**NEW REGISTRATION CHANGE/REFRESHER TRAINING (ALREADY HAVE PIN)**

Please tick applicable box

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ICELS Job Code: \_\_\_\_\_\_\_

\*Grade/Band: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Please specify if new or experienced at band level.

 Name of Funding Partner Organisation: Employing Organisation:

(Please specify in full) (Please tick applicable boxes)

NHS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bassetlaw Health

 Notts County Health

LA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nottm City Health

 Notts County Council

\*OOAH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nottm City Council

\* OOAH=Out of Area Hospital select: - Childrens

 - Adults

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Base Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* must be individuals employment email

Authorisation Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line Manager)

Name: (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a new Post? **YES** – give team details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO – who is the prescriber replacing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are they still in need of a PIN, if so give details of new post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HYBRID PIN**

There is a need to create job codes within ICELS that allow multi-disciplinary workers to access a wider range of equipment without having to seek further input and authorisation from either Health or ASCH organisations and to any Team Codes currently in existence.

**If you are requesting a HYBRID PIN (job codes 072 – to 084) – please complete the extra section below.**

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| **Justification for Request** |
| **Evidence of Competency** |
| **Operational Lead Managers Signature:** |
|  |

**Please use completion notes overleaf – these do not need to be sent back with your form.**

**Completion Guidance**

**New**

For **ALL** new PIN requests, or change of details this form must be completed **IN FULL**, otherwise will be returned.

**Job Title** This must be your job title as described in the PIN restriction pages of the ICELS equipment catalogue.

**ICELS Job Code** A list of these are attached below.

**Grade/Band** Please enter your grade or band - this should be the grade applicable to your post of employment.

Please refer to PIN restriction tables again in the ICELS Equipment catalogue.

**Employing Organisation** Please complete name of your employing organisation whether NHS, Local Authority or Out of Area Hospital.

**Work Base Address** Please complete in full, giving postcode, telephone number and email address (private email addresses are not acceptable). This information will be held by British Red Cross as well as ICELS in case of a need to contact prescribers at any time.

**Budget Holders** Please tick appropriate budget holder boxes. Budget holder being the organisation that will fund provision of equipment for patients you are seeing (eg. Nottingham City Council seeing City users – please tick NCI. If hospital seeing City and County patients will need to tick City and County).

**New Special Purchase Authority** All those requiring New Special Purchase Authority should speak to Sarah Bailey, ICELS Partnership Manager on 0115 854 6202.

**Higher Clinical Authorisation – Primarily for North Staff** All those requiring Higher Clinical Authorisation should speak to Sarah Docksey, ICELS Partnership Manager 0115 854 6202.

**Authorised Signature** This should be your line manager and the person accountable as the delegated budget holder and may have responsibility for spend for one or more teams. This person **MUST** be a registered prescriber.

|  |  |  |  |
| --- | --- | --- | --- |
| **ICES JOB CODE** |  | **NEW ICES JOB / PROFESSION DESCRIPTION** | **ICES REFERRER CODE** |
| 000 | Hospital OT Adults | 000 ICES Partnership Manager / Contract Manager | ICESPM/CM |
| 001 |   | 001 Health OT Service Lead 7/8 | HOTSL7/8 |
| 002 |   | 002 Health OT Band 7 | HOT7 |
| 003 |   | 003 Health OT Band 6 | HOT6 |
| 004 |   | 004 Health OT Band 5 Experienced | HOT5E |
| 005 |   | 005 Health OT Band 5 Newly qualified (first 12months) | HOT5 |
| 006 |   | 006 Health OTA Non qualified Band 4 | HOTNQ4 |
| 007 |   | 007 Health OTA Non qualified Band 3 | HOTNQ3 |
| 008 |   | 008 Free |   |
| 009 |   | 009 Free |   |
| 010 |   | 010 Free |   |
| 011 | Hospital OT Paeds | 011 Health OT Paed Service Leads 7/8 | HOTSLP7/8 |
| 012 |   | 012 Health OT Paed Band 7 | HOTP7 |
| 013 |   | 013 Health OT Paed Band 6 | HOTP6 |
| 014 |   | 014 Health OT Paed Band 5 Experienced | HOTP5E |
| 015 |   | 015 Health OT Paed Band 5 Newly qualified (first 12 months) | HOTP5 |
| 016 |   | 016 Health OTA Non Qualified Band 4 | HOTPNQ4 |
| 017 |   | 017 Health OTA Non Qualified Band 3 | HOTPNQ3 |
| 018 |   | 018 Free |   |
| 019 | Hospital Physio Adults | 019 Health Physio Service Lead 7/8 | HPSL7/8 |
| 020 |   | 020 Health Physio Band 7 | HPSL7 |
| 021 |   | 021 Health Physio Band 6 | HP6 |
| 022 |   | 022 Health Physio Band 5 Experienced | HP5E |
| 023 |   | 023 Health Phsyio Band 5 Newly qualified (first 12 months) | HP5 |
| 024 |   | 024 Health Phsyio Assistant Band 3/4 | HP3/4 |
| 025 |   | 025 Free |   |
| 026 | Hospital Physio Paeds | 026 Health Physio Paed Service Lead Band 7/8 | HPSLP7/8 |
| 027 |   | 027 Health Phsyio Paed Band 7 | HPSLP7 |
| 028 |   | 028 Health Physio Paed Band 6 | HPP6 |
| 029 |   | 029 Health Physio Paed Band 5 experienced | HPP5E |
| 030 |   | 030 Health Physio Paed Band 5 Newly qualified (first 12 months) | HPP5  |
| 031 |   | 031 Health Physio Assistant Paed Band 3/4 | HPAP3/4 |
| 032 |   | 032 Free |   |
| 033 | Hospital Nurses Adults | 033 Matrons/Discharge Nurses Band 7/8 | HHN7/8 |
| 034 |   | 034 Senior Ward Sister Band 6 | HHN6 |
| 035 |   | 035 Ward Nurse Band 5 Experienced | HHN5E |
| 036 |   | 036 Ward Nurse Band 5 newly qualified (first 12months) | HHN5  |
| 037 |   | 037 Free |   |
| 038 |   | 038 Free |   |
| 039 | Community Nursing | 039 Health Tissue Viability Nurse | HTVN |
| 040 |   | 040 Health Nurses Head of Service/Community Matrons Band 7/8 | HN7/8 |
| 041 |   | 041 Health Nurses Senior/DN Band 6 | HN6 |
| 042 |   | 042 Health Nurses 5 Experienced | HN5E |
| 043 |   | 043 Health Nurses 5 Newly Qualified (first 12 months) | HN5 |
| 044 |   | 044 Health Nurses Non Qualified staff - place orders for teams | HNNQ |
| 045 |   | 045 Free |   |
| 046 |   | 046 Health Nurses Paed Head of Service Band 7/8 | HNP7/8 |
| 047 |   | 047 Health Nurses Paed Seniors/DN Band 6 | HNP6 |
| 048 |   | 048 Health Nurses Paed Band 5 Experienced | HNP5E |
| 049 |   | 049 Health Nurses Paed 5 Newly qualified (first 12 months) | HNP5 |
| 050 |   | 050 Health Nurses Paed Non qualified staff - place orders for teams | HNPNQ |
| 051 |   | 051 Health Practice Nurse - Advanced Practitioner | HPNAP |
| 052 |   | 052 Health Practice Nurse | HPN |
| 053 | Local Authority Staff | 053 ASCH Service Manager/Group Manager | ASCHSM |
| 054 |   | 054 ASCH Team Manager | ASCHTM |
| 055 |   | 055 ASCH Senior Practitioner | ASCHSP |
| 056 |   | 056 ASCH OT | ASCOT |
| 057 |   | 057 ASCH CCO (non qualified) | ASCCCO |
| 058 |   | 058 ASCH Rehab Assistant/staff who place orders | ASCHRA |
| 059 |   | 059 Free |   |
| 060 |   | 060 CYPS OT Service Lead Pead | CYPSOTSLP |
| 061 |   | 061 CYPS OT Team Manager Pead | CYPSOTTMP |
| 062 |   | 062 CYPS OT Pead | CYPSOTP |
| 063 |   | 063 CYPS OT CCO Pead | OTFSWP |
| 064 |   | 064 NCO-PDSS Worker |  |
| 065 | Ad hoc | 065 Education School Nurses | ESN |
| 066 |   | 066 Peripheral Store Supervisor | PPS |
| 067 |   | 067 Health Private Hosp Services in Notts | HPHSM |
| 068 |   | 068 Out Of Area Hospital Group PIN | OOAHGP |
| 069 |   | 069 Out of Area Hospital Group PIN authoriser | OOAHGPA |
| 070 |   | 070 Free |   |
| 071 |   | 071 Free |   |
| 072 | Health Hybrids Adults | 072 Health MDT Hybrid Team Manager Band 7/8 | HSCHM78 |
| 073 |   | 073 Health MDT Hybrid worker Band 6/7 | HSCHW67 |
| 074 |   | 074 Health MDT Hybrid worker Band 5 experienced | HSCHW5E |
| 075 |   | 075 Health MDT Hybrid worker Band 5 newly qualified (first 12months) | HSCHW5 |
| 076 |   | 076 Health MDT Hybrid Assistant non qualified Band 4 | HSCHA4 |
| 077 |   | 077 Health MDT Hybrid non qual place orders only - on line auth has to be set up |   |
| 078 |   | 078 free |   |
| 079 |   | 079 free |   |
| 080 | Health Hybrids Paeds | 080 Health Paeds Team Manager Band 7/8 | HSCHPM78 |
| 081 |   | 081 Health Paeds Hybrid Worker Band 6/7 | HSCHPW67 |
| 082 |   | 082 Health Paeds Hybrid Worker Band 5 experienced | HSCHPW5E |
| 083 |   | 083 Health Paeds Hybrid Worker Band 5 newly qualified (first 12months) | HSCHPW5 |
| 084 |   | 084 Health Paeds Hybrid Assistant non qualified Band 4 | HSCHPA4 |
| 085 |   | 085 Minor Adaptations Health Non qualified worker |   |
| 086 | Minor Adapts | 086 Minor Adaptations Prescriber | MAP |
| 087 |   | 087 Minor Adaptations Authoriser (Social Care only - 54 & 55) | MAA |
| 088 | Health Prison staff | 088 Prison Service Senior Worker | PSSW |
| 089 |   | 089 Prison Service Nursing | PSW |
| 090 |   | 090 Prison service Therapy |   |
| 091 |   | 091 Telecare Worker | TELE |
| 092 | Continuing Care Commissioning | 092 Health CHC Commissioner | HCHCC |
| 093 |   | 093 Health CHC Nurse | HCHCN |
| 094 |   | 094 Free |   |
| 095 |   | 095 free |   |
| 096 |   | 096 free |   |
| 097 |   | 097 Specials Authoriser | SP |
| 098 | Read only | 098 Read Only Commissioning Managers | ROCM |
| 099 |   | 099 Read Only Support Staff | ROSS |
| 100 |   | 100 Wheelchairs only (north notts only) | WHC |
| 101 |   | 101 Nebulisers Only (north notts only) | NEB |
| 102 |   | 102 Satuation Monitors only (south notts only) | SAT |
| 103 |   | 103 Care Homes - ferrules orders |   |
| 104 |   | 104 Prisons - ferrules orders |   |
| 105 |   | 105 Fire Service - ferrules orders |   |
| 106 |   | 106 GP Practices - collections drop offs |   |
|  |   |   |   |
| 110 |   | 110 Component Shower Chairs (Qualified Health staff after training) |   |
|   |   |   |   |
|   |   |   |   |
| Cli |   | Client Return Request  | CRR |
|   |   |   |   |
|   |   |   |   |
| Br |   | British Red Cross  | REDX |

Adult Social Care & Health