**LARC LoC Training Application Form**

HCRG Care Group in collaboration with Organon and Bayer are offering a **free** practical training programme to support healthcare practitioners in primary care gain competenices and skills in coil and implant insertion and removal (letter of Comptency in IUT and/or SDI-I).

Prior to applying for the training please check the FSRH entry requirements and ensure you feel you are able to meet them. Practical training can only commence once the entry requirements are completed and evidence is provided to your trainer.

Please complete all sections of the form below and return to emma.zurowski@hcrgcaregroup.com. **In order for your training to proceed copies of certificates will be required as marked by \***

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Current UK GMC/NMC number** |  |
| **GP Practice name and address** |  |
| **Telephone Contact** |  |
| **Email Address** |  |
|  | |
| **Practical Training Required** | **Please mark x where applicable** |
| Implant (SDI-IR) theory, model arm and practical training |  |
| Experienced practitioner training (SDI-IR) |  |
| Coil (IUT) theory, model uterus and practical training |  |
| Experienced Practitioner training COIL (IUT) |  |
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| **Entry requirements** |  |
| **FSRH Diploma/Member/fellow or EKA/OTA** | **Date completed/joined/passed** |
|  |  |
| Member of the Faculty of Sexual and Reproductive Health (FSRH) | **YES/NO** |
| Competent in undertaking a speculum examination. (IUT training requirement) | **YES/NO** |
| Competent to give an intramuscular injection | **YES/NO** |
| Competent in consultation skills | **YES/NO** |
| Competent in contraceptive counselling (FSRH offer a free 2 hour course) [Education & Training - Faculty of Sexual and Reproductive Healthcare (fsrh.org)](https://www.fsrh.org/education-and-training/fsrh-contraceptive-counselling-online-course/) | **YES/NO** |
| Read the current FSRH guidance on intrauterine contraception | **YES/NO** |
| Read the current FSRH guidance on subdermal implants | **YES/NO** |
| **COPY OF DOCUMENTS BELOW REQUIRED** |  |
| \* Anaphylaxis training | **Date completed:** |
| \*Basic Life Support training (must be recognised by the UK Resuscitation Council) | **Date completed:** |
| \*Hep B vaccination | **Date completed:** |
| \*DBS (within last 3 years) | **Date completed:** |
| \*Safeguarding Level 3 children and young people | **Date completed:** |
| **Training option preference** | **Please mark with X** |
| Training option 1 (within practice) |  |
| Training option 2 (within integrated sexual health/Oldham) |  |
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