



Application Form 2010

Influenza & Pneumococcal Vaccination and B₁₂ Injections for Health Care Assistants

Fee - £352.50 per student (inc. VAT)

<u>BRADFORD</u> <u>COURSE 2</u>	Wednesday 9 th June 2010, Thursday 22 nd /Friday 23 rd July 2010	
<u>BRADFORD</u> <u>COURSE 3</u>	Friday, 16 th July 2010, Thursday 9 th /Friday 10 th September 2010	
<u>BRADFORD</u> <u>COURSE 4</u>	Friday, 6 th August 2010, Wednesday 22 nd /Thursday, 23 rd September 2010	
<u>NEATH</u>	Thursday, 29 th July 2010, Tuesday 28 th /Wednesday 29 th September 2010	
<u>LONDON</u>	Tuesday, 20 th July 2010, Tuesday 14 th /Wednesday 15 th September 2010	
<u>NORTH WALES</u> <u>ST ASAPH</u>	Friday, 3 rd September 2010, Thursday, 14 th /Friday 15 th October 2010	

Please tick

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. **You MUST return Mentor, Prescribing Lead and Employer Declarations with this application. Places cannot be allocated until all forms are received, and are on a first come, first served basis.** Lunch and refreshments will be provided. Please state if you have any special dietary requirements.

Return this form to Primary Care Training Centre, Crow Trees, 27 Town Lane, Idle, Bradford, BD10 8NT.

For Office Use Only	
Application Received	Application Processed
Mentor Declaration <input type="checkbox"/>	Employer Declaration <input type="checkbox"/>
Prescribing Lead <input type="checkbox"/>	

Primary Care Training Centre, Crow Trees, 27 Town Lane, Idle, Bradford, BD10 8NT

Tel: 01274 617617; Fax 01274 621621; e-mail admin@primarycaretraining.co.uk

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INFLUENZA & PNEUMOCOCCAL VACCINATION and B₁₂ INJECTIONS FOR HCA'S

Mentor Declaration

Name of Student

- I declare that I am a Registered Nurse and I am willing to observe and assess the above named student as being competent in the administration of influenza and pneumococcal vaccines and B₁₂ Injections according to National Occupational Standards (CHS 3) (Skills for Health; www.skillsforhealth.org.uk).
Competencies will be issued on the first day of the Course. Performance criteria will be discussed with the student on the course.
- I also declare that I am willing to take part in work-book discussions with the student, as required as part of the student's course work.
- I confirm that the student has achieved NVQ Level 3 in Health and Social Care or General Healthcare or equivalent experience
This is defined as having evidence of continuing development and learning and having competence assessment against National Occupational Standards or National Workforce Competencies.
- I confirm that the student has attended cardio-pulmonary resuscitation training within the previous twelve months of the starting date of this course.
- I confirm that the student has had a minimum of two years experience working as a Health Care Assistant in primary care.

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 _____



Statements from Prescribing Lead and Employer (Influenza & Pneumococcal Vaccination, Administration of Adrenaline and B₁₂ Injections)

Name of Health Care Assistant

Course Date:

Prescribing Lead

I am aware of the issues regarding '**Patient Specific Directions**' (see page 35, 'Green Book', TSO, 2006) and how these relate to Health Care Assistants when administering Influenza & Pneumococcal Vaccines, Adrenaline and B₁₂ Injections.

Signed

Name (Practice Prescribing Lead)

Date

Notes for Prescribing Lead: You may wish to contact your PCT Pharmacy Advisor for further guidance on local policy

Employer

I have read the attached Terms & Conditions and confirm that the above named student has employer support in undertaking this course.

Signed

Name (Employer)

Address

Date

NB: If the student is employed directly by a PCT, this signature must be a representative of the PCT and not a GP from the practice in which the student is working.



Terms and Conditions

1. PCTC may refuse any applicant to this course at its discretion.
2. Copyright in all learning materials belongs to PCTC and they are supplied on the condition that they must not be copied or disposed of or transferred to any other person or party.
3. Cleared payment in full must be received before a place can be allocated. Provisional places may be allocated, but will not be confirmed until payment is received.
4. Fees are not refundable or transferable to another course.
5. On receipt of confirmed course dates, applicants have seven days in which to contact PCTC to request alternative dates if the original is not suitable.
6. Students who ask to be re-allocated to a new course more than seven days after their course dates are confirmed will be charged an administration fee.
7. All applicants must practice in an appropriate healthcare setting and fulfill the entry requirements.

Please keep a copy of this application form and the declarations for your own records. You must return the original to the Primary Care Training Centre.