vMar21

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**Trainee Registration**

NHIVNA Core Competency is a clinical training package to train and assess the knowledge and competence of nurses working in HIV services or in Integrated GUM/HIV and/or ID/HIV services. At least 4 months clinical experience is required.

The registration fee is **£325.** Access to the training materials will be provided upon a completed registration form AND payment of the registration fee.

Please complete all sections of the form below carefully.

…………………………………………………………………………………………………………

**SECTION 1**

|  |  |
| --- | --- |
| Title (Dr, Mr, Mrs, Ms etc.) |  |
| **First name** |  |
| **Surname** |  |
| **Your Job Title** *as stated in your job description (nurse/doctor is insufficient information)* |  |
| **Place of Work** – name of clinic, hospital or practice, including postcode |  |
| **Training location** *if different to above* |  |
| **NHS Trust** |  |
| **Mobile telephone number** |  |
| **Email** |  |
| **Name of your Registered STI Foundation *Competency NHIVNA CORE* Trainer** refer [www.stif.org.uk/comp\_trainers](http://www.stif.org.uk/comp_trainers) |  |
| **Trainer’s workplace** |  |
| **Trainer's email** |  |

Continued/…

**SECTION 2**

**- Please select the ONE option which best relates to you.**

|  |  |
| --- | --- |
| [ ] | **A. I have attended a STI Foundation Theory course in the last 3 years.**  Please state STI Foundation Course – Location and Date: |
| [ ] | **B. I have completed the Faculty of Reproductive & Sexual Health 'Course of 5' in the last 3 years.** Please state Date of course (month and year only): |
| [ ] | **C. I have attended an alternative theory course within the last 3 years approved by my Registered STI Foundation Competency trainer**. Please state course details and date (month and year only): |
| [ ] | **D. I am currently working within a Level 3 GUM Service and have attended in-house theoretical training that is approved by my Registered STI Foundation Competency trainer** |

**TRAINEE TO COMPLETE**

**I confirm** thatthe above information can be retained to set up my training recordandmy training data can be retained for over 5 years to maintain my training record as appropriate

I would like to receive e-mails about essential training updates and events

**TRAINEE Signature:**

Date:

**REGISTERED STI FOUNDATION NHIVNA CORE COMPETENCY TRAINER TO COMPLETE**

**I confirm** that the trainee has the appropriate level of knowledge and experience to undertake the ***STI Foundation NHIVNA CORE* Competency** training and assessment programme.

**I confirm** that I take responsibility for overseeing the clinical sexual health competency assessments according to the requirements set out in the *STI FOUNDATION NHIVNA CORE* Competency Trainer Handbook.

**TRAINER Signature**: Date:

**SECTION 3**

**Please pay the registration fee**

[ ] £325

**Please indicate method of payment**

[ ] **Invoice to employer** *Please provide full invoicing instructions and* ***a Purchase Order*** *showing trainee’s name and covering the appropriate registration fee. Email to STIF@BASHH.org*

[ ] **bank transfer** Bank details will be emailed to you.

[ ] **credit card** Payment link will be emailed to you

When your registration fee has been paid, and assuming your registration is in order, you will be sent a web link and password to access and download the your training materials.

Please scan the signed form and email to STIF@BASHH.org

Please retain a copy for your files