

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

**FORM B: Simulation Practical Part 2 Signoff Level I certification:**

1. **Completion of a LEVEL II “CONQUERING THE DEBRIEF” day course**
2. **Evidence of attendance at a local simulation centre (own hospital or designated local centre) as a member of faculty for 3 SEPARATE simulation SESSIONS WITHIN 6 MONTHS of attending the level II day course.**

**PERSONAL DETAILS**

**Full Name:**

**Preferred first name:**

*(This will appear on your name badge)*

**GMC / Professional**

**Registration Number:**

**Address:**

**Contact number:**

**Email Address:**

**LEVEL 2 COURSE INFORMATION**

**Date course attended:**

**Location:**

**SIGN OFF: FACULTY MEMBER AT 3 DIFFERENT SIMULATION SESSIONS**

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| **DATE** | **SIMULATION** | **SESSION OUTLINE (Target** | **SIGNATURE** | |
|  | **CENTRE** | **audience, learning** | **SIMULATION** | |
|  |  | **objectives)** | **MANAGER /** | |
|  |  |  | **SIMULATION** | |
|  |  |  | **LEAD FOR** | |
|  |  |  | **CENTRE** | |
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|  |  |  | **Name:** | |
|  |  |  | **Post:** | |
|  |  |  | **Signature:** | |
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**Reflection on sessions (Max 500 words):**

**Please return your completed form to:**

**Holly Davies**

**TEACHSimFaculty Coordinator**

**Education Centre**

**Royal Surrey County Hospital**

**Egerton Road**

**Guildford**

**Surrey**

**GU2 7XX**

**Tel 01483 571 122 ext 4388**

**Fax 01483 303691**

**Email Rsch**[**teachsimfaculty@gmail.com**](mailto:teachsimfaculty@gmail.com)

**You will be sent your Level 2 certificate in 2 weeks of receipt.**