Mar21

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**Trainee Registration**

STI Foundation *NHIVNA Advanced* Competency training is for Nurses working in a Specialist HIV Medicine setting (Out-patient/Community) or an Integrated GUM/HIV or ID/HIV setting at an advanced level. This will be someone who has worked in the HIV field for 4 years or more and has an independent case load of stable patients. Being able to prescribe ARV medication is not essential but more in-depth knowledge about ARVs, their use, resistance, interactions and adherence support is expected.

**REGISTRATION:** The registration fee is **£325.** A weblink and password to access the training materials will be provided upon receipt of payment and a completed registration form.

 Please complete all sections of the form below carefully.

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**SECTION 1:**

Please complete all details below for us to process your registration and set up your training record.

|  |  |
| --- | --- |
| **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 from above**  |  |
| **NHS Trust**  |  |
| **Mobile telephone number** |  |
| **Email** |  |
| **Are you a member of NHIVNA or BASHH?** |  **NHIVNA**  yes / no  **BASHH**  yes / no |
| **Name of your STI Foundation Competency NHIVNA ADVANCED Trainer** [www.stif.org.uk/comp\_trainers](http://www.stif.org.uk/comp_trainers) |  |
| **Trainer’s workplace address**  |  |
| **Trainer's email** |  |

**SECTION 2**

**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 ADVANCED COMPETENCY TRAINER TO COMPLETE:**

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

**I confirm** that I take responsibility for overseeing the sexual health competency assessments according to the requirements set out in the STI FOUNDATION *NHIVNA ADVANCED* 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 form is in order, you will be sent a web link and password to access and download the training materials.

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

 Please retain a copy for your files

