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