



East of England
Paediatric
Critical Care
Operational Delivery Network

Collaborative working to deliver high quality care to our children and their families

Paediatric Critical Care
Level 1 Course
Application form

Course details

Dates of course applied for:

Applicant details

Full Name (as you wish it to appear on the certificate):

Email address:

Job title:

Ward / department:

Employer name:

Employer address:

Please tick either Self Funding [] Employer funding agreed []

Learning agreement:

I confirm that I have read and understood the course outline, and by undertaking this course agree to abide by the guidelines therein. I confirm I meet the course entry criteria. I accept that it is a condition of the employer and the ODN, that I attend the required study days and undertake to submit all academic and practice assessments / competencies on time.

I understand that I must inform my line manager with regard to agreeing leave requests and reporting sickness or absence in order to maintain local reporting.

On completion of the module I agree to consolidate my learning by committing to practice within my current place of work. I understand that should I withdraw from the course prior to completion or leave my current place of work during the course the institution may seek reimbursement of the course fees and costs involved in training. The ODN will not issue a certificate of completion, nor have any financial or professional responsibility.

Signature: Date.....

Line managers agreement

I understand the benefits of this training to the candidate. There will be regular progress review and they will have a nominated mentor. I am aware of the academic and practical assessments and will offer help and support as required. I am aware that I can contact the course leader if I have any concerns over the candidate's progression or have any issues with the course.

Signature:..... Date

Full name:.....