

**Training in Educational Approaches Course for Healthcare Simulation Faculty**

**FORM C: TRAINING LEVEL EXEMPTION FORM**

**LEVEL EXEMPTION BEING REQUESTED:**

**Please**

**tick**

**LEVEL I: “THE WHAT, WHY AND HOW OF SIMULATION”**

**LEVEL II: “CONQUERING THE DEBRIEF”**

**PERSONAL DETAILS**

**Full Name:**

**Preferred first name:**

*(This will appear on your name badge)*

**GMC / Professional**

**Registration Number:**

**Address:**

**Contact number:**

**Email Address:**

**POST INFORMATION**

**Grade:**

**Hospital:**

**SIMULATION FACULTY TRAIN THE TRAINERS COURSE(S) ATTENDED**

**Please list previous train the trainers courses attended including date attended and course content:**

**(Please enclose copies of all Certificates of Attendance)**

**Please outline your practical simulation experience including dates and your role (member of faculty, scenario writer, course designer, course director etc.)**

**Please return your completed form with copies of certificates of attendance to:**

**Holly Davies**

**Medical Education Coordinator**

**Education Centre**

**Royal Surrey County Hospital**

**Egerton Road**

**Guildford**

**Surrey**

**GU2 7XX**

**Tel 01483 571 122 ext 4388**

**Email Rsch****teachsimfaculty@gmail.com**