

Agreement to undertake Well Women's Screening Course

The *Well Women's Screening Course* is an education and training course developed by Family Planning NSW in conjunction with the Cancer Institute NSW, Cervical Screening Program (CSP). Funding for this course comes from Family Planning NSW and the Cancer Institute. Positions are offered for Registered Nurses, Enrolled Nurses, Midwives and General Practice Nurses who intend to perform cervical screening under the supervision of a General Practitioner in NSW.

This agreement needs to be signed by the participant and their employer to ensure that all components of the course are completed within a satisfactory time and that the participant will be providing Well Women's Screening following the completion of the course.

Criteria for a funded position by NSW Cervical Screening Program

1. A registered or enrolled nurse, employed or working in a clinical role that does or will include providing Cervical Screening.
2. Commitment to completing all 4 components of the course:
 - Learning package
 - 7 Hour workshop
 - Take home assessment
 - Clinical placement
3. Commitment by the employer to support the nurse to complete all course components by releasing the nurse from work commitments to attend a 7 hour theoretical day and a minimum of 14 hours supervised clinical training by a Family Planning NSW accredited clinical instructor.
4. Commitment by the employer that the nurse will provide cervical screening to women within the current workplace when accredited to do so.

I will be attending the *Well Women's Screening Course* in a position funded by Family Planning NSW and Cancer Institute NSW.

- I agree to meet to eligibility criteria for the *Well Women's Screening Course*. Failure to meet all criteria will result in the course participant receiving an invoice for full payment of course fees.

Please circle one of the following:

Registered Nurse/Enrolled Nurse/Midwife

Full Name: _____

Phone number: _____

Email: _____

Signed: _____

Workshop date: _____

Employer

Name: _____
(Supervisor OR Practice Manager)

Organisation: _____

Signed: _____

Date: _____

Please return completed form to:

Family Planning NSW, 328-336 Liverpool Road ASHFIELD NSW 2131
Email: education@fpnsw.org.au