

Phlebotomy introduction course for nurses

Northland Pathology (NPL) offers 8 hrs of Venepuncture Training to nurses that, within their organisation, are requested to perform this task regularly.

- 1. Attendees must be a Registered Nurse to attend this training
- 2. Training capacity at NPL is limited and priority will be given to fulltime staff
- 3. Attendees are expected to be conscientious with their on-going training & development
- 4. Your organisation is responsible for on-going training and professional liability
- 5. The training will be given by qualified and registered NPL Phlebotomists
- 6. Some theory will be included in the training but it is expected that the trainees have good knowledge of the standards of medical practice in New Zealand with regard, but not limited, to:
 - Privacy Act
 - Code of Conduct for health professionals
 - Health and Safety requirements
- 7. The trainee needs to familiarise her/himself, before commencing training at NPL, with phlebotomy by studying phlebotomy tutorials and/or NPL manuals provided to the surgery.
- 8. Aim is to have the trainee perform a significant number of venepunctures during the practical aspect of the training, However the number of performed phlebotomies will depend on the number of patients that consent to having the trainee perform the phlebotomy, and the skills of the trainee
- 9. NPL will not provide a certificate of competency, however at the end of the training verbal feedback to the trainee and/or the practice manager will be given. Especially when the trainer considers the skills of the trainee to be insufficient.
- 10. Cost for this training is NZ\$ 50 (+GST) per hour, which will be invoiced to the practice

Attached is a training application form.



Phlebotomy Training Application

| Trainee Surname | : |
|-------------------------------------|---------|
| Trainee First name(s) | : |
| Contact phone number | : |
| Nursing council Registration number | |
| Tertiary Qualifications | 1. |
| | 2. |
| | 3. |
| | 4. |
| | |
| Previous (relevant) work | - |
| experience | - |
| | - |
| | _ |
| | - |
| | - |
| | |
| | |
| Surgery / Employer | |
| Practice Manager | |
| Practice manager signature, for | |
| approval of training. | |
| (Charge of NZ\$ 400 (+GST) for 8 | |
| hours of training) | Date:// |
| | |
| Please send form to: | |

| HOD Phlebotomy Northland Patholog PO Box 349 When pages 0140 | у |
|--|-----------------|
| Whangarei 0140 | |
| Office use only: | |
| Phleb Training completed: Date:// | Signed Trainer: |
| Invoiced:/_/ | Office initial: |
| YY 2012 | _ |