**3. Mandatory Opt Out Application Form**

If you and your manager feel that your role does not require an element of Mandatory Training that your ESR shows you are required to complete, you may use this form to apply to ‘opt out’ of that module.

Your request will be reviewed by the Academy and, where appropriate, the relevant specialist lead for the module.

Please complete the following opt out application form and sign the declaration below.

Please note: YOU DO NOT NEED TO OPT OUT OF TOPICS THAT YOU ARE NOT REQUIRED TO DO – e.g. administrative staff do not need to opt out of ABLS because they do not need to do this element of Mandatory Training anyway.

A copy of this form must be sent to the Academy – either by hand or electronically to academy.training@gwh.nhs.uk

|  |  |  |
| --- | --- | --- |
| **Mandatory Training** | **Do I require this training?** | **Opt out – please sign** |
| Manual Handling - Equipment | I never move and handle patients including assisting to stand up or reposition in bed |  |
| Child protection Level 2 | I do not work in a patient facing role |  |
| Child protection Level 3 | I do not deliver direct care to patients under the age of 18. |  |
| Conflict Resolution Advanced | I do not work in PALS/ED/LAMU and I do not visit patients in their homes. |  |
| Blood Transfusion | I do not take samples for group and cross match, prescribe / administer or take obs for blood transfusions |  |
| End of Life Care Level 1 | I am non-clinical and do not have face to face patient contact |  |
| Medical Devices | Please refer to Medical Device opt out form | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| Medicines Management | I do not prepare, or administer medicines |  |
| Venous Thrombo-Embolism | I am never involved in the completion of a VTE risk assessment |  |
| PBLS (Paediatric Basic Life Support) | None of my patients are under 18 years |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare (Full Name) that the training sessions that I have applied to opt out from, do not involve skills & knowledge that is required in my current job role.

**Should my job role change I will review my mandatory training requirements, inform the Academy of my new role and access the training required.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext Number \_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academy use only

Assessed by……………………………………………………………………...…………………..….Date……………………………

Further information sought from manager by……………………..........................Date………………..…………

Approved by…………………………………………………………….…………………..…………….Date………………………..…

Declined by………………………………………………………………….…..…………………....… Date………………….………

Member of staff informed (via e-mail) by……………………………….….………….…..Date……………..….……….

Manager informed by……………………………………………………….…………….……….…..Date…………………………