



Application Form
ANNUAL UPDATE 2022 ONLINE
Immunisation and Injections
for Health Care Assistants in Primary Care
Fee - £60 per student (inc. VAT)

PLEASE NOTE: This is held via Webinar. You will NOT be required to attend the Training Centre.

Venue	Date	Time	Please State AM or PM preference
Online	Tuesday 2 nd August 2022	9am – Noon or 1pm – 4pm	
Online	Tuesday 9 th August 2022	9am – Noon or 1pm – 4pm	
Online	Tuesday 16 th August 2022	9am – Noon or 1pm – 4pm	
Online	Tuesday 13 th September 2022	9am – Noon or 1pm – 4pm	
Online	Tuesday 27 th September 2022	9am – Noon or 1pm – 4pm	

Title _____ Name _____

Address _____

Postcode _____ Date of Birth _____

Telephone _____ Job Title _____

Email address _____

Name of CCG _____

Mentor Declaration

- 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 (CHS 3) (Skills for Health; www.skillsforhealth.org.uk).
- 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 Code: Professional Standards of Practice & Behaviour for Nurses, Midwives and Nursing Associates (NMC, 2015) Updated Oct 2018

Name of Mentor _____ PIN No. (required) _____

Surgery Address _____

Postcode _____ Telephone _____

Mentor Signature _____

Mentor Email _____ Date _____

Update fee £60.00 including VAT.

Please fill in clearly ALL details requested. Failure to do so will result in the form being returned for completion.
On completion of the form please return via email to admin@pctc.co.uk Please tick the below payment option

<input type="checkbox"/> Paid by BACs/Bank Transfer to: Primary Care Training Centre Sort Code: 20-11-81 Account 60889008 (Barclays) using the student surname as a reference.	<input type="checkbox"/> Invoice to be emailed to practice. Email: _____
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