



Application Form

PCTC Study Day

ANNUAL UPATE 2010

Influenza & Pneumococcal Vaccination

for Health Care Assistants

Fee - £58.75 per student (inc. VAT)

BRADFORD	Friday, 18th June 2010 9.00 am – 12.00 pm	
BRADFORD	Friday, 18th June 2010 1.00 pm – 4.00 pm	
BRADFORD	Friday, 2nd July 2010 9.00 am – 12.00 pm	
BRADFORD	Friday, 2nd July 2010 1.00 pm – 4.00 pm	
BRADFORD	Friday, 30th July 2010 9.00 am – 12.00 pm	
BRADFORD	Friday, 30th July 2010 1.00 pm – 4.00 pm	
BRADFORD	Friday, 17th September 2010 9.00 am – 12.00 pm	
BRADFORD	Friday, 17th September 2010 1.00 am – 4.00 pm	
LONDON	Friday, 7th May 2010 9.00 am – 12.00 pm	
NEATH	Thursday, 1st July 2010 1.00pm – 4.00pm	

Please tick your preferred date

Title _____ Name _____

Address _____

_____ Postcode _____

Telephone _____ Job Title _____

Email address _____

Name of PCT _____

Please fill in clearly ALL details requested. Failure to do so will result in the form being returned for completion. Return this form along with payment to Primary Care Training Centre, Crow Trees, 27 Town Lane, Idle, Bradford, BD10 8NT.

For Office Use Only	
Application Received	Application Processed



INFLUENZA & PNEUMOCOCCAL VACCINATION FOR HCA'S

ANNUAL UPDATE - 2010

Mentor Declaration

Name of Student

1. I declare that I am a Registered Nurse and I am willing to continue to observe and assess the above named student as being competent in the administration of influenza and pneumococcal vaccines according to National Occupational Standards (CSH 3) (Skills for Health; www.skillsforhealth.org.uk).
2. I confirm that the student has attended cardio-pulmonary resuscitation training within the previous twelve months of the starting date of this course.

This support should be given in accordance with the Nursing and Midwifery Council Code of Professional Conduct Section 4.6

Name of Mentor _____ **PIN No (required)** _____

Surgery Address _____

Postcode _____ **Telephone** _____

Mentor Signature _____

Date _____