

**Application For Travel Costs for an Escort**

<b>PATIENT</b>		Date of Birth:
Forename:	Surname:	
Appointment date (if known):	Hospital:	
<b>ESCORT</b>		
Title:	Age at last birthday:	
Forename:	Surname:	
<b>ADDRESS TO SEND CONFIRMATION OF FUNDING TO:</b>		
Email or postal		

Questions about the patient: Tick YES to any that apply	Yes	Admin use
Has an NHS Orkney Escort Authorisation ID	<input type="checkbox"/>	1.01
If yes what is your ID number.		1.02
Under 16 years old	<input type="checkbox"/>	1.03
Aged 16-18 with limited ability to travel independently (due to developmental, behavioural, or medical reasons)	<input type="checkbox"/>	1.04
Has a Guardianship order or Incapacity Certificate	<input type="checkbox"/>	1.05
If Yes a copy of certificate must be included <input type="checkbox"/>		1.06
Receiving enhanced PIP, DLA, Adult disability payment, Attendance allowance or has a blue badge for a vehicle	<input type="checkbox"/>	1.07
If Yes a copy of allowance letter must be included <input type="checkbox"/>		1.08
Attending hospital for Joint replacement surgery	<input type="checkbox"/>	1.09
Attending hospital for eye surgery or eye injection.	<input type="checkbox"/>	1.10
Needing to use an oxygen mask and carry oxygen while travelling	<input type="checkbox"/>	1.11
Appointment is at Golden Jubilee National Hospital	<input type="checkbox"/>	1.12
Appointment is at Forth Valley, Edinburgh, or Glasgow Hospitals	<input type="checkbox"/>	1.13
Within six weeks after delivery of your baby (see note below*)	<input type="checkbox"/>	1.14

**If you have answered YES to ANY of the above questions, then please now return this form to the Travel Administration team at [ork.traveladmin@nhs.scot](mailto:ork.traveladmin@nhs.scot) or hand in at the hospital or your GP reception.** If you have not answered yes to any of these questions and are still requesting funding for escort travel, please ask at your pre-assessment appointment, or GP to complete **Form 3**. Then return both **Form 2 and Form 3** to the Travel Administration team at [ork.traveladmin@nhs.scot](mailto:ork.traveladmin@nhs.scot) or hand in at the hospital or your GP reception.

Patient signature (or typed if sent by e-mail):  
Date:

\*Note: If you are breast feeding and your baby is younger than 12 months then your baby can accompany you to an appointment. If required, please contact the travel team separately with your baby's details.

**Healthcare professional support for escort funding**

This section **does not need to be completed** if the patient, family, or carer has answered **YES** to any of the questions on Form 2. If you have been asked to complete these questions, the patient is applying for funding for an escort to their hospital appointment and further information is required to assess this request.

If Yes is ticked for any of the boxes, details of the condition **must** be provided otherwise the request cannot be approved.

<b>Patient</b>	CHI:		
Forename:	Surname:		
<b>Please tick yes to any that apply</b>	Yes	Admin use	
<b>1.</b> The patient will be undergoing treatment with significant side effects likely to limit mobility or communication during the return journey. e.g. Day case procedures with a GA or sedation	<input type="checkbox"/>	2.01	
Details of treatment and limitations			2.02
<b>2.</b> Patient has a significant physical disability requiring assistance during travel for safe administration of medication or personal care such as using a toilet.	<input type="checkbox"/>	2.03	
This condition is enduring, and the patient will always require an escort.	<input type="checkbox"/>	2.04	
Details of condition			2.05
<b>3.</b> Patient has a severe uncorrected visual or hearing impairment that is likely to prevent travel without supervision.	<input type="checkbox"/>	2.06	
This condition is enduring, and the patient will always require an escort.	<input type="checkbox"/>	2.07	
Details of condition			2.08
<b>4.</b> Patient has a significant mental disability requiring assistance during travel. e.g. Clinical cognitive impairment affecting decision-making or communication.	<input type="checkbox"/>	2.09	
This condition is enduring, and the patient will always require an escort.	<input type="checkbox"/>	2.10	
Details of condition			2.11
<b>5.</b> Patient is on the red maternity pathway so is at higher risk of needing a caesarean section delivery.	<input type="checkbox"/>	2.12	

If there are exceptional circumstances for why an escort is being requested for travel please provide details below.

Details of exceptional circumstances	2.13
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**Form completed by**

Title:		Name:	
Role:		GP Surgery or Hospital name:	
Date of completion:		Signed or typed if by email:	

**please return this form to the Travel Administration team at [ork.traveladmin@nhs.scot](mailto:ork.traveladmin@nhs.scot)**