

CERVICAL SAMPLE TAKER INITIAL TRAINING

COURSE COHORT DATE: _____

COURSE REGION/LOCATION: _____

***If COMPLETING BY HAND, PLEASE USE BLACK INK, BLOCK CAPITALS AND ENSURE WRITING IS LEGIBLE**

COURSE REQUIREMENTS

You **MUST** be a registered doctor, nurse/midwife, NMC registered Nursing Associate, PAMVR Registered Physician Associate or a registered Paramedic to undertake this training

You **MUST** have a nominated mentor and the support of your practice manager (see section 3 below)

To successfully complete the course, students are expected to:

- ◆ Complete a Learning Plan
- ◆ Attend/undertake all theoretical study elements
- ◆ Observe their mentor/supervisor when they take at least two cervical samples
- ◆ Perform a minimum of five cervical samples under the supervision of their mentor/supervisor
- ◆ Undertake a mandatory Initial Assessment using an image library
- ◆ Submit written evidence of having completed 20 unsupervised 'acceptable' samples
- ◆ Satisfactorily complete all course elements (including a final assessment) **within 9 months of the theory**
- ◆ Submit written evidence of visits/tours
- ◆ Submit written reflections

SECTION 1: STUDENT INFORMATION

Student surname	
Student first name	
Student title (Mr/Mrs/Miss/Ms/Dr)	
Student address [Home] including Post Code	
Student phone (Home)	
Student phone (Mobile)	
Student e-mail (Work)	
Student e-mail (Alternative)	
Student job title	
Professional Registration Pin No.	
Special Requirements (i.e. Dietary, access, dyslexia etc)	

SECTION 2: SAMPLE TAKING BASE

Practice/Hospital name	Practice Code:
Practice/Hospital address	
Practice/Hospital phone	
Line Manager name & contact e-mail	

SECTION 3: MENTOR INFORMATION

Students must have an approved mentor from the list held by the NEPSEC Office. Please contact the Admin Team if you need to joint the list and attend a NEPSEC Mentor Briefing session.

Name of Mentor identified	
Mentor address (if not as employer)	
Mentor phone (if not as employer)	
Mentor email	
Mentor's Sample Taker number	
Name of responsible CCG	
Name of Regional Cytology Laboratory you send samples to	

SECTION 4: STATEMENTS & SIGNATURES

The practical element of this course typically consists of; two observed cervical samples, five supervised cervical samples and 20 unsupervised cervical samples and 3 Assessment samples. NB During the unsupervised sample taking, an experienced Sample Taker colleague **must** be physically available in the surgery or clinic. However, Nursing Associates must always have their NEPSEC approved Mentor available when taking cervical samples.

Mentor:	<p>I confirm that I have been nominated by the applicant/practice to act in the role of Mentor for the practical element of this course. I have read the mentor guidance and fulfill the requirements of this document. I have*/have not* (delete as appropriate) attended a NEPSEC Mentor Briefing session.</p> <p>Signed: _____ Date: _____</p>
Practice or Line Manager:	<p>I have read the training course prospectus and agree to the Terms & Conditions. I confirm that the applicant will be able to undertake the practical element of this training course at their place of work, and that their mentor is suitable to provide the required support.</p> <p>Signed: _____ Date: _____</p>
Student:	<p>I confirm that I wish to undertake the course and the details entered are correct. I agree to the Terms & Conditions of enrolment as set out in the training course prospectus.</p> <p>Signed: _____ Date: _____</p>

SECTION 5: COURSE FEES & REGISTRATION

The return of this completed form to the North of England Pathology & Screening Education Centre is sufficient to enroll for a provisional place on this course (subject to availability). **Places on the course cannot be fully secured until full documentation and payment (or an official purchase order number or full invoicing information) is received.** Do not assume that your place is secure until you have received formal final confirmation from us.

Method of Payment (✓ as appropriate):

- A cheque for £550 is enclosed, made payable to 'Sheffield Teaching Hospitals NHSFT'
- Card Payment: I am providing the Card Holder name and Contact telephone number to enable this option.
 Card Holder (please print)..... Contact Tel. No.
- A purchase order numberis enclosed and **the full invoice address including post code** is:

- For those applying through a Training Hub/Provider, please include the organization and contact name:

Please return this form to:

**Administration Team
 North of England Pathology & Screening Education Centre
 Unit 3, Wakefield Office Village
 Fryers Way
 Wakefield
 WF5 9TJ**

For further details on how we use and store your personal information, please visit www.nepsec.org.uk/privacy-policy