Rev 03/21

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**Trainee Registration**

Please complete all Sections below. This information is required for us to process your registration.

**SECTION 1**

|  |  |
| --- | --- |
| [ ]  | **I am applying for STI Foundation *Sexual Health Advising* Competency training and assessment** |
| **Title** (Mr, Mrs, Ms etc.) |  |
| **First name** |  |
| **Surname** |  |
| **Your Job Title** *as stated in your job description (nurse practitioner is insufficient information)*  |  |
| **Time in post**  |  |
| **Place of Work:** *name of clinic, hospital or practice* |  |
| **Location of training** *if different to above* |  |
| **Your NHS TRUST** |  |
| **Mobile telephone number** |  |
| **Email** |  |
| **Name of Registered Competency Trainer** refer to [www.stif.org.uk/comp\_trainers](http://www.stif.org.uk/comp_trainers) |  |
| **Trainer’s workplace**  |  |
| **Trainer's email** |  |

**SECTION 2** - **Registration Fee**

**Please pay the registration fee as appropriate**

[ ] £450

**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

**SECTION 3**

**SHA 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 COMPETENCY TRAINER TO COMPLETE:**

**I confirm** that the trainee has the appropriate level of knowledge and experience to undertake the STI Foundation *Sexual Health Advising* 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 *Sexual Health Advising* Competency Trainer Handbook.

**REGISTERED STI FOUNDATION COMPETENCY TRAINER Signature**: Date:

When your registration fee has been paid, 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

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