



**Paediatric Post Anaesthetic Care Unit  
Course  
Learning agreement**

**Course details:** Paediatric Post Anaesthetic Care Unit Course

**Virtual Study Days:** 6<sup>th</sup> of 2024, 27<sup>th</sup> of June 2024, 18<sup>th</sup> of July 2024 (attendance at all is mandatory)

**Face to Face Simulation Day** at the Adult Critical Care Transfer Service (East of England), 7310 Beach Drive, Cambridge Research Park, Waterbeach, Cambridge CB25 9TN

**Options (please circle your preference):**

15<sup>th</sup> of August                      or                      19<sup>th</sup> of August 2024

*We will try to allocate you at your preferred date, but this cannot be guaranteed.*

**Applicant details**

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

Email address:

Job title:

Department:

Registration with NMC / HPC (please circle)

Employer name:

Employer address:

**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 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 practice assessment and 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 of 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 practical assessment 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:.....

Payment: Self-funding Attendee [ ] or Employer funding agreed – Purchase Order Number:.....[ ]

Please send completed application forms to: [add-tr.eoesicodn@nhs.net](mailto:add-tr.eoesicodn@nhs.net)