**DESMOND Training Application Form for Registered Healthcare Professionals (HCP)**

The DESMOND Programme has a selection of training available. Please choose from the training courses and dates on our website and enter below your 1st and 2nd choice dates for the training of choice.

**Please ensure you complete the consent information below.**

Anyone wishing to train to become an Educator for one of the DESMOND modules will need to attend the DESMOND 1-day Core training, and is then able to attend any of the DESMOND 1-day module specific training. Please note from September 2020 these training events may be delivered virtually – further details of location can be found on the training page of our website.

Existing Educators for any of the DESMOND modules are able to attend any additional 1-day module specific training.

***If you are not a registered HCP please complete our application form for ‘non-registered HCPs and Lay Personnel’.***

If you are unclear if you fulfil the requirements for a HCP Educator please do not hesitate to contact us for clarity.

If you are from a site new to the DESMOND Programme then please contact the DESMOND National Office on [desmondnationalprogramme@uhl-tr.nhs.uk](mailto:desmondnationalprogramme@uhl-tr.nhs.uk) to arrange a new site discussion, prior to embarking on training.

Please complete the application overleaf to being your application process.

We look forward to welcoming you on training very soon.

**Please select your chosen training & dates below:**

|  |  |
| --- | --- |
| DESMOND Core Training | |
| **1st Date Choice**:  **Location**: | **2nd Date Choice**:  **Location**: |

|  |  |
| --- | --- |
| DESMOND Module Specific Training | |
| **Module Of Choice**: | |
| **1st Date Choice**:  **Location**: | **2nd Date Choice**:  **Location**: |

We will endeavour to assign you to your first date choice; however this may not always be possible. You will be informed on receipt of your application of your assigned training dates. **However, please note that for DESMOND training to be successful, we require a minimum number of delegates. Occasionally, despite our best efforts, we are not able to achieve this, and the DESMOND Collaborative reserve the right to cancel training in such circumstances.** If you are applying to become an Educator in any of the DESMOND modules, by completing this form you are acknowledging that you have read & understood the terms and conditions as specified at the end of this document – please see the Terms & Conditions section overleaf for consent.

**GENERAL DATA PROTECTION – CONSENT**

In order to comply with GDPR (2016) and the Data Protection Act (2018), please complete the following if you wish to be added to the DESMOND Educator Database (housed by the University Hospitals of Leicester NHS Trust (UHL))

I consent to UHL using the details provided below to register me on the DESMOND Educator Database

I understand that these details will only be used in relation to DESMOND activities and will not be held separately, nor shared with any third party organisations

I consent that I have read and understood the terms and conditions on Page 4

I understand that I can opt out of being on the DESMOND Educator Database by emailing [desmondnationalprogramme@uhl-tr.nhs.uk](mailto:desmondnationalprogramme@uhl-tr.nhs.uk)

I consent to receiving a MS Teams calendar invite to training (if applicable) and understand my email address will be visible to other educators booked on the same course

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attendee Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title**: Miss / Mrs / Mr / Ms / Other | | **First Name**: | | **Surname**: |
| **Job Title**: | | | **Employing Organisation**: | |
| **Preferred Contact Address**: (please make sure that it is not a generic postal address as sometimes they may not make it to the sender – this is extremely important where attending virtual training as this is where your resources for training will be delivered to  **Postcode**: | | | | |
| **Email Address**: | | | | |
| **Telephone No (compulsory)**: | **Mobile No (optional)**: | | |  |

**About the course**

|  |
| --- |
| Any Dietary Requirements: (only required for face-to-face events) |

**Authorising Manager**

By signing the space below you are confirming that as the assigned manager you understand the ‘terms and conditions’ as outlined on the final page of this application

|  |  |
| --- | --- |
| **Full Name**: | **Signature**: |
| **Telephone No (inc. area code)**: | **Email Address**: |
| **Date Signed Off**: | |

**Payment Confirmation**

Please enter the details below as accurately as possible supplying all of the required information; without this the application may not be accepted. Or feel free to attach a Purchase Order with the application.

|  |  |
| --- | --- |
| **Organisation Name**: | **Purchase Order Number** (**Mandatory**): |
| **Payment Contact Name**: | **Payment Contact Telephone (inc. area code)**: |
| **Payment Contact Email**: | |
| **Invoice Address**:  **Postcode**: | |

**TERMS & CONDITIONS**

**Reserving a Place**

* Reservations can be held for sites who know they will be interviewing in the near future and the post-holder will require DESMOND training. The place can be reserved for a maximum period of 2 weeks, during which time a completed application form (with the Attendee’s name omitted) is required.
* Places can be reserved for delegates for a period of 2 weeks only. If an application form is not received during that time, then the DESMOND Collaborative reserve the right to cancel the reserved place.

**Cancellation Information for Attendees**

**& their Organisations**

The DESMOND Collaborative reserves the right to levy a cancellation fee in the event of a withdrawal from training once we have confirmed booking by the person or body making the booking. This fee, where levied, will include, but will not be limited to, any charges incurred from the training venue in relation to the cancelled attendance and accommodation fees.

**For those training to be an Educator please read the following:**

**Data Protection Information for Educators – How we will use your data**

As a DESMOND Educator you will become part of the DESMOND Collaborative (housed by UHL) and we would like to ensure that you can be kept fully informed and involved in all DESMOND activities. We also have a shared responsibility to support you in maintaining your competency as an Educator by keeping accurate records of quality development and associated activities in which you will be involved. To achieve this and to ensure compliance with GDPR 2016 and the Data Protection Act 2018 we need to include the contact details and information you have supplied above on the DESMOND Educator Database which is housed on UHL secure NHS servers and this information will only be shared with UHL staff for the purpose of DESMOND programme related activities.

Please ensure that the information we hold for you is accurate and up-to-date at all times.

**If you are happy with this please ensure you tick the consent boxes on page 2 of this application.**

**Criteria for becoming a HCP Educator**

In order for a place to be confirmed on training both Educators and an authorising manager must agree to the following six criteria:

1. To deliver the DESMOND modules according to their curriculums and supporting materials as provided on your training
2. To use the designated resources as described at training
3. To undergo Quality Development as detailed in the ‘Quality Development Framework’
4. To take part in Educator support activities (such as study days, Academy workshops, Sharing Good Practice events)
5. To deliver 3 complete participant groups per year to maintain competency, in each of the modules trained to deliver
6. To update DESMOND National Office on any changes to contact information or changes in circumstances.

**Please send completed forms via:**

**Email**: [desmondnationalprogramme@uhl-tr.nhs.uk](mailto:desmondnationalprogramme@uhl-tr.nhs.uk)

**Post**: DESMOND National Office, Leicester Diabetes Centre, Leicester General Hospital, Gwendolen Road, LEICESTER, LE5 4PW