**![Logo

Description automatically generated with medium confidence]()VACCINATION SITES TRAINING REQUIREMENTS**

**CHECKLIST**

**FOR INEXPERIENCED REGISTERED HEALTH CARE PRACTITIONERS**

**(Nurses, GPs, Pharmacists, AHPs - any clinical staff on a professional register)**

**(Either inexperienced in vaccination or**

**experienced but haven’t vaccinated in the last 12 months)**

FOR THE VACCINATOR ROLE

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**Please select the training topic that you have completed from the list below, fill in your details, sign the document and send back to** [**training@communitymatters.co.uk**](mailto:training@communitymatters.co.uk)

Please mark “X” for the ones you have completed.

|  |  |  |
| --- | --- | --- |
| **Welcome Pack** | **CORE TRAINING** |  |
| **Immunisation Training** | **CORE TRAINING** |  |
| **Covid-19 Core Knowledge and Vaccine-specific Training including Legal mechanisms for administering a Prescription Only Medicine (POM) e.g. PGD** | **CORE TRAINING** |  |
| **Anaphylaxis Training** | **CORE TRAINING - IF NOT COMPLETED IN THE LAST YR** |  |
| **BLS/ILS training (Virtual)** | **CORE TRAINING - IF NOT COMPLETED IN THE LAST YR** |  |
| **BLS (Face to face)** | **Please let us if you have done face to face BLS training before.** |  |
| **Statutory / Mandatory training** | **CORE TRAINING - IF NOT PREVIOUSLY COMPLETED** |  |
| **Pinnacle Process - Delivery of COVID Vaccination Services - Local Vaccination Model v2** | **CORE TRAINING** |  |

On-Site Boarding, IM Injection Observation and Competency Assessment (Required with period of supervised practice) will be provided at the Vaccination Site.

|  |  |
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| **YOUR DETAILS** | |
| FULL NAME: |  |
| ROLE: |  |
| ORGANISATION: |  |
| EMAIL ADDRESS: |  |
| CONTACT NUMBER: |  |
| SAAD Score (Click [HERE](https://www.newhamtraininghub.org/wp-content/uploads/2021/02/SAAD-Scoring.jpg)) |  |
| PIN NUMBER (If applicable): |  |

I confirm that all information supplied above is correct and accurate.

Signature:

Date: