**Expression of Interest in LoC IUT**

Thank you for your interest in the LoC IUT with Teesside Sexual Health.

In order to progress with your training, could you kindly complete the following form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and postcode of place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current UK GMC & licence to practise / NMC number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details regarding the mandatory requirements needed prior to commencing training have been sent to you along with this form. Please complete the information below and return with your application.**

**CERTIFICATES OF EVIDENCE ARE REQUIRED FOR THE BELOW**

|  |  |  |  |
| --- | --- | --- | --- |
| **BLS**  | **Date achieved:** | **CERTIFICATE UPLOADED** | **YES / NO** |
| **ANAPHYLAXIS** | **Date achieved:** | **CERTIFICATE UPLOADED** | **YES / NO** |
| **MODULE 15 ON e-LFH**  | **Date achieved:** | **CERTIFICATE UPLOADED** | **YES / NO** |
| **eKA/OTA/FSRH DIPLOMA most recent certification** | **Date achieved:** | **CERTIFICATE UPLOADED** | **YES / NO**  |
| **DBS CERTIFICATE** | **Date:** | **CERTIFICATE UPLOADED** | **YES / NO** |
| **SAFEGUARDING ADULTS LEVEL 2** | **Date achieved:** | **CERTIFICATE UPLOADED** | **YES / NO** |
| **SAFEGUARDING CHILDREN L3** | **Date achieved:** | **CERTIFICATE UPLOADED** | **YES / NO** |
| **CONTRACEPTION COUNSELLING FSRH COURSE****NOT REQUIRED IF YOU HOLD A DFSRH /MSRH** | **Date achieved:** | **CERTIFICATE UPLOADED**  | **YES / NO** |
| **IMMUNISATION EVIDENCE** | **Hepatitis B**  | **CERTIFICATE UPLOADED** | **YES / NO** |

|  |  |
| --- | --- |
|  | **Signature to self-certify competence** |
| **DOCTOR: I confirm that I am competent in gynaecological skills as documented in the training requirements.** |  |
| **NURSE: I confirm that I am competent to the level required for parts 1 and 2 of the RCN Genital Examination in Women** |  |
| **Competent in consultation skills** |  |
| **Competent to give an intramuscular injection** |  |
| **Conversant with current FSRH guidance on IUT** |  |

Training is provided free of charge to services who are sub-contracted to HCRG Sexual Health Teesside.

For those who are not sub-contracted a payment of **£300** will be charged.

This payment is due before commencement of your training.

***The above payment is independent to the payments required to FSRH which we have no control over.***

***The fees payable to the FSRH can be found on the information sheet.***

Please provide the details requested below for invoicing if different to the details already provided above

Name

Role

Company name

Address/Postcode

Contact number

Email address

PO (if applicable)

Please return all completed forms to Jayne.Alison@hcrgcaregroup.com

Thank you

We look forward to training you.

**PLEASE NOTE:**

For clinicians without previous training and experience in bimanual pelvic examination, clinical sessions would be required for the theoretical and clinical training (mostly with patients attending for Intrauterine contraception) prior to commencing the fitting of coils.

**COSTS PAYABLE TO FSRH.**

**These costs are independent to the payment to HCRG for training.**

**We have no control over the payments required by the FSRH.**

|  |  |
| --- | --- |
| Online Theory Assessment (OTA) | £85 (per attempt)-Payable to FSRH |
| Clinical Training (Costs are set locally) | £300 Payable to HCRG |
| Letter of Competence Registration fee - Current FSRH Members (Associate, Members, Fellows and current holds of the FSRH Diploma)ORNon-FSRH members | £115-Payable to FSRH £475-Payable to FSRH |
| **Total (approximate)**FSRH MembersORNon-FSRH Members |  £545 £885 |

## Associated Fees and Costs for the Letter of Competence to FSRH

### Option 1: Associate membership

Join us as a member to benefit from a reduced LoC application fee and free recertification every 5 years.

You can apply to become an [Associate member](https://www.fsrh.org/membership/explore-membership/associate/) when you submit your LoC application. This will allow you to qualify for a reduced member rate\* of £115 for each LoC application fee as well as giving you full access to all our [member benefits](https://www.fsrh.org/membership/member-benefits/).

##### \*The full annual Associate membership fee is due the subsequent year and then the following years of your membership.

**Member rate per LoC application:** £226 (Associate annual membership £111 + LoC registration £115) for LoC applications between 1 Jan – 30 Jun

**Member rate per LoC application:** £171 (Associate annual membership £56 + LoC registration £115) for LoC applications between 1 Jul – 31 Dec

### Option 2: Non-member rate

The non-member rate per LoC application is **£475,**this fee will cover you for next 5 years.

**\*Join us as a member to benefit from a reduced LoC application fee and free of charge recertification every 5 years**

You can apply to become an [Associate member](https://www.fsrh.org/members/) when completing your LoC training application online as part of the final step. This will allow you to qualify for the reduced member rate of £110 for each LoC application fee as well as giving you full access to all our membership benefits.

**The subsequent full annual Associate membership fee is due on 1 January 2025 and then the following years of your membership.**

As an Associate member your [recertification of your qualification](https://www.fsrh.org/recertification/recertification-requirements-for-letters-of-competence-loc-iut/) is free of charge every 5 years, if you have retained and paid for your annual Associate membership each year. Recertification enables you to demonstrate you have retained the skills and knowledge required for your qualification. This evidence can be used in appraisals and for revalidation.