GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

# APPLICATION FOR FUNDING HOLIDAY DIALYSIS TREATMENT (HD1)
## for internal NHS completion only

**Name of NHS Trust:** _____

**Location of Normal Dialysis:** _____

**Contact:** _____ **Tel No:** _____

**Name of Patient:** _____ **Date of Birth:** _____

**Address:** _____ **NHS No:** _____

_____

_____

**Postcode:** _____ **Patient's LHB:** _____

**Location of Holiday:** _____

**Dates of Holiday - From:** _____ **To:** _____

**Details of organisation providing treatment:**

_____

_____

**Tel No:** _____

**Unit provides haemodialysis for NHS patients/A private facility**
(please delete as appropriate)

**No of sessions required:** _____ **Cost per session:** _____

**Total Cost:** _____

***Note: If the organisation providing treatment is a private facility, please outline on a separate sheet why the patient was not referred to an NHS unit.***

**Name of Referring Clinician:** _____

**Signature of Referring Clinician:** _____

**Date:** _____

***Please return to:*** *Patient Care Team, Joint Commissioning Committee by email to* *NWJCC.IPC@wales.nhs.uk*