Children’s activity and sports prostheses

P1 Application Form

For individual prostheses and all associated costs of fitting the new limb, such as socket, liner and clinician’s time costing more than £5000, the Limb Centre must submit an application for approval to the children’s prosthetic advisory group, using this form P1.

Applications should only be made which meet the criteria A to D and the form is designed to secure evidence to ensure this is the case. Should the advisory group determine that the application does not provide sufficient evidence of this, or if the group consider the request should not be supported, the decision will be communicated in writing to the Limb Centre.

If in doubt, please ring Carly Bauert, The Children’s Prosthetic Coordinator on: 07789075709 to discuss.

Forms must be sent to LimbPower, Whitecroft, Tandridge Lane, Lingfield, Surrey, RH7 6LL

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| Child’s details |
| **Your reference** (to ensure anonymity, we suggest the child’s name is not supplied, unless suitably anonymised – e.g. John H., Alice or through use of your own reference number).  |
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| Date of Birth |  |
| Gender |  |

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| **Details of requester** |
| Name |  |
| Designation |  |
| DSC |  |
| Contact number |  |
| Limb Centre  |  |
| Secure email address |  |
| Postal address |  |

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| ****Ethnic monitoring**** |
| **White**  |
| British  |  |
| English  |  |
| Welsh  |  |
| Scottish  |  |
| Northern Irish  |  |
| Irish  |  |
| Gypsy/Traveller  |  |
| Any other white background |  |
| Prefer not to say  |  |

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| **Mixed/multiple ethnic groups**  |
| White and Black Caribbean  |  |
| White and Black African  |  |
| White and Asian  |  |
| Any other mixed background  |  |

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| **Asian/Asian British** |
| Indian |  |
| Pakistani  |  |
| Bangladeshi  |  |
| Chinese  |  |
| Any other Asian Background  |  |
| Prefer not to say  |  |

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| **Black/ African/ Caribbean/ Black British** |
| African  |  |
| Caribbean  |  |
| Any other Black/African/ Caribbean background  |  |
| Prefer not to say  |  |

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| **Other ethnic group**  |
| Arab  |  |
| Any other ethnic group  |  |
| Prefer not to say |  |

**Please confirm below and provide evidence that the child meets the eligibility criteria.**

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| **Consent** |
| I confirm that this request has been discussed in full with the child and the child’s parents/guardian and it would/would not be appropriate (please delete as necessary) for the child/parent(s)/guardian(s) to be copied into all correspondence.The child/parent(s)/Guardian(s) are aware that they are consenting for the children’s prosthetic advisory group to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request and evaluate this programme. |
| Signature of Requester |  |
| Date: |  |
| Counter-signature NHS Consultant in Rehabilitation and/or other clinicians |  |
| Date: |  |
| Signature of parent/guardian  |  |
| Date: |  |

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| **Relevant clinical history and present situation**Outline the clinical history, including current performance, and current prosthesis/prostheses (including manufacturer and warranty dates).  |
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| **Prostheses requested** Please provide details of the prosthesis/prostheses requested, including the name of the manufacturer. Please confirm whether this relates to a new prosthesis or a request to fund out of warranty costs or an update. Please indicate if the prosthesis/prostheses requested have been trialled with the child and what the outcomes were (e.g. ability to run/participate in the sport, 2-minute walk etc.).  |
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| **Expected benefit to the child**Please outline the expected benefit to the child of the proposed prosthesis/prostheses.  |
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| **Cost**The Department of Health and Social Care will fund equipment that is to be used in physical activity, recreation or sports and other activity, and to encourage sporting participation. This could include running feet and knees, sports specific upper limbs components e.g. canoeing attachments (although not components that are already universally available such as bike attachments), liners (including repeat liners) that are sports specific, as well as sockets etc. as necessary. Please note that VAT is not ordinarily funded, unless the DHSC is unable to claim it back. (this needs to be stated below).Please confirm the expected cost of the prosthesis/prostheses required including known life cycle costs and confirm what warranty arrangements will be in place if approved. Please ensure that you provide a breakdown of all costs of components as far as possible.  |
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| **Other information**Please confirm if an application for funding has been made for this child before. If so, please provide details below. Any additional information (e.g. from sports clubs, family) may be attached.  |
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