V SEPT 21



**Trainee Registration form**

* **Please note** Your trainer should be a Registered STIF *Competency* Trainer and needs to sign your registration form to confirm that they can provide/oversee your training and that you have the appropriate level of experience and knowledge to undertake the *Intermediate* pathway.
* **Please complete Sections 1, 2 and 3 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 insufficient information)*  |  |
| Place of Work: *name of clinic, hospital or practice, including postcode*  |  |
| Training Location: *where the training will take place if different to above*  |  |
| GMC or NMC number |  |
| HCPC  |  |
| 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**

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

|  |  |
| --- | --- |
|  [ ] | **A. I have attended a STIF Foundation Theory course in the last 3 years.** Please state |
|  | STIF 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 STIF *Intermediate* trainer.** Please state:  |
|  | Date of course (month and year only): |
|  | Details of course |

|  |  |
| --- | --- |
| [ ] | **D. I am currently working within a Level 3 GUM Service and have attended in-house theoretical training that is approved by my Registered STIF Intermediate trainer** |

**TRAINEE TO COMPLETE:**

**I confirm** thatthe above information can be retained to set up my training recordandmy training data can be retained for up to 7 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 STIF COMPETENCY TRAINER TO COMPLETE:**

**I confirm** that the trainee has the appropriate level of knowledge and experience to undertake the STIF *Intermediate* 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 STIF *Intermediate* Competency Trainer Handbook.

**REGISTERED STIF COMPETENCY TRAINER Signature**: Date:

**SECTION 3**

**Please pay the registration fee as appropriate**

[ ] £325 for non BASHH members

[ ] £275 for BASHH members

**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, 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 BASHH-STIF Secretariat

Or post to: Executive Business Support Ltd, City Wharf, Davidson Road, Lichfield, WS14 9DZ

Please retain a copy for your files