

**MIND’S EYE APPLICATION FORM**

Please email completed form to [mindseye@mndassociation.org](mailto:mindseye@mndassociation.org) **We will not process incomplete forms.** Referring professionals must ensure applications are fully completed and returned in a timely manner. Please include ethnicity according to Department of Health coding.

**1. DETAILS OF PERSON WITH MND**

|  |  |
| --- | --- |
| **Title** Mr/Mrs/Ms/Miss/Mx/Other/No title  **First Name**  **Surname** | **Gender**  Male ☐  Female ☐  Non-Binary ☐  Trans ☐  Other  **☐** |
| Date of birth | Date of diagnosis |
| Religion (see Appendix A) | Sexual Orientation (see Appendix A) |
| NHS Number (if known) | Ethnicity (see Appendix A) |
| Address  Postcode | Preferred contact name and method for queries relating to this application: -  Name  ☐ Telephone  ☐ Email |
| E-mail address |
| Telephone |
| GPs name and address | |

**2. DETAILS OF REQUESTING HEALTHCARE PROFESSIONAL**

|  |  |
| --- | --- |
| Name of requesting professional | Job title |
| Address  Postcode | Preferred contact method for queries relating to this application: -  ☐ Telephone  ☐ Email  Normal working hours when you can be contacted: |
| E-mail |  |
| Telephone |  |
| Contact name and telephone/e-mail of a colleague who can be contacted if you are unavailable:  Name  ☐ Telephone  ☐ Email |  |

**3. DETAILS OF APPLICATION**

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| 3a. Does the person have their own iPad to use Mind’s Eye on **Yes ☐ No ☐**  3b. If the person doesn’t have their own iPad, do they require funding from the MND Association towards the cost of the purchase of an iPad **Yes ☐ No ☐**  3c. Does the person require the loan of a Grid for iPad license **Yes ☐ No ☐** |
| Accessing Mind’s Eye requires creating an account with Smartbox. Please provide the email address that the person will use to create their Smartbox account. Please note that this is a mandatory field, and a Grid for iPad licence cannot be loaned without this information.  **Email Address:** |

**5. ANY OTHER INFORMATION RELEVANT TO THE APPLICATION**

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|  |

**6. STATEMENT BY THE REFERRING PROFESSIONAL**

|  |  |
| --- | --- |
| If this application is approved, I understand that, unless otherwise agreed with the Communication Aids Coordinator:   * It is my responsibility to monitor and assess the ongoing needs of the person with MND in relation to this application. * Should I leave my current post, I will notify the MND Association of the name of the professional who has taken on the responsibility for ongoing communication and liaison with the MND Association * I will monitor suitability, provide any necessary instruction, and will notify you when equipment is no longer needed. * I will ensure that loaned equipment is returned in a timely manner when it is no longer being used. | |
| **Signed:** | **Date:** |

**DATA PROTECTION STATEMENT**

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| --- |
| The Association will follow procedures for recording, storing, and updating personal information all of which will comply with the Data Protection Act 1998 and any subsequent legislation including the General Data Protection Regulation.  We may occasionally share your information within the Association and with local health and social care professionals where it helps with your care and support or with development of better services.  If you have already expressed a preference for future contact we will follow these, if not, we may ask you for your views on how our services might be improved. If you do not want us to be in contact, please let us know on [communicationaids@mndassociation.org](mailto:communicationaids@mndassociation.org)  Please see our privacy policy on our website [www.mndassociation.org](http://www.mndassociation.org)  for full details of how we use your information.  In making this application I consent to:   * This application being made for/on my behalf * Details of this application being held on record by the MND Association   I also confirm the following:   * **All questions have been answered** |

Please return completed form to:

Communication Aids

Motor Neurone Disease Association

Francis Crick House

6 Summerhouse Road

Moulton Park

Northampton, NN3 6BJ Tel no: 0808 802 6262 Email: [mindseye@mndassociation.org](mailto:mindseye@mndassociation.org)

**Appendix A**

**Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
| A – White | English / Welsh / Scottish / N Irish / British  Irish  Traveller  Any other white background | A01  A02  A03  A04 |
| B - Mixed / multiple ethnic groups | White and Black Caribbean  White and Black African  White and Asian  Any other mixed / multiple background | B01  B02  B03  B04 |
| C - Asian / Asian British | Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background | C01  C02  C03  C04  C05 |
| D - Black / African / Caribbean / Black British | African  Caribbean  Any other Black / African / Caribbean background | D01  D02  D03 |
| E - Other ethnic group | Arab  Any other ethnic group | E01  E02 |
| F | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
|  | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |