

**LEARNING DISABILITY AWARENESS AND DES TRAINING CERTIFICATE:**

**NAME OF HEALTH PROFESSIONAL:** .....

**TRAINING PROVIDED ON:** ...../...../20...

**SURGERY:** .....

Having completed the 'LD Awareness & DES Training', I agree to carry out the following:

- √ Provide a reasonably adjusted annual health check for patients with learning disabilities known to the local LD team.
- √ Provide information to patients with learning disabilities, about their treatment, that is easy to understand.
- √ Support patients to understand any health needs identified following the annual health check, offering them a Personal Health Profile and Health Action Plan.
- √ Populating all of the relevant health action planning pages in the Personal Health Profile where necessary.
- √ Offer patients with LD, a review of their health action plan as required
- √ Promote well-being and an understanding of healthy living to ensure registered patients with LD have the opportunity to make healthy choices (observing best interests and consent at all times).
- √ Maintain a person centered approach to people with learning disabilities.

Training was provided by Mark Bradley  
Health Facilitation Coordinator  
Adult Learning Disability Services  
Bexley and Greenwich  
(Oxleas NHS Foundation Trust).

Signed by Practice Manager: .....

Signed by Health Facilitation Coordinator: .....