

## NZCSRH LARC Trainer Expression of Interest

Please complete the following form to register your interest in attending a LARC Train the Trainer workshop.

Section A: Personal details	
Full name:	
Contact details:	
Health Profession:	Nurse Nurse Practitioner Midwife Doctor
Workplace:	
I want to train others in:	IUC insertion Jadelle insertion Jadelle removal
Ethnicity:	
Gender:	
Section B: Trainer eligibility criteria	
<p>Under the <a href="#">Long-acting Reversible Contraception Principles and Standards for Trainers 2022</a>, there are a number of ways you can demonstrate competency to become a LARC trainer. Please select ONE from the three options below, and provide evidence to support this with your application.</p>	
<p><b>Option 1: Approved LARC training programme</b></p> <p>I am a Fellow of NZCSRH, OR            I hold FRANZCOG documented IUC and/or implant insertion/removal training, OR            I have completed practical training through New Zealand Family Planning for IUC and/or implant insertion and/or removal. Please provide the name of your supervisor/mentor, date and logbook if available, OR            I have completed internationally recognised training that aligns with the NZ standards such as FSRH (UK) certificates for IUC or other equivalent training (implant training must be for systems used in Aotearoa New Zealand: currently a two-rod system, not a one-rod system). This must include supervised LARC procedures with sign-off.</p>	
<p><b>Option 2: Evidence of training/experience <u>and</u> observation</b></p> <p>Provide details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand Guidance on Contraception, AND observation</p>	

I have been observed by another LARC trainer, demonstrating competency by completing one insertion or removal of each relevant IUS, IUD and/or subdermal implant. If you need help finding a trainer to observe you, please let us know and we can help set up a fast-track sign-off.

**Option 3: Self-certified log of procedures and observation**

Provide a self-certified log of procedures completed over a consecutive 12 month period during the two years before competency assessment: - of at least 10 insertions for each IUS, IUD and/or subdermal implant insertion procedure, and - if undertaking removals - of at least one removal for each IUS, IUD and/or subdermal implant

I have been observed by another LARC trainer, demonstrating competency by completing one insertion or removal of each relevant IUS, IUD and/or subdermal implant. If you need help finding a trainer to observe you, please let us know and we can help set up a fast-track sign-off.

**SECTION C: Requirements for trainers**

I provide the specified LARC at a frequency that maintains confidence and competency (i.e. at least 10 procedures annually on average for each type of LARC procedure I wish to train others in)

I hold a current Resuscitation Certificate (please attach with your application)

I have experience facilitating and/or supporting and mentoring trainees

I am familiar with the *Aotearoa New Zealand Guidance on Contraception*

I have completed recent cultural safety training. Please attach evidence to demonstrate your most recent CME in this area

I have experience in more complex insertions and removals, including managing side effects and complications

I am familiar with the theory components that trainees have completed

I have completed the NCTS LARC Training Courses (or equivalent)

Contraceptive counselling

Intrauterine contraception (IUC) theory

Contraceptive Implant theory

**SECTION D: Declaration**

I confirm that the information provided in this application is true, accurate and complete.

I agree that I align with the College vision, mission and values. I respect people's right to access healthcare that supports their sexual and reproductive wellbeing. I acknowledge that if I act in a way that is not consistent with this, my NZCSRH membership will be revoked.

Name:

Date:

Thank you for your interest in becoming a LARC trainer. Please send your completed application and supporting documents to: [administration@nzcsr.org.nz](mailto:administration@nzcsr.org.nz)