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| **Organisation Full Name:** | South Tees Hospitals NHS Foundation Trust |
|  **Field of Practice** | **(please** Checkmark **tick relevant box)** |
|

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| **Adult Nursing**  **please** Checkmark | **Wards/Departments** |
| **Stroke/Rehab** |  | **Respiratory** |  | **Out-Patients** |  |
| **Gastroenterology** |  | **Diabetes** |  | **Emergency Dept** |  |
| **Surgery** |  | **Neurology** |  | **Corporate/Management** | **x** |
| **Medicine** |  | **Nephrology** |  | **Other** |  |
| **Obs & Gynae** |  | **Theatres** |  |  |  |
| **Critical Care** |  | **ITU** |  | **CITU** |  | **HDU** |  | **NNU** |  |
| **Children & Young People** |  | **Ward** |  | **ED** |  | **PICU** |  | **Other** |  |
| **Community** |  | **District Nursing** |  | **Health Visitor** |  | **Other** |  |  |  |
| **Mental Health** |  | **Ward** |  | **Dept** |  | **Other** |  |  |  |
| **Learning Disabilities** |  | **Ward** |  | **Dept** |  | **Other** |  |  |  |
| **CYP Mental Health** |  | **CAHMS** |  |  |  | **Other** |  |  |  |
| **Ambulance service** |  | **NEAS** |  | **YAS** |  |  |  |  |  |
| **Prison Service** |  |  |  |  |  |  |  |  |  |
| **GPN/Primary Care** |  |  |  |  |  |  |  |  |  |
| **Education & Training** |  | **Preceptees** |  | **Clin Educator** |  | **PPF** |  | **Practice Dev** |  |
|  |  |  |  |  |  |  |  |  |  |
| **Safeguarding** |  |  |  |  |  |  |  |  |  |
| **Hospice Nursing** |  |  |  |  |  |  |  |  |  |
| **International Nursing** |  |  |  |  |  |  |  |  |  |

 |
| **Name of person completing form:** |  |
| **Job title of person completing form:** |  |
| **Email of person completing form:****Please use NHS Email address** |  |
| **Date:** |  |
| **Criteria** | **Brief summary of evidence to meet criteria (maximum 500 words)** |
| Can demonstrate that you meet the academic criteria (Level 6) |  |
| Can demonstrate that you have the capacity to commit to completing the virtual PNA Training |  |
| Can demonstrate that you are ready to commence a PNA training programme anytime between June 2022 and April 2023. |  |
| What support would you require in practise whilst receiving a remote PNA Training programme? |  |
| Additional Needs(ie.Dyslexia, ADHD etc.)None.  |
| **Line Manager to Complete*** Line Manager Name
* Line Manager Email
* Line Manager Signature Required – Approving Candidate holds a Level 6 Qualification and the candidate can commit to undertaking the PNA Training Programme
 |
| **Name:**  |  |
| **Email:** |  |
| **Signature (required)** |  |