

**Personal Details**

Please fill in your name (including title) and then the address where you would like any correspondence to be sent. We also need a contact telephone number and an email address. Your email address is needed as this is how 'Self-Management Today', the e-newsletter for the National Register of Self-Management, is distributed on a bi-monthly basis. In addition, please tick by which method you would prefer to be contacted.

<b>Title:</b>		<b>Surname:</b>	
<b>First name:</b>			
<b>Middle names:</b>			
<b>Address:</b>			
<b>Post code:</b>		<b>Telephone:</b>	
<b>Email:</b>			
Please send me <i>Self-Management Today</i> newsletter by email <input type="checkbox"/> Yes <input type="checkbox"/> No Please note the newsletter is only available by email but an archive of issues can be found on <a href="http://www.selfmanagement.co.uk">www.selfmanagement.co.uk</a>			
What is the best method to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post			

**Qualification Details**

Please tick your level of achievement in the 'You are a...' box. If you have completed training for a level but not yet accredited please **do not** tick the corresponding box. You will be asked for more information about your current training in the 'Training Section' which is to follow.

'Accredited to deliver...' Tick which courses you are accredited to deliver. We may ask you for dates of any conversion training at a later date when we verify your details.

You are a... <input type="checkbox"/> Trainee tutor <input type="checkbox"/> Tutor <input type="checkbox"/> Assessor <input type="checkbox"/> Lead Trainer <input type="checkbox"/> Trainer of Assessors <input type="checkbox"/> Trainer of Lead Trainer		
None of the above <input type="checkbox"/> Please specify -----		
Accredited to deliver:  <input type="checkbox"/> CDSMC <input type="checkbox"/> Co-creating Health - Diabetes <input type="checkbox"/> Co-creating Health - COPD <input type="checkbox"/> Co-creating Health - Depression <input type="checkbox"/> Co-creating Health - Pain <input type="checkbox"/> Looking After Me <input type="checkbox"/> The Prison Course <input type="checkbox"/> COPD and Breathlessness <input type="checkbox"/> Persistent Pain Programme <input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Supporting Parents Programme <input type="checkbox"/> Forward Steps <input type="checkbox"/> New Beginnings <input type="checkbox"/> Substance and Alcohol Misuse <input type="checkbox"/> Self Care for You <input type="checkbox"/> Staying Positive <input type="checkbox"/> X-PERT Diabetes Course <input type="checkbox"/> Online Course <input type="checkbox"/> Wise-Up <input type="checkbox"/> Arthritis Self-management Programme <input type="checkbox"/> Type 2 Diabetes SMP	<input type="checkbox"/> Positive Self-management Programme <input type="checkbox"/> Non English courses <i>Please specify:</i>  <input type="checkbox"/> Other <i>Please specify:</i>



## Training Information

Please include all information for your levels of achievement. In the 'By whom' section we require the name/s of the trainer/s and also the organisation they were from. If you have received training but are not yet accredited at any level please add this in. If there is not enough space available for everything feel free to continue on a separate piece of paper and send this in along with your Registration Form. ***We do require all of the information requested, any missing information may deem your accreditation as being lapsed.***

### Terminology

- *'Date trained'* – This is the date/s when you received your initial training by accredited Lead / Master or T-Trainers.
- *'Date accredited'* – This is the date when you officially passed your training. For example at tutor level this is when you pass your first two delivery assessments. You can find this date on your certificate.
- *'Last supervision date'* – The supervision is an annual GROUP event that consists of such topics as skills updates and discussions. It is required to maintain your accreditation.
- *'Last monitoring visits'* – This is the most recent assessment of your course delivery post accreditation. You should receive a monitoring visit every 12-18 months.

*Please include the name of the person and the organisation who trained/supervised you.*

Tutor			
Date trained:	Date accredited:	Last supervision date:	Last monitoring visit:
By whom:	By whom:	By whom:	By whom:

Assessor			
Date trained:	Date accredited:	Last supervision date:	Last monitoring visit:
By whom:	By whom:	By whom:	By whom:

Lead Trainer			
Date trained:	Date accredited:	Last supervision date:	Last monitoring visit:
By whom:	By whom:	By whom:	By whom:

**Lead Trainer cont.....** Please indicate which courses you are accredited to train tutors for:

<input type="checkbox"/> CDSMC	<input type="checkbox"/> Persistent Pain Programme	<input type="checkbox"/> X-PERT Diabetes Course
<input type="checkbox"/> Co-creating Health - Diabetes	<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Online Course
<input type="checkbox"/> Co-creating Health - COPD	<input type="checkbox"/> Supporting Parents Programme	<input type="checkbox"/> Wise-Up
<input type="checkbox"/> Co-creating Health - Depression	<input type="checkbox"/> Forward Steps	<input type="checkbox"/> Non English courses
<input type="checkbox"/> Co-creating Health - Pain	<input type="checkbox"/> New Beginnings	<i>Please specify:</i>
<input type="checkbox"/> Looking After Me	<input type="checkbox"/> Substance and Alcohol Misuse	<input type="checkbox"/> Other
<input type="checkbox"/> The Prison Course	<input type="checkbox"/> Self Care for You	<i>Please specify:</i>
<input type="checkbox"/> COPD and Breathlessness	<input type="checkbox"/> Staying Positive	

**Trainer of Assessors**

Date trained:	Date accredited:	Last supervision date:	Last monitoring visit:
By whom:	By whom:	By whom:	By whom:

**Trainer of Lead Trainers, Please tell us the date you were accredited and by whom.**

**Course Information**

Please tell us the details of the very last or current course that you are delivering /have delivered. In addition how many courses you deliver per year. This figure may vary year on year and so an estimate is fine. If this is your first year of tutoring please include how many courses you are hoping to deliver.

Please tell us the name and date of the last course you delivered:

On average how many courses do you deliver each year?

It is one of the aims of the National Register of Self-Management to be a place where PCTs can search for accredited Tutors, Assessors and Lead Trainers to deliver courses.

If you wish to be contacted by a PCT or external Self-Management organisation other than the PCT/organisation you currently work for and would like to increase your chances of delivering courses, please tick the box	<input type="checkbox"/>
If you would prefer <b>not</b> to receive further communication from The National Register of Self-Management, please tick the box	<input type="checkbox"/>

### Sponsoring Organisations

This area is for you to add the details of the organisation that you work for most regularly, the organisation that paid for your training, or would pay for your supervisions/monitoring visits. If you are not sure who you should put in talk to the organisation you work for. Alternatively please feel free to give us a call at the National Register of Self-Management to discuss.

<i>Please can you give details of your sponsoring organisation</i>	
Name of sponsoring organisation:	Sponsoring organisation address:
Contact name at your sponsoring organisation:	
Contact telephone number:	
Contact email address:	Post code:

<i>Please can you give details of any other your sponsoring organisations you work for</i>	
Name of sponsoring organisation:	Sponsoring organisation address:
Contact name at your sponsoring organisation:	
Contact telephone number:	
Contact email address:	Post code:

### Declaration

Please be aware that the information held on the register will only be accessible to National Register of Self-Management administrative staff. Organisations will only be able to confirm the accreditation status of individuals on the register and will not be given access to any personal data. The only data supplied to licensed organisations will be accreditation status.

**I confirm that the information I have given is complete and accurate and agree to EPP CIC verifying the information given. I understand that any deliberate omissions, falsification or misrepresentation on the application form will be grounds for rejecting this application or subsequent disqualification from the register once on board.**

**Signed:** ..... **Date:** .....

### Data Protection

All information will be held in compliance with the Data Protection Act and we will not release information and names to third parties. The Expert Patients Programme Community Interest Company is registered as a Data Controller under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by EPP CIC will be processed in compliance with the principles set out in the Act and not given to any third party, without your prior consent.

TRD ID		Region ID		PCT ID		
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