

# INTERNAL COURSE BOOKING FORM



HEALTHCARE HR SOLUTIONS

Please **PRINT** all the following details.

Course Title

Date of course\*

Alternate date choice\*

Course Location

Mandatory

Non Mandatory

**YOU ARE UNABLE TO BOOK ONTO ANY FURTHER EDUCATION AND TRAINING UNTIL ALL YOUR STATUTORY/MANDATORY TRAINING IS UP TO DATE. PLEASE NOTE YOUR ELECTRONIC TRAINING RECORD WILL BE CHECKED PRIOR TO BOOKING YOU ONTO ANY REQUESTED TRAINING**

## DELEGATE DETAILS

Title

Surname

Forename

Job Title

Department

Location

Contact number

## LINE MANAGERS DETAILS

Surname \*

Forename \*

Job Title \*

Department \*

Division \*

Contact number

Signature \*

\* These are mandatory fields and **MUST** be completed, otherwise the form will be returned for completion which may delay your booking.

If your staff member is applying to attend a SCOPE course please complete the back page of this form. SCOPE courses cover: Venepuncture, Cannulation, IV Therapy (Full Day), Respiratory, Tracheostomy, Catheterisation, Acute Pain Management.

## BOOKING CONFIRMATION

Your member of staff has been booked on the course/study day requested on this application form. Can you please inform your member of staff that a place has been booked for them and that further information will be sent to them prior to the course date. Please ensure off-duty is booked where applicable.

Date received

Date of course booked

(in L&D dept)

Initial (who actioned)

**THIS SECTION TO BE COMPLETED FOR ATTENDANCE AT SCOPE COURSES ONLY**

All extended practice courses have an attached competency assessment. To complete the training you must complete the competency assessment.

SCOPE courses cover: Venepuncture, Cannulation, IV Therapy (Full Day), Respiratory, Tracheostomy, Catheterisation, Acute Pain Management.

The following checklist will help determine your suitability to attend the course.

Please tick/circle as appropriate **EVERY QUESTION**.

1) Your Manager has allocated an Assessor (Nurse/Midwife) who is also competent in the specific Extended Practice Competency you wish to complete.

The Assessor must also hold a recognised assessor's qualification.

Name of Assessor

2) You have discussed your application for this course with your Manager.

3) You routinely need to undertake this aspect of work. Yes  No

If **NO** why do you want to attend?

4) **FOR APPLICANTS APPLYING FOR THE CANNULATION COURSE ONLY**

You have attended the IV Therapy Study Day and are deemed competent. Yes  No

Please let us know the date you gained your competency

Please let us know if you have any special requirements.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT AND THE LINE MANAGER**

I understand that completing this course does not automatically entitle me to re-grading or promotion.

Applicant's signature

Date

**MANAGER'S APPROVAL**

1) I consider the applicant will benefit from the training detailed above and confirm it is relevant to their work.

2) I have arranged a meeting to evaluate/discuss the implementation of the learning.

Manager's signature

Date

**This form will be returned to your manager to confirm the course booking**

**WHEN COMPLETED, THIS BOOKING FORM SHOULD BE SENT TO THE SITE SPECIFIC LEARNING AND DEVELOPMENT OFFICE WHERE THE TRAINING WILL TAKE PLACE.**