

## Certificate of Completion of Mandatory Training Modules

**I understand that completion of mandatory training modules is a requirement for employment in the Southern Health and Social Care Trust and completion of this form is a requirement of the Trust.**

<b>Hyponatraemia</b>	
<p>I have completed the BMJ Learning Module BMJ Hyponatraemia module <a href="http://learning.bmj.com/learning/search-result.html?moduleId=5003358">http://learning.bmj.com/learning/search-result.html?moduleId=5003358</a> and have a copy of a currently valid certificate with my portfolio Date of completion</p> <p><b>OR</b></p> <p>I have discussed this module with my Education Supervisor and we have agreed that this is not required due to my clinical workload</p>	<p>Date of Completion (DD/MM/YY) ___/___/___</p> <p><input type="checkbox"/> Please tick to confirm</p>
<b>Right Patient Right Blood Training</b>	
<p>I have completed Module 1 of the on-line programme <a href="http://www.learnbloodtransfusion.org.uk">www.learnbloodtransfusion.org.uk</a> and have been competency assessed and have a 'Certificate of Completion' (valid for 3 years) &amp; have read the Southern Trust Blood Transfusion Policy <a href="http://shsctintranet.hpss.n-i.nhs.uk/HTML/PandP/documents/Bloodtransfusionpolicy.pdf">http://shsctintranet.hpss.n-i.nhs.uk/HTML/PandP/documents/Bloodtransfusionpolicy.pdf</a></p> <p><b>or</b></p> <p>I have completed the on-line programme and will arrange competency assessment. I undertake to arrange this as soon as possible – please contact P. Watt – Southern Trust to arrange [07803289476]/ 028 38 613740</p> <p><b>IMPORTANT NOTICE: Interim Desist Notice</b> If you have not received <u>full training and instruction</u> [as outlined above] in the handling of blood components within the last 3 years, you must not draw blood samples for transfusion testing, transport or administer any blood components. A temporary desist notice follows:</p> <p><b>I confirm that I am aware of the competency assessment requirements of the 'Right Patient, Right Blood Safer Practice Notice of the National Patient Safety Agency (SPN14) and understand the contents of this desist notice. I confirm that I will not take part in any aspect of the blood transfusion process until I have undertaken the appropriate training and competency assessment.</b></p> <p><b>OR</b></p> <p>I have obtained a permanent Desist Notice in respect of this training as I am never involved in any aspect of blood sampling or transfusion</p>	<p>Online programme completion date (DD/MM/YY) ___/___/___</p> <p>Competency Assessment completion date (DD/MM/YY) ___/___/___</p> <p><input type="checkbox"/> Please tick to confirm</p> <p>Desist Notice Date (DD/MM/YY) ___/___/___</p>

