**Integrated Practice for Sexual and Reproductive Health (UZVRVC-20-3)   
2022/DFSRH**

**Entry requirements**

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| Requirement | Certificate/training/update  date | Comments  (if necessary) |
| Valid NMC (or other professional body) registration |  |  |
| Level 3 Safeguarding |  |  |
| Resus and Anaphylaxis |  |  |
| Competent to perform speculum examination |  |  |
| Able to administer SC/IM injection |  |  |
| Assigned practice supervisor include name, SRH and teaching/mentor qualification |  |  |
| FSRH fees\* |  |  |
| \*Please note that, if your application for undertaking the UWE Bristol [Integrated Practice for Sexual and Reproductive Health](https://courses.uwe.ac.uk/UZVRVC203/integrated-practice-for-sexual-and-reproductive-healthcare) module (UZVRVC-20-3) is successful, FSRH registration for the DFSRH needs to be completed via the FSRH website directly. | | |

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| Note:  Do not register/pay (£250 DFSRH registration fee) before establishing the fee arrangement with UWE Bristol. This is because UWE Bristol will sponsor a contribution of the fee. When you register, you do not pay the fee, rather indicate that your fee is via UWE Bristol, e.g: **in free text, write UWE Bristol** to make the FSRH aware.    Contact Hettie Lean ([Hettie.Lean@uwe.ac.uk](mailto:Hettie.Lean@uwe.ac.uk)) for further information. |

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| **Please comment in the box below** on your ability to run a contraception/sexual health clinic weekly or fortnightly for the duration of the module with practice supervisor support – i.e. student and practice supervisor work alongside each other in a set up clinic with protected learning time built in at the end of each session for feedback and learning. |
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| **Please provide details** of your identified practice supervisor’s name and the approximate date and title of their SRH qualification (e.g. DFSRH; CaSH course) and teaching/mentor qualification (e.g. GP trainer; FLAP/ Practice Assessor). | | | |
| Name of practice supervisor | |  | |
| SRH qualification (title and date) | |  | |
| Teaching/Mentor qualification  (title and date) | |  | |
| It is also useful to know if you have considered who might be your Faculty Registered Trainer and whether you wish to have one arranged by UWE Bristol (subject to availability). | | | |
| Have you identified a Faculty Registered Trainer? | | | YES / NO |
| If yes, please provide the name of your Faculty Registered Trainer. | | | |
| If no, please indicate if you would like a Faculty Registered Trainer to be provided by UWE Bristol (NB this is subject to availability) | | | YES / NO |
| Applicant name |  | | |
| Place of work |  | | |
| Date |  | | |
| **Once completed, please upload the document to your online application FAO module leader.** | | | |