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| Protocol name | Protocol for requesting Radiological Examinations by named Registered Professions employed by General Practice (GP) or Primary Care Networks (PCN) within the Bristol, North Somerset and South Gloucestershire (BNSSG) area. V2.6 | |
| Protocol number | UHBW C03 / NBT reference number CCI-SOP-IRMER-001 | |
| Referrer name |  | |
| Referrer Profession | Clinical Pharmacist  Nurse  Paramedic  FCP Physiotherapist  Podiatrist | |
| Referrer Email |  | |
| GP Practice |  | |
| PCN |  | |
| Professional registration number |  | |
| ICE training completed |  | |
| **IRMER training completed:**  \*if the certificate has no number please provide a copy of the certificate | Date |  |
| Certificate No.\* |  |
| Non-Medical Referrer signature |  | |
| Date |  | |

**Signing of this competence declaration affirms that you (the referrer) have read and understood all points in the protocol identified above and all subsequent documents including SOPs relevant to your role and will work within your professional scope of practice and the scope of the protocol.**

**PLEASE NOTE THAT NON-COMPLIANCE WITH THE PROTOCOL MAY LEAD TO REMOVAL OF REQUESTING RIGHTS.**

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| --- | --- | --- |
|  | **Clinical Supervisor** | **Practice Manager** |
| Name (printed) |  |  |
| Signature |  |  |
| Email address  (needed for confirmation) |  |  |
| Date |  |  |

**In signing above, you (Practice Manager/Clinical Supervisor) are confirming that the non-medical referrer has completed their training and is competent to refer under the named protocol.**

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| For completion by Radiology – approval and request for update to ICE access:  ICE update requested  Entitlement letter provided  Date: |