**TRAINER REGISTRATION FORM**

**EDUCATIONAL ROLE:**

|  |
| --- |
| [ ]  LEAD COORDINATOR OF UNDERGRADUATE TRAINING |
| [ ]  OVERSEEING STUDENTS’ EDUCATIONAL PROGRESS |
| [ ]  EDUCATIONAL SUPERVISOR |
| [ ]  CLINICAL SUPERVISOR |

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE: |  | GMC NUMBER: |  |
| FORENAME: |  |
| SURNAME: |  |
| HEALTHBOARD: |  |
| SPECIALTY: |  |
| BASE LOCATION: |  |
| EMAIL: |  |
| REVALIDATION DATE: |  |

**EDUCATIONAL DETAILS**:

[ ]  I have attended a recognised introductory Training course (eg. FDA Trainer Workshop, SEFCE – CEP, etc.)

|  |  |
| --- | --- |
| TITLE: |  |
| LOCATION: |  |
| DATE ATTENDED: |  |

If an introductory course has not been attended, but alternative evidence presented, please list details below:

|  |  |
| --- | --- |
|  | Frameworks Area(s) addressed |
| Document type / title | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

[ ]  I have undertaken Equality & Diversity training:

|  |  |
| --- | --- |
| PROVIDER: |  |
| DATE: |  |

Please detail any other educational experience / qualifications:

|  |
| --- |
|  |

**DEPARTMENTAL DETAILS**:

|  |
| --- |
| [ ]  This undertaking has been agreed with my Clinical Lead |
| [ ]  Job Plan Submitted  | Name of Clinical Lead: |  |
| [ ]  I have sufficient time in my job plan for the role  |

**Any further comments:**

|  |
| --- |
|  |

Trainer

Signature: Date:

**DME OFFICE USE (if applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| Induction meeting (date):  |  | Held with: |  |
| Entered onto TURAS (date): |  | Entered by: |  |

[ ]  I have seen the above evidence and I am satisfied that this trainer meets the minimum requirements for initial recognition.

[ ]  I have entered this trainer onto TURAS as recommended for recognition.

DME

Signature: Date: