Pulse Nursing External Training Form

Associate Personal Information			
Surname:		**Forenames:**	
Grade and Speciality:		**Date of Birth:**	

In order to ensure that the names associate is deemed fit to work/compliant we must ensure that they have in date training required for their role. I would be grateful if you can confirm that the candidate has completed the following training and ensure you print, sign and date the declaration box. Please note in order for Pulse to accept this form it must be fully stamped with a full hospital stamp confirming the name of the trust, accompanied with a signed compliment slip or if you are returning by email, it must come from your work address.

Course	Additional Information	Date Completed
Life Support (adult, paeds, or neonatal as appropriate) must be compliant with Resuscitation Council UK and delivered by means of a practical course	Basic Life Support ☐ Paeds Life Support ☐ Neonatal Life Support ☐	
Moving and Handling of people/patients delivered by means of a practical course		
Health and Safety at Work including COSHH and RIDDOR and Fire Safety		
Complaints Handling		
Conflict Resolution including management/handling of violence and aggression		
Information Governance		
Infection Prevention and Control	Level 1 ☐ Level 2 ☐	
Lone Worker Training		
Food Hygiene Awareness		
Child Protection	Level 2 ☐ Level 3 ☐	
Safeguarding Vulnerable Adults		
Equality and Diversity		
Preventing Radicalisation	Level 1 ☐ Level 2 ☐	
Counterfraud Training		
Mental Health Act/Mental Capacity Act		
Interpretation of Cardiographs Traces – CTG - MIDWIVES ONLY		
Physical restraint skills and techniques including personal safety and control and restraint training		

PLEASE DO NOT FORGET TO COMPLETE THE DECLARATION ON THE NEXT PAGE

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Please list any other additional training the candidate has completed		
Course	Classroom or Online	Date Attended

To be completed by Manager/Trainer:			
I can confirm that the training provided is aligned with the CSTF			
Forename:		Surname:	
Position:		Signature:	
Employer/Trust:			
Telephone:		Email:	
Hospital Stamp:			