vers Mar21



AND



 **Trainee Registration**

Please complete all details below. This information is required to process your registration and create a training record.

1. ***Please tick and provide information as appropriate.***

|  |  |
| --- | --- |
| [ ]  | I am applying for STIF COMBINED **STI Foundation Intermediate Competency/STI Foundation Integrated Competency training and assessment**. I understand Integrated and Intermediate competencies can be submitted for certification either at the same time or Integrated submitted after Intermediate. |

1. **Trainee and trainer details**

|  |  |
| --- | --- |
| 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 |  |
| Training location *if different from above:* |  |
| GMC or NMC Number |  |
| HCPC |  |
| NHS TRUST |  |
| Mobile telephone number |  |
| Email |  |
| **TRAINER INFORMATION** |
| **My STI Foundation *Intermediate* trainer is a Registered STI Foundation *Intermediate* Trainer**  | Name of Trainer: |
| **STI Foundation *Intermediate* Trainer's email** |  |
| **My STI Foundation *Integrated* Competency Trainer is a registered STI Foundation Competency Integrated trainer** | Name of Trainer: |

1. **To be completed by trainees undertaking** **combined** *Intermediate/Integrated* Competency Training and Assessment - **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 *Intermediate* trainer.** Please state:  |
|  | Date of course (month and year only): |
|  | Details of course |

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

1. **Registration Fee**

|  |  |
| --- | --- |
| [ ]  | I am applying for **COMBINED** STI Foundation *Intermediate* / *Integrated* Competency training and assessments[ ] £690I am a member of BASHH. My BASHH registration number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. 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.

**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.

**TRAINEE SIGNATURE Date:**

**REGISTERED STI FOUNDATION COMPETENCY TRAINER(S) TO COMPLETE:**

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

**REGISTERED STI FOUNDATION COMPETENCY TRAINER(S) Signature(s)**: **Date:**

**Please scan and email this form to STIF@BASHH.org**