**RDT039 EXTERNAL MONITOR TRAINING CERTIFICATION FORM FOR ELECTRONIC PATIENT RECORDS**

This form must be completed using indelible ink, pencil is not acceptable. Instructive text in italics is to be deleted on completion of this form.

|  |  |
| --- | --- |
| 1. **Title *<include title/ description of process or user manual reference>*** | Clinical Portal Quick Reference Guide |
| 1. **Version Number:** | *< current version of the EPR>* |
| 1. **Effective date:** | *<effective date of the process>* |
| 1. **Study Title:** | *< for which training has been given>* |

Checklist to be completed by trainer (delete yes/no as appropriate):

|  |  |  |
| --- | --- | --- |
| **Checks** | **Confirmed** | **Comments:** |
| **Monitor ID checked?** | Yes/No |  |
| **Is the source data held on paper?**  **Where is the source data held (e.g. PICS, Clinical Portal, paper medical record)?** | Yes/No |  |
| **Training provided on:**  **EPR login**  **System navigation**  **Identification of information pertinent to the study** | Yes/No  Yes/No  Yes/No |  |
| **Is this the first visit by the monitor?** | Yes/No |  |
| **Will further training be required in future?** | Yes/No |  |

**External Monitor Statement of compliance:**

By signing this document you are confirming that;

1. You have read the material referenced
2. You have been trained on the use of the system
3. You have followed up on any questions such that you are able to work in accordance with the training material
4. You will only access material that you are authorised to do so in relation with the above mentioned study
5. You will alert a member of Trust staff where any un-authorised access occurs of records or systems.

|  |  |
| --- | --- |
| **Trainee Name:** | <*print name – delete this text on completion>* |
| **For the study (include title and RRK):** |  |
| **Print Sponsor Name:** |  |
| **Employing Organisation:** | *<insert employer name if other than sponsor>* |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |

**For Site Staff only - Trainer sign off:**

By signing below you are confirming that;

1. The individual named above has received the training mentioned within this form
2. You have answered any queries arising from the training
3. Where required the trainee has been provided with details of points of contact.

|  |  |
| --- | --- |
| **Trainer Name:** |  |
| **Employed by:** |  |
| **Job Title:** |  |
| **Signature** |  |
| **Date:** |  |

Local Confidentiality Statement

During your work with University Hospitals Birmingham NHS Foundation Trust (the Trust) you may have direct and/ or indirect access to personal and confidential information.

Confidential information includes, but is not limited to, information relating to patients, all business affairs of the Trust which are of a commercially sensitive nature and information in relation to Trust employees. Information can be stored in any format: paper and electronic and includes information held on Trust databases and systems.

Personal/ confidential information must not be accessed, processed, stored or used other than in accordance with this agreement (and contract- if applicable) and must not be disclosed to any other person (individual or organisation), unless a person authorised by the Trust has given you specific permission to do so. Personal/ confidential information must be stored securely at all times and must not be transferred outside of the Trust, or downloaded onto any device such as a laptop, disc or USB stick without express permission from the Trust.

The Data Protection Legislation regulates the use of computerised information and paper records of identifiable individuals, which you may have access to. The Trust is registered in accordance with this legislation. If are found to have made an unauthorised access or disclosure, or to have processed information not in accordance with the Data Protection Legislation you may face legal and/ or professional action.

You agree to maintain update and relevant training in relation to Data Protection and Confidentiality, and abide by the provisions of this agreement.

This statement applies during your contract with the Trust and after the contract has ended.

I the undersigned understand and accept the terms of this statement and I understand that I am bound by a duty of confidentiality in accordance with this statement and under the requirements of the Data Protection Legislation. I understand that knowingly or negligently failing to adhere to these requirements may result in civil or criminal action being taken against me.

|  |  |
| --- | --- |
| PRINT NAME: |  |
| SIGNATURE: |  |
| DATE: |  |
|  |  |

Signed copy to be retained by both parties

**Please send a copy of this completed form to UHB R&D Governance (R&D@uhb.nhs.uk) and Training Administrator. A completed copy of this form should also be filed within the site file.**

|  |
| --- |
| **The Lead Research Nurse Manager** |
| Tel: <*insert telephone number>*  Email: *<insert Lead Research Nurse Manager email address>*  Web: http://www.uhb.nhs.uk |

*Additional demonstrations can be arranged via the Study Research Nurse. Additional Training can be provided by arrangement via the Lead Research Nurse Manager.*