Statutory and Mandatory Training Requirements

In line with the requirements of my professional membership with the Nursing and Midwifery Council (NMC) and my contract of employment, I confirm that I will ensure continued compliance with the above statutory and mandatory training at the stated intervals:

Subject	Training Frequency	Supervisor to date and sign when initial training completed and certificate reviewed
Learning Disability and Autism	E-learning package+tier2 once	
Imms & flu core training	Once only (2 days)	
Prevent Strategy	Induction then discretionary	
Lifting and handling	Induction then discretionary	
Consent	Induction then discretionary	
Chaperoning	Induction then discretionary	
ECG (12-Lead)	Induction then discretionary	
Diabetes foot check	Induction then discretionary	
Wound care/Tissue viability	Recommended	
Venepuncture	Recommended	
Childhood immunisation	Induction then annually	
Basic Life Support	On Induction then annually	
Anaphylaxis	On Induction then annually	
Infection Prevention & Control	On Induction then annually	
Fire training and evacuation	On Induction then annually	
Information Governance	On Induction then annually	
Seasonal influenza/pneumococcal/B12	Core training then annually	
Travel Health	2-day core then annual	
Diabetes – diploma/equivalent	Annual CPD	
Asthma/COPD diploma	Annual CPD	
Ear care	Practice discretion	
Conflict resolution	Induction then 3-yearly	
Equality & Diversity	Induction then 3-yearly	
Health & Safety	Induction then 3-yearly	
Yellow Fever (if YFC)	See current Nathnac guidance	
Spirometry training	Core training then 3-yearly	
Cervical sample-taker training	Core training then 3-yearly	
Contraception- half day	2-yearly	
Leg ulcer training +ABPI	TBC	
SSSA	3-yearly	
Child Safeguarding	Level 3. On induction (8 hours) then minimum of 8 hours' refresher per 3-year period. 50% participative (Nursing Associate Level 2)	
Adult safeguarding (incl. MH capacity)	Level 3. On induction (8 hours) then annually. 50% participative incl. 8 hrs over 3-year period. (Nursing Associate Level 2)	

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Name:	
Signature:	Date: