

CES Assessor Amendment Form

First name		Last name	
Email address			
Clinical Group (Please tick)			
Click Here To Select		Other (Please State)	
Amendment type (Please tick)			
Leaving	<input type="checkbox"/>	Leaving Date	
Transfer	<input type="checkbox"/>	Transfer Date	
Personal Details (e.g. Name change)			
First name		Job Title	
Last name		Email	
Telephone number		Mobile	
Team (Transfer Point) (Please Select)			
Click Here To Select		Click Here To Select	Other (please State)
New Telephone Number		New Mobile Telephone Number	
New Line manager name		New Line manager email address	
New Manager's Signature			

You will receive an automatic e-mail confirmation for your registration advising your log-in details, pin number and password. The first time you log-in you will be prompted to change your password and pin number.

N.B. PLEASE DO NOT ACCESS THE CEQUIP DATABASE UNTIL YOU HAVE COMPLETED THE ICES INDUCTION TRAINING.

TO REQUEST TRAINING, GLOUCESTER CARE SERVICES NHS STAFF SHOULD ACCESS THE ESR TRAINING SYSTEM AND BOOK ONLINE. ALL OTHER STAFF CAN EMAIL ICES@glos-care.nhs.uk.

Please ensure you read the **Confidentiality Statement** on the *reverse* of this form.

Please email this completed form to GIS at customerservices@gisglos.co.uk
For GIS use only: Amendment complete and email sent: <input type="checkbox"/> Date:



Working in partnership to provide

Gloucestershire Integrated Community Equipment Services

Gloucestershire Integrated Community Equipment Services

Non Disclosure/Confidentiality Agreement

The following terms apply where a user may gain access to personal identifiable information held on the CEquip system. Users must agree and sign up to these terms before access can be authorised,

The access referred to above may include:

- ◆ Access to information (data) held in any electronic format or on paper generated by CEquip eg. printouts
- ◆ Information that is part of verbal discussions in relation to CEquip clients

I understand my personal responsibilities under the Data Protection Act 1998, in particular:

- to ensure that, to the best of my knowledge, data used by me is accurate and, where necessary, kept up to date;
- that data held for any purpose shall not be used or disclosed in any manner incompatible with that purpose.
- that I will only access that information which is relevant to my assessments of clients and not access any other data that is not required by myself.
- I will immediately report to the ICES or GIS all incidents which might constitute a threat to data security or the network.
- I agree that my access and use of the CEquip system will be for authorised business activities only.
- I will retain and destroy information for a period agreed by NHS Gloucestershire and Gloucestershire County Council
- I understand that access and use is granted **on an individual basis** and I will therefore keep my password and access details for my account confidential and secure at all times.
- not to divulge details of my account, or to enable any other person to use it.
- I will abide by the IT Shared Services IT Security Policy and procedures.
- I understand that failure to comply with the above may result in disciplinary action.

I fully understand that it would be in contravention of the Gloucestershire Care Services NHS Trust and Gloucestershire County Council IM&T Security Policy, and that in addition to disciplinary action, might lead to prosecution under the Data Protection Act and/or the Computer Misuse Act. I will change my password if I suspect it has become known to any other person. I understand ALL the terms above and agree that my access to and use of the CEquip system will ONLY be undertaken in compliance with the above conditions.



Gloucestershire Care Services
NHS Trust



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Gloucestershire Integrated Community Equipment Services

Gloucestershire Integrated Community Equipment Services

For completion by **all** staff who require access to order equipment using the online CEquip ordering system
Please ensure all sections are fully completed failure to do this may result in a delay in setting up your account

CES Assessor Registration Form

First name		Last name	
E-mail address			
Telephone Number:		Mobile Telephone Number:	
Fax Number:			
Clinical Group (Please Select)			
Click Here To Select	Other (Please State)		
Team (Transfer Point) (Please Select)			
Click Here To Select	Click Here To Select	Other (please State)	
Job Title			
Line Manager Name			
Line Manager Contact Number (Landline)		Line Manager Mobile Number (if applicable)	
Fax Number (if applicable)		Line manager e-mail address	
Authorised Manager's signature (or confirmation by Line Manager email)			

All Information on the form should be completed fully and accurately before sending to ICES@ghc.nhs.uk

N.B. PLEASE NOTE THAT YOU WILL NOT BE ABLE TO ACCESS THE CEQUIP ONLINE ORDERING SYTEM UNTIL YOU HAVE COMPLETED THE ICES INDUCTION TRAINING.

TO REQUEST TRAINING, please contact the Integrated Community Equipment Service ICES@ghc.nhs.uk

Once training has been completed you will receive an automatic e-mail confirmation for your registration advising your log-in details, pin number and password. The first time you log-in you will be prompted to change your password and pin number.

Please ensure you read the Confidentiality Statement on the reverse of this form.

ICES Please email this completed form to GIS at
GISHealthcareCustomerServ@gloucestershire.gov.uk

For GIS use only: Registration complete and email sent: Date:



Gloucestershire Care Services



Gloucestershire Hospitals



Working in partnership to provide
 Gloucestershire Integrated Community Equipment Services

Gloucestershire Integrated Community Equipment Services

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Gloucestershire Care Services



Gloucestershire Hospitals
NHS Foundation Trust

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Chunc Chair order form – GIS owned Chunc Spica chairs held by Chunc
Please send to: nina@chunc.co.uk

Patient name

Patient DOB

Surgery

Date of surgery

Chair size

Estimated date for chair delivery
Estimated date for set up

**Venue for set up (if home supply
address and telephone number)**

Expected duration of loan

**Predicted return date (subject to
change)**

Collection venue

GLOUCESTERSHIRE COMMUNITY EQUIPMENT SERVICES

Issue Request (white) WLC 550B

FORMS SHOULD BE FAXED NOT POSTED TO GIS on 0800 214490

PLEASE COMPLETE IN CAPITAL LETTERS

Title Full Name Address & postcode Telephone number	Circle as appropriate or add other title. Please complete the full Surname and Forenames. Please complete the <u>full</u> address (including postcode) of the Service User or Sub Store where equipment is to be delivered to. Enter the telephone number of the Service User. (Carers numbers etc can be added at the bottom of the form in Special Notes box if this will assist in the delivery of the equipment) so that appointment can be made for delivery.
Date of Birth	Enter the Service Users Date of Birth
Urgent Call Out	Circle as appropriate
Requisitioning discipline	Enter Physio/Nursing/OT etc.
Transfer Point	Enter the Transfer Code allocated to the team issuing the item of equipment.
ID Personal Code	Enter your CES registration name (e.g. smithj) to obtain e-mail confirmation from GIS of receipt of this Issue Request. Register as a CES User before you issue equipment.
Name	Your full name
Base	Where you work e.g. GRH Physio, A&E
Tel.	Your direct telephone contact number for GIS to use should a query arise
Assessment date	The date on which the assessment for this piece of equipment was completed and agreed. NB. THIS IS COMPULSORY for Performance indicator targets*
Catalogue Code(s)	Enter the catalogue code shown on the stock list or the bar-code listed on the Refurbished Specials listing on the GIS website www.gisglos.demon.co.uk of the item required for this Service User.
Description	Complete the description** of each item requested e.g. cushion, raised toilet seat, commode.
Fitting instructions	Add clear Driver Fitter instructions or Bed Movement details as required. Details of what should be added here are available on the link. www.gisglos.com/trainingdocs/index6.htm Please note that not all equipment can be fitted by GIS
Quantity	Detail the quantity required of each item listed
Special Notes	For example: Directions, Telephone carer prior to delivery, Please Label 'Do Not Use before the prescriber arrives'
Sign and Date	Please sign and date the form.
COMPLETION OF ALL SECTIONS IS MANDATORY. INCOMPLETE FORMS WILL BE RETURNED TO YOU, AND THE EQUIPMENT WILL NOT BE DELIVERED.	

*The national target is 7 working days from assessment to delivery. Please try to fax the form on the day of assessment to enable GIS to deliver asap.

**As shown on the GIS website catalogue



Working in partnership to provide
Gloucestershire Community Equipment Services

PROBLEM FORM INSTRUCTIONS ONLY

Date form completed:	Input the date you completed the form and email to GIS/ICES
Date problem occurred:	Input the date you encountered the problem
Equipment description:	Input the name/make and model of equipment <i>e.g. Perching Stool (short) 16in + arms.</i>
Product code:	Input the Product Code <i>e.g. TSF103Z</i>
Barcode:	Enter the barcode shown on the piece of equipment; this is a unique code
Date delivered:	Input the date the equipment was delivered to SU
Budget code:	Enter the budget code allocated to the team for issuing the item of equipment.
Order reference no:	Enter the order reference number (found on CEquip) <i>e.g. MM02-1234567</i>
SU CEquip ID:	Enter the CEquip client ID number
Was there an injury to a person or a 'near miss' YES/NO	Delete as appropriate NB: DO NOT USE THIS PROBLEM FORM IF YOU HAVE COMPLETED A DATIX SERIOUS INCIDENT FORM AS IT WILL BE INVESTIGATED SEPARATELY OUTSIDE THIS PROCESS
Details of problem:	Input a brief description of the problem encountered
Actions taken:	Enter the actions you have now taken <i>e.g. ordered a replacement piece of equipment</i>
Problem label attached to item:	You must ALWAYS attach problem tag/label to equipment
Collection requested on Cequip? YES	You MUST raise a collection request on CEquip for the item to be collected
New delivery request on CEquip? YES/NO	Delete as appropriate
Form completed by: Job title Address Tel Email	Your discipline <i>e.g. Occupational Therapist</i> FULL Work address Your direct telephone number Your email address
<p>COMPLETION OF ALL SECTIONS IS MANDATORY.</p> <ul style="list-style-type: none"> • GIS will link the problem form to the labelled piece of equipment when it is returned to GIS, an investigation will take place and you will be contacted by email with the outcome. • Please note: There is no automatic 'replace like for like' system. Please complete an order and collection via the CEquip system. • Collections and deliveries are NOT completed at the same time so there will be two calls from GIS drivers. You may want to ensure the new item has been delivered before arranging collection. <p>Do not use this form to report breakdowns of serviceable items; you simply need to call Medequip on 0117 957 9140 to arrange a repair (Out of hours - 020 8573 2871).</p>	

PF NO:

GLOUCESTERSHIRE INTEGRATED COMMUNITY EQUIPMENT SERVICES

PROBLEM FORM

(ALL FIELDS ARE MANDATORY)

*Please note: refer to problem form instructions for completion
Incomplete forms will be returned*

ATTACH THE 'DO NOT USE' LABEL TO THE EQUIPMENT BEFORE ARRANGING COLLECTION (LABELS ARE AVAILABLE IN SATELLITE STORES OR CAN BE ORDERED FROM THE CEQUIP CATALOGUE IN THE STATIONERY SECTION: CODE WLC553)

GIS staff will link the problem form with the labelled equipment when it is returned to GIS, investigate the issue and contact you with the outcome.		Date form completed:
		Date problem occurred:
Equipment description:		Product code:
Barcode:	Date delivered:	Budget code:
Order reference no:		SU CEquip ID:
Was there any injury to a person or a 'near miss'? Yes / No*		
DO NOT USE THIS FORM IF YOU HAVE COMPLETED A DATIX SERIOUS INCIDENT FORM		
Details of Problem:		
Actions taken:		
Problem label attached to item? Yes Collection requested on CEquip? Yes		
New delivery request on CEquip? Yes / No*		
<u>Please note:</u> <i>There is no automatic 'replace like for like' system. Collections and deliveries are NOT completed at the same time, so there will be two calls from GIS drivers. You may want to ensure the new item has been delivered before arranging collection.</i>		
Form completed by:		
Job title:		
Full contact address:		
Tel:		
E-mail:		

For GIS Office Use Only:	
Issued (No. of times)	
Collected: Yes/No (Date):	
Date purchased:	

EMAIL THIS FORM TO:

ices@glos-care.nhs.uk and customerservices@gis.healthcare

Equipment to support you

Gloucestershire Community Equipment Service

Gloucestershire Community Equipment Service

SATELLITE STORE TRANSFER FORM

INSTRUCTIONS

This form is **ONLY** to be completed and forwarded to GIS Healthcare when **both steps below have been completed**:

1. You have attempted to transfer equipment to the SU on CEquip but the barcode was not visible.
2. **AND** that you have contacted GIS Admin (01452 520438, Option 2), to clarify the location of barcode. Where possible, GIS will move the barcode into the correct location, to enable you to complete the transfer. ¹

- ALL Fields are **Mandatory**.
- You **MUST** only enter the unique **Client ID** on this form. You can find this information on the GIS CEquip Database. However, if you find the Client has **not** been set up already, you **MUST** set the SU up on CEquip to generate the unique Client ID.
- Do **NOT** enter SUs personal details onto this form.
- Please **DO NOT** alter/add or delete any fields on this form.

CLIENT'S DETAILS:

CEquip Client ID:	
Assessor (you):	
Telephone:	
Team Name:	
Satellite Store Equipment taken from:	
Budget Code:	
Date Issued:	

EQUIPMENT DETAILS: Full barcode (to include GISG/GISC if applicable) and Description

Barcode(s):									

Description:

Please email the completed form to: customerservices@gisglos.co.uk within 5 days of issue

¹ **N.B:** If the equipment has already been transferred to another SU on Cequip, it will **NOT** be possible to transfer the equipment to an alternative SU. The equipment **MUST** be returned to GIS. It must **NOT** be put it back into the Satellite store.

Minor Adaptations Order

All Fields are Mandatory – Your order cannot be processed if not completed fully.

Date of referral will be the date this proforma is emailed to WEC&I

Client:

Name:	
Address:	
Tel No:	
Alternative contact details (e.g. family)	
Name:	
Phone Number:	
Relation to client:	

Assessor:

Name:		Email:	
Tel No (L/L):		Tel No (Mobile)	
Team:		Budget code:	

Priority

Urgent (Within 3 Working Days)	
Quick (Within 7 Working Days)	
Standard (Within 14 Working Days)	

For Urgent requests only (must be completed):

Equipment Dependent Discharge		Admission Prevention		Palliative Care	
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Adaptation Required (Add more lines if needed):

Qty	Description	Product Code	Fitting Instructions (e.g. where in property, height etc.)

And/Or - Visit Required (Use this section where you need a technical opinion and/or a quote):

Type	Y/N	Description / proposed work
Technical Survey - WECR Only to attend (WCR002)		
Technical Survey Visit – WECR and Assessor to attend (WCR003)		

Please note – it is the responsibility of the assessor to secure the property owners permission for adaption to be undertaken.

Attach to email and send to WECRneworders@glos-care.nhs.uk

