



Long Acting Reversible Contraceptive Train the Trainer (LARC TTT) Expression of Interest

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

Name	
Contact details	
I would like to train others in:	<input type="checkbox"/> IUC insertion <input type="checkbox"/> Implant insertion <input type="checkbox"/> Implant removal
Health Profession	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Doctor <input type="checkbox"/> Midwife
Ethnicity	<input type="checkbox"/> New Zealand European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Islands Maori <input type="checkbox"/> Tongan <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other, please specify
Gender	
Age	
Geographic area of work. Please include your postcode	

Training eligibility criteria

Please identify the criteria you fulfil. Please send evidence to support this with your application.

I am a Fellow of NZCSRH, **OR**

I hold FRANZCOG documented IUC and/or implant insertion/removal training, **OR**

I have completed New Zealand Family Planning staff training for IUC and/or implant insertion and/or removal, **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.



Alternatively

- Provide details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand Guidance on Contraception, **AND**
- Evidence of being observed by another LARC trainer demonstrating competency by completing one insertion or removal of each relevant IUS, IUD and/or subdermal implant.*

OR

- 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, **AND**
- Evidence of being 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 contact administration@nzcsr.org.nz and we can help set up a fast-track sign-off.

Further information required

I hold a Current Resuscitation Certificate (If yes, please attach with your application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are eligible for MoH funding, please provide the details of the practice that has nominated you	Practice name Practice address
To train others, it is important to have engaged in the learning material they will be using to ensure your training is aligned to their knowledge	Please submit evidence of this with your application
Are you familiar with the Aotearoa New Zealand Guidance on Contraception?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Culturally safe practice is fundamental to our care and training	Please attach evidence to demonstrate your most recent CME in this area
I have completed the Contraceptive Counselling online course (or equivalent)	Please attach your relevant National Contraception training certificate to demonstrate this engagement
I have completed the NCTS LARC Training Course	<input type="checkbox"/> IUC insertion <input type="checkbox"/> Jadelle insertion <input type="checkbox"/> Jadelle removal