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| Names of Study Dates | **DATES (TICK ONLY ONE DATE PER NAME OF STUDY DATE)** |
|  | **These training dates are held at the Whittington Education Centre, Whittington Hospital** |
| Venous Leg Ulcer Assessment & Management for RNs | 24 Jan 2018:9.00-17.00Trevor Clay Room 1 | 25 Apr 20189.00-17.00Room 6 | 26 Sep 20189.00-17.00Trevor Clay Room 1 |  |
| Arterial Leg Ulcer Assessment & Management for RNs | 31 Jan 20189.00-12.30Trevor Clay Room 1 | 2 May 20189.00-12.30Trevor Clay Room 1 | 3 Oct 20189.00-12.30Trevor Clay Room 1 |  |
| Principles of Wound Management for RNS | 14 Feb 20189.00-12.30Trevor Clay Room 1 | 9 May 20189.00-12.30Trevor Clay Room 1 | 5 Sep 20189.00-12.30Trevor Clay Room 1 | 21 Nov 20189.00-12.30Room 11 |
| Pressure Ulcer Prevention TrainingRGNS, HCAs and other clinician  | 14 February 201813.30-16.30Trevor Clay Room 1 | 9 May 201813.30-16.30Trevor Clay Room 1 |  5 Sep 201813.30-16.30Trevor Clay Room 1 | 21 Nov 201813.30-16.30Room 6 |
| Compression Therapy Workshop for RNs | 16 March 20189.00-12.30Room 11 | 15 June 20189.00-12.30Room 11 |  2 Nov 20189.00-12.30Trevor Clay Room 1 |  |
| Tissue Viability Training for Health Care Assistants | 28 Mar 20189.30-17.00Trevor Clay Room 1 | 24 Oct 20189.30-17.00Trevor Clay Room 1 |  |  |
| **Please note all Whittington Health staff of any grade, clinician or non-clinician can access the E-learning module Pressure Ulcer Prevention via ESR. (Pressure Ulcer Prevention training should be every 2 years face to face or e-learning)**  |
| **FEES**All Whittington Health Staff and Camden Community, C & I MH Staff are **not** required to pay a fee. **All others applicants who are non-Whittington Health (Nursing Home, GP surgeries) are required to pay the following fees. Further enquiries email: whh-tr.TissueViability@nhs.net****Half Day £100.00 Full day £200.00 (If you are paying please complete the back of this form)** |
|  |
| **DETAILS OF APPLICANT :** Please complete in capitals or typed print |
| **Applicant’s First & Surname** |  |
| **Job Title** |  |
| **Applicant’s Work Address** |  |
| **Applicant ‘s Email Address** |  |
| **Applicant ‘s Contact Number** |  |
| **Manager of Applicant’s First & Surname** |  |
| **Manager of Applicant’s****Email Address** |  |

**THIS SECTION IS ONLY TO BE COMPLETED BY APPLICANTS**

**WHO ARE PAYING FOR THEIR TRAINING**

**Please, note payment is by invoice.**

If you wish to cancel your booked training please, email at least. **48 hours before the training date** otherwise we will charge for the training.

Please, state in the email your name, training name and date you have been booked.

Please, email cancellations to this address: **whh-tr.TissueViability@nhs.net**

**Please, provide details of who we need to send the invoice to:**

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| **Purchase order number. (Your place on the course will not be guaranteed without a PO number)** |  |
| **Trust full address including post code (where invoice should be addressed to):** |  |
| **Name of contact person for invoicing:**  |  |
| **Telephone number:** |  |
| **Email address:** |  |

The Tissue Viability Service reserves the right to cancel the training with **24 notice** if there is **LESS** than **8 attendees** booked.