# **HEA 4509 Paediatric High Dependency Care Module**

**Additional Information**

Please complete this form and upload with your module application.

If you have any queries, please contact the module lead, Rachael Kane Rachael.kane@alderhey.nhs.uk

| Name: |
| --- |
| Work email: |
| Current Employer and clinical area: |
| Is your mandatory training up to date?(>95%, this must include paediatric life support) | YES | NO |
| How does this course fit in with your personal development plan? |
|  |
| How will you share the learning you have gained from this course with your colleagues/department/organisation? |
|  |
| **Paediatric Critical Care Society Requirements** |
| I will have access to appropriate caseloads at level 1, 2 or 3, additional protected clinical or study time to accommodate attendance/achievement of learning outcomes? | YES | NO |
| I confirm that I can attend for the agreed minimum attendance requirement (80%) | YES | NO |
| I, the learner, confirm that I will be able to work a minimum of 22.5 clinical hours of exposure per week for the course duration in order to meet the learning outcomes and clinical portfolio. | YES | NO |
| Do you hold membership of the Paediatric Critical Care Society (PCCS)? | YES | NO |
| I accept that it is a condition of the employer and PCCS, that I attend the required study days and undertake and 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. | YES | NO |