

# NURSING EDUCATION APPLICATION 2020

## The First Three Minutes Assessor Workshop



All queries and applications can be submitted to the Administrator, Nursing Education via email [nursing.education@rch.org.au](mailto:nursing.education@rch.org.au) or to extension 56716.

Basic Life Support Assessment (BLS) is a mandatory competency for all RCH Clinical Staff. To ensure 100% compliance, we need BLS Assessors readily available. The hospital has committed to interdisciplinary training, consisting of skills and knowledge and Team Training known as the 'First Three Minutes' as a method of BLS assessment.

To be eligible to undertake training to become an assessor you must:

- Qualified Nurse, Medical or Allied Health Professional with a minimum of 2 years paediatric experience
- Have satisfactorily completed own BLS online learning and practical First Three Minutes Assessment within the preceding 6 months
- Be available to make assessments on a **monthly basis**

Due to limited the places available and high popularity of this program, all staff require signed approval from their manager. Any cancellations must be made in writing to [nursing.education@rch.org.au](mailto:nursing.education@rch.org.au) as soon as practicable so that places can be made available to those on waiting lists. Places are not transferrable between staff, and any changes must be requested to Nursing Education directly.

**Please note that all requested information is mandatory and must be provided. Incomplete forms will not be processed.**

### PERSONAL DETAILS

NAME:

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EMAIL (RCH):

MOBILE NUMBER:

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UNIT/DEPARTMENT:

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POSITION:

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### PROGRAM ATTENDANCE

[Select only 1 option]

- Tuesday 25<sup>th</sup> February
- Monday 20<sup>th</sup> April
- Tuesday 16<sup>th</sup> June
- Monday 17<sup>th</sup> August
- Tuesday 10<sup>th</sup> November

**Places are limited, and your attendance is not finalised until you receive a confirmation email.**

### MANAGER APPROVAL

I have checked that the above-named applicant is eligible to become a BLS assessor (including availability to assess on a monthly basis) and I am supportive of their attendance at 'The First 3 Minutes' Assessor Workshop on the selected date.

[Please clearly print name, sign and date below]

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NURSE UNIT MANAGER NAME

SIGNATURE

DATE