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**Trainee Registration form**

Please note the STI Foundation *Complete* programme is for ***experienced*** sexual healthcare professionals who can complete the combined STI Foundation *Intermediate* and *Advanced* Competency training in one pathway ideally within 24 months.

* The trainer should be a Registered STI Foundation *Competency* Trainer and needs to sign the registration form to confirm that you have the appropriate level of experience and knowledge to undertake the STI Foundation *Complete Competency* programme.
* **Please complete Sections 1 and 2 below**. This information is required to process your registration and set up your training record.

**SECTION 1**

|  |  |
| --- | --- |
| Title (Dr, Mr, Mrs, Ms etc.) |  |
| First name |  |
| Surname |  |
| Your Job Title *as stated in your job description (nurse/doctor is not sufficient information)*  |  |
| Place of Work – name of clinic, hospital or practice, including postcode  |  |
| Training location: *if different from above* |  |
| Your NHS Trust  |  |
| Mobile telephone number |  |
| Email  |  |
| **Name of Registered STI Foundation *Competency* Trainer** refer to [www.stif.org.uk/comp\_trainers](http://www.stif.org.uk/comp_trainers) |  |
| Trainer’s workplace  |  |
| Trainer's email |  |

**TRAINEE TO COMPLETE:**

 [ ] I confirm you can retain the above information for over 5 years to set up and maintain my training record.

[ ] I confirm that you can email me with training updates and information as necessary.

[ ] I confirm I have completed a minimum of 25 clinics in the last 2 years in a Level 3 GUM service / fully integrated SRH service seeing both male and female patients and managed them independently. At least 25% of the patients seen in these clinics were male. Each clinic session was 3 hours or more in duration.

 *Please state actual number of clinics completed according to above definition:* ***INSERT NUMBER***

**TRAINEE Signature:** ………………………………………………………………………… Date……………………………………………..

**REGISTERED STI FOUNDATION COMPETENCY TRAINER to complete**

I confirm that the trainee has the appropriate level of knowledge and experience to undertake **STI Foundation *Complete*** and complete the pathway *within 24 months from the date of the first assessment.*

I confirm that I take responsibility for overseeing the clinical sexual health competency assessments according to the requirements set out in the STI Foundation *Intermediate/Advanced* Competency Trainer Handbooks.

**TRAINER Signature**: ………………………………………………………………………… Date………………………………………………

**SECTION 2**

**Please pay the registration fee £750**

**Please indicate method of payment**

**[ ] invoice to employer**

*Please provide full invoicing instructions and a Purchase Order in the sum of £750 including the name of the trainee. Email to* STIF@Bashh.org

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

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

Please note:

Your registration on the **STI Foundation *Complete*** programme will be confirmed by email when your registration fee has been paid. You will also then receive a web link to download the training materials and assessment forms.

Please scan the signed form and email to BASHH-STIF Secretariat

STIF@Bashh.org

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