

Name:

DOB:

Address:

NHS number:

Please complete the information below as formal notification of information and communication preferences. We have dedicated Communication Support Champions available if you require help completing this form or would like further information and advice.

**I communicate using** (e.g. BSL, deafblind manual):

**To help me communicate I use** (e.g. a talking mat, hearing aids):

**I need information in** (e.g. braille, easy read, plain English):

**The best way to contact me is** (e.g. email, telephone):

(For Hospital / Staff use only)

Alert created on OASIS by (Insert name):

Date:

# The Accessible Information Standard (SCCI 1605 (Accessible Information))

As a Healthcare provider we have new duties to support those accessing our services who have information or communication needs because of a disability or sensory impairment. We must:

1. **Identify** your communication and information needs;
2. **Record** your communication and information needs that you have identified;
3. Have a **flagging** system so that if a member of staff opens your record, it is immediately brought to their attention you have a communication or information need;
4. **Share** the identified information and communication needs you have identified with other services/people involved in your care;
5. **Meet** the communication and information needs you have identified identified.