

WOLVERTON CENTRE FOR SEXUAL HEALTH

Letter of Competence Training Request Form

To be completed by Applicant

Name:	
Job Title:	
Telephone Number:	
Email Address:	
GP Surgery:	
GMC / NMC Number:	
Training required: <i>(delete as appropriate)</i>	IUT SDI or Both

Pre-requisite requirements:

• DFSRH / eKA	<input type="checkbox"/>
• eSRH Module 17 for SDI training (within the last 6 months)	<input type="checkbox"/>
• eSRH Module 18 for IUT training (within the last 6 months)	<input type="checkbox"/>
• BLS & Anaphylaxis training (within the last 12 months)	<input type="checkbox"/>

Please return your completed form to The Wolverton Centre, Kingston Hospital NHS Foundation Trust, Galsworthy Road, Kingston upon Thames, Surrey KT2 7QB or email to khn-tr.wolvertoncentre@nhs.net (Direct Line: 020 8934 6845).

Please note you will be required to bring your passport with you on the first day of your training to verify your identity. You will be asked to complete a Confidentiality Agreement upon arrival. Please wear your workplace ID badge during your training.