

CARE

CERTIFICATE



**ADDITIONAL
WARD BASED
COMPETENCIES**

Band 2 & Band 3

TO BE COMPLETED WITHIN YOUR CLINICAL AREA

Name:

.....

Date Commenced:

.....

Date Completed:

.....



Orig WG/CB 2010. Revised July 2012 V6, WG

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CATHETER CARE COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Attend Core Skills training or Surgical Induction program	Date:	

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Demonstrates knowledge of why catheters are required		
Demonstrates knowledge of catheter care pathway		
Demonstrates knowledge of patient consent		
Demonstrates knowledge of different types of catheter bags		
Demonstrates how to change catheter bag		
Demonstrates how to secure leg bags		
Demonstrates how to empty catheter bag – use of PPE, disposal of waste		
Demonstrates how to record urine output on fluid balance chart		
Demonstrate how to clean around catheter site		
Demonstrate knowledge of problems associated with catheters – cloudy, offensive smell, colour etc		
Demonstrate privacy and dignity		
Demonstrate how to obtain specimen		
Demonstrates how to document care of catheter		
Demonstrates use of comfasure straps		

Declaration of Competency

ASSESSOR: I certify that this candidate has met/has not met all of the above criteria and is competent/requires a development plan (delete as appropriate).		
Signature	Print Name:	Date:
CANDIDATE: I am competent to perform the above competency having met all of the criteria.		
Signature	Print Name:	Date:
If candidate is not yet competent complete the development plan and explain the assessment process once again to the candidate.		

Training Needs Analysis

You will be expected to complete the following competencies as part of your role:

Completion:- 12 weeks

Competencies – Part 2	YES	NO
Physiological Measurements		
MET		
Specimen collection		
Removal of cannula		
Removal of urinary catheter		
Dementia care		
Last offices		

PHYSIOLOGICAL MEASUREMENTS COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Complete training session – clinical core skills or surgical induction program or local training by assessor	Date:	
Take part in the process under supervision as many times as you need		

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Blood Pressure (manual)		
Demonstrates knowledge of and able to explain what Blood Pressure (BP) is and the reasons for recording a BP manually		
Able to correctly identify the normal range for BP		
Discuss the implications for incorrect/inaccurate monitoring of BP		
Demonstrates selection of correct cuff and correct application to the patient		
Completes a manual BP using correct technique		
Accurately documents results on TPR chart		
Explains the terms hypertension and hypotension		
Explains the process for lying and standing BP measurements and identifies those patients who would need this		
Explains what would be an abnormal BP and the process to follow for reporting this		
Pulse (manual)		
Demonstrates knowledge of and is able to explain what is involved in taking a manual pulse and the reasons for taking a manual pulse		
Discuss the implications for incorrect/inaccurate monitoring of pulse		
Able to explain what the 3 R's are in relation to taking a manual pulse and discuss the implications of each one		
Able to correctly identify the normal range for a pulse		
Demonstrates the appropriate place to monitor a radial pulse		
Demonstrates taking a manual pulse for the correct amount of time to ensure an accurate result and is able to explain the rationale for this		
Accurately documents results on a TPR chart		
Explains the terms tachycardia and bradycardia		
Explains when a reading would be considered abnormal and the correct process to follow for reporting this		
Understands the requirement to monitor a manual pulse daily		

Respirations		
Demonstrates knowledge of and is able to explain what a respiration rate is and the reasons for recording respiration rates		
Discuss the implications for incorrect/inaccurate monitoring of respiration rate		
Able to correctly identify a normal respiration rate		
Able to describe what would raise or lower a patient's respiration rate		
Demonstrates correct positioning of the patient and records respiration rate for the correct amount of time		
Accurately documents result on a TPR chart		
Explains when a reading would be considered abnormal and the correct process to follow for reporting this		
Oxygen Saturations		
Demonstrates knowledge of and is able to explain what oxygen saturations are and the reasons for recording		
Discuss the implications for incorrect/inaccurate monitoring of oxygen saturations		
Able to correctly identify a normal oxygen saturation level in relation to a patient with or without oxygen		
Able to describe what would lower a patient's oxygen saturation level		
Demonstrates appropriate placement of the oxygen saturation probe on the patient for correct time to obtain an accurate reading		
Accurately documents results on a TPR chart		
Explains when a reading would be considered abnormal and the correct process to follow for reporting this		

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Signature	Print Name:	Date:
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MET /EDOD COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Completes on-line MET/EDOD training	Date:	
Take part in the process under supervision as many times as you need		
Attend training session on MET scoring – clinical core skills or surgical induction program or local training by assessor (FP)		

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Demonstrates knowledge and able to explain MET/EDOD scoring system		
Demonstrates knowledge of what actions to take		
Demonstrates knowledge of emergency number		
Demonstrates knowledge of use of emergency bell		
Seeks advice from trained nurse is unsure of action to take		
Seeks advice from trained nurse if observations outside usual 'normal' limits		
Demonstrate correct scoring of MET/EDOD – especially urine output		
Demonstrate: <ul style="list-style-type: none"> • Manual pulse • Manual BP • Respiratory rate observation • Urine output] • Nurse concern 		
Demonstrate knowledge of pain scores		
Demonstrate knowledge of AVPU		
Demonstrate knowledge of documented parameters (Drs)		
Demonstrate knowledge of consent		

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Signature	Print Name:	Date:
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SPECIMEN COLLECTION COMPETENCY ASSESSMENT

PRE-REQUISITES:	Initial once complete
Candidate has attended infection control session – included on corporate induction	
Attend Core Skills training or Surgical Induction program	

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Demonstrates knowledge of when to send a urine specimen		
Demonstrates knowledge of when to send a stool specimen and when not to send (i.e patient has had laxatives that is causing loose stools)		
Able to complete a stool chart accurately		
Demonstrates how to obtain a catheter specimen of urine correctly		
Demonstrates adherence to infection control guidance – use of PPE, correct disposal of waste, hand washing		
Gains patient consent to obtain specimen – explains throughout what they are doing		
Correctly labels specimen bottles		
Demonstrates how to document specimen taken correctly		
Demonstrates knowledge of infection control guidance – what to do if a patient has to be nursed in a side room due to an infection etc		

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Signature	Print Name:	Date:
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REMOVAL OF CANNULA COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Attend Core Skills training or Surgical Induction program	Date:	
Take part in the process under supervision as many times as you need		
Read relevant Guidelines and policies • IPC Policy		

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Explains procedure to the patient		
Seeks verbal consent from the patient for the procedure		
Demonstrates effective hand washing in line with IPC policy		
Demonstrates appropriate use of PPE		
Demonstrates appropriate disposal of equipment and PPE in line with IPC and H&S policies		
Appropriately positions the patient for the procedure		
Carefully removes the cannula dressing ensuring skin integrity is maintained		
Demonstrates a clean technique when removing the cannula		
Applies pressure to the cannula site after removal using sterile gauze until bleeding completely stopped		
Applies a sterile dressing to the cannula site		
Demonstrates accurate documentation of the removal on the VIP chart and gains a countersignature from a registered nurse		
Is able to list and discuss the possible complications of cannula removal – including IPC issues		

Declaration of Competency

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Signature	Print Name:	Date:
CANDIDATE: I am competent to perform the above competency having met all of the criteria.		
Signature	Print Name:	Date:

REMOVAL OF URINARY CATHETER COMPETENCY

PRE-REQUISITES:		Initial once complete
Attend Core Skills training or Surgical Induction program		
Read relevant policies/ guidelines • IPC Policy		
Attend training session on catheter removal	Date:	

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Can prepare equipment needed for the procedure		
Can correctly identify the patient and obtain verbal consent		
Communicates with the patient explaining the procedure to them		
Demonstrates the ability to maintain the privacy and dignity of the patient throughout the procedure		
Can demonstrate correct hand washing technique according to IPC policy		
Demonstrates appropriate use of PPE		
Accurately records urine output on the fluid balance chart before removing the catheter		
Correctly positions the patient in bed for the procedure		
Correctly deflates the balloon using a 10 ml syringe and removes the catheter once balloon deflated		
Maintains a clean technique throughout the whole procedure		
Disposes the equipment and PPE according to IPC and H&S Policies		
Demonstrates the ability to accurately document the procedure and gain a counter signature from the registered nurse		
Discuss importance of referring to a senior member of staff if complications arise which are outside own remit of competence		
Is able to list and discuss the possible complications of removing a catheter		
Is able to identify and discuss the correct action to take if the patient has not passed urine following the removal of catheter removal		

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Signature	Print Name:	Date:
If candidate is not yet competent complete the development plan and explain the assessment process once again to the candidate.		

LAST OFFICES COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Read Last Offices section contained within the Bereavement Policy		
Familiarise themselves with the location of the wards/departments last offices box		
Have a basic understanding of the legal, cultural and religious needs of patients		
Attend Core Skills training or Surgical Induction program	Date:	

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
1. Did the candidate wash their hands prior to carrying out last offices?		
2. Did the candidate have all the right equipment needed to carry out last offices?		
3. Did the candidate respect the deceased patient's cultural and religious needs if known?		
4. Was the deceased property recorded using the correct paperwork? a) Was the candidate aware that property left on the body should be recorded on the patient detail slip? b) Was the candidate aware that property not left on the deceased must be recorded in the wards property list? c) Was the candidate aware how to record cash and valuables?		

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
5. Did the candidate carry out last offices maintaining the patients respect and dignity? a) Ensure bed area screened b) Lay patient flat c) Dentures in place where possible d) Wash and dress patient in shroud/hospital gown e) Ensure ID bracelets are present on patients wrist and ankle f) Remove and safely secure any tubes, /drains/lines and catheters where appropriate g) Attach the patient detail labels onto the shroud/gown and onto the outer wrap sheet h) Wrap the patient in a sheet ensuring the head is securely covered		

Declaration of Competency

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CANDIDATE: I am competent to perform the above competency having met all of the criteria.		
Signature	Print Name:	Date:
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BLADDER SCAN COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Attend Core Skills training or Surgical Induction program		
Read relevant policies/ guidelines • IPC Policy		
Attend training session on bladder scanner – medical devices	Date:	

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Can prepare equipment needed for the procedure		
Can correctly identify the patient and obtain verbal consent		
Communicates with the patient explaining the procedure to them		
Demonstrates the ability to maintain the privacy and dignity of the patient throughout the procedure		
Can demonstrate correct hand washing technique according to IPC policy		
Demonstrates appropriate use of PPE		
Correctly positions the patient in bed for the procedure		
Demonstrates appropriate positioning of the bladder scanner according to the guidelines		
Records the volume 3 times to get an accurate estimate of the volume of urine in the bladder		
Demonstrates the ability to accurately document the procedure and results and gain a counter signature from the registered nurse		
Discuss importance of referring to a senior member of staff if complications arise which are outside own remit of competence		
Is able to list the potential causes of urinary retention		
Is able to identify and discuss the potential consequences for the patient if urinary retention is left undetected and untreated		

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Signature	Print Name:	Date:
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WARD RELEVANT / BAND 3

Competencies



COLLECTION OF CD's AND TTA's COMPETENCY ASSESSMENT

Observational and Knowledge Assessment

Core competency	Please initial when the candidate has completed the task.	Notes for assessors
Did the candidate go to pharmacy as quickly as possible once asked to collect the controlled drug/TTA?		
Hospital photo ID Did the candidate understand the importance of carrying hospital ID?		
Pharmacy - Check understanding for process of collection Did the candidate: <ul style="list-style-type: none"> a) Print and sign their name on the white copy of the CD order book against 'accepted for delivery' b) Check the specific number against the sealed bag c) If TTO the member of staff must sign their name on the CD label located on the TTO. 		
Transporting the CD/TTO within the hospital All medicines transported from the pharmacy to the wards must be carried in designated sealed, tamper evident containers. <ul style="list-style-type: none"> a) Did the candidate maintain the security and integrity of the medicines? b) Understand why the medicines must not be left unattended or unsecured at any time during the transit? c) Did the candidate take the sealed bag with the CD order book directly to the ward? 		
Handover of CD/TTO product <ul style="list-style-type: none"> a) Handover the CD/TTO directly to the nurse/nurse in charge? b) Was the pink page of the CD order book signed and dated by the qualified nurse against 'received by'. This is to say they have received the bag still sealed and intact and the contents are as specified on the order. <ul style="list-style-type: none"> c) If TTO the CD label located on the letter must be completed to confirm receipt of intact bag and that the contents are as stated on the letter. d) Understand the importance of handing over to nurse and not leaving the drugs unattended or unsecured. e) Understand that if unable to obtain receipt for delivery of CD/TTO then return to pharmacy. 		

Declaration of Competency

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Signature	Print Name:	Date:

ECG SCAN COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Attend Core Skills training or Surgical Induction program		
Attend training session on ECG	Date:	

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Establish the suitability of the equipment for the procedure		
Checks there is paper in the machine and electrodes available		
Correctly cleans and leaves the machine appropriately following its use		
Appropriately washes hands in line with 5 moments of hand hygiene		
Gains consent from the patient		
Identifies the correct patient as per hospital policy		
Correctly positions the patient		
Encourages the patient to relax and remain immobile during the procedure.		
Ensure the patients comfort and dignity throughout		
Correct placement of the electrodes:- <ul style="list-style-type: none"> • Limb electrodes • Chest electrodes 		
Attaches the ECG leads correctly		
Documents the patient's details on the ECG and also documents in the notes that the procedure has been done		
Gives the ECG to the registered nurse/doctor for immediate review		
Correctly identifies why ECGS are required		
Discusses any factors which may affect the procedure or results		
Explains the process for reporting faults		
Discusses the process for disabling the equipment		
Applies standard precautions for health and safety		

Declaration of Competency

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Signature	Print Name:	Date:
CANDIDATE: I am competent to perform the above competency having met all of the criteria.		
Signature	Print Name:	Date:

REMOVAL OF SURGICAL CLIPS COMPETENCY

PRE-REQUISITES:		Initial once complete
Attend training session on ECG	Date:	
Read relevant policies/ guidelines • IPC Policy		
Attend training session on surgical clip removal		

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Explain the indications for removing surgical clips		
Explain the procedure to the patient and obtain informed consent		
Demonstrate ability to select all appropriate equipment		
Prepare trolley, ensuring trolley is cleaned according to Infection Control Policy		
Demonstrate evidence of maintaining privacy and dignity of the patient throughout the procedure		
Clean hands according to trust infection control guidelines (5 moments for hand hygiene)		
Assemble equipment required on the trolley demonstrating ability to maintain sterility		
Ensure correct personal protective equipment is worn.		
Provide information, support and reassurance to address the individual's needs and concerns.		
Demonstrate ability to remove dressing from non complex wound		
Demonstrate ability to remove clips safely from the wound, if necessary remove alternate clips and demonstrate rationale for this.		
If required cleanse wound according to local policy		
If required dress wound with appropriate dressing according to local policy		
Demonstrate effective communication with the patient in order that they are fully informed throughout the procedure		
Dispose of all used equipment and waste in the appropriate waste disposal according to trust policy		
Ensure procedure is documented in nursing notes and countersigned by the registered nurse/nurse in charge		
Demonstrates a working knowledge of Trust's policies and guidelines in relation to removing surgical clips from a non complex wound		
Explain the importance of using an 'aseptic non touch technique' when carrying out wound care.		
Is able to discuss the difference between a non complex and complex wound		
Discuss potential complications of removing surgical clips		
Discuss importance of referring to a senior member of staff if complications arise which are outside own remit of competence.		

Declaration of Competency

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Signature

Print Name:

Date:

CANDIDATE: I am competent to perform the above competency having met all of the criteria.

Signature

Print Name:

Date:

If candidate is not yet competent complete the development plan and explain the assessment process once again to the candidate.

REMOVAL OF SUTURES COMPETENCY ASSESSMENT

PRE-REQUISITES:		Initial once complete
Attend training session on ECG	Date:	
Read relevant policies/ guidelines		
<ul style="list-style-type: none"> IPC Policy 		
Attend training session on surgical clip removal		

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Explain the indications for removing sutures		
Explain the procedure to the patient and obtain informed consent		
Demonstrate ability to select all appropriate equipment		
Prepare trolley, ensuring trolley is cleaned according to Infection Control Policy		
Demonstrate evidence of maintaining privacy and dignity of the patient throughout the procedure		
Clean hands according to trust infection control guidelines (5 moments for hand hygiene)		
Assemble equipment required on the trolley demonstrating ability to maintain sterility		
Ensure correct personal protective equipment is worn.		
Provide information, support and reassurance to address the individual's needs and concerns.		
Demonstrate ability to remove dressing from non complex wound		
Demonstrate ability to remove sutures safely from the wound, if necessary remove alternate sutures and demonstrate rationale for this.		
If required cleanse wound according to local policy		
If required dress wound with appropriate dressing according to local policy		
Demonstrate effective communication with the patient in order that they are fully informed throughout the procedure		
Dispose of all used equipment and waste in the appropriate waste disposal according to trust policy		
Ensure procedure is documented in nursing notes and countersigned by the registered nurse/nurse in charge		
Demonstrates a working knowledge of Trust's policies and guidelines in relation to removing sutures from a non complex wound		
Explain the importance of using an 'aseptic non touch technique' when carrying out wound care.		
Is able to discuss the difference between a non complex and complex wound		
Discuss potential complications of removing sutures		
Discuss importance of referring to a senior member of staff if complications arise which are outside own remit of competence.		

Declaration of Competency

ASSESSOR: I certify that this candidate has met/has not met all of the above criteria and is competent/requires a development plan (delete as appropriate).

Signature

Print Name:

Date:

CANDIDATE: I am competent to perform the above competency having met all of the criteria.

Signature

Print Name:

Date:

If candidate is not yet competent complete the development plan and explain the assessment process once again to the candidate.

CAPILLARY BLOOD GLUCOSE (CBG) MONITORING COMPETENCY ASSESSMENT

PRE-REQUISITES:	Initial once complete
Attend Core Skills training or Surgical Induction program	
Read relevant policies/ guidelines <ul style="list-style-type: none"> • IPC Policy 	
Attended a training session in CBG to include normal results, abnormal results and what to do in these situations	
Attended a point of care training session on the use of the blood glucose monitor	

Observational and Knowledge Assessment

Core competency	Self assessment: you must have reached level 3 competency criteria before seeking final assessment	Final assessment: Assessor to indicate which level has been reached and initial
Identifies the correct time for the CBG to be monitored		
Can prepare equipment needed for the procedure		
Can correctly identify the patient and obtain verbal consent		
Communicates with the patient explaining the procedure to them		
Can demonstrate correct hand washing technique according to IPC policy		
Demonstrates appropriate use of PPE		
Chooses an appropriate site for CBG monitoring and is able to explain the rationale for this		
Prepares skin in accordance with hospital policy		
Maintains a clean technique throughout the whole procedure		
Disposes the equipment and PPE according to IPC and H&S Policies		
Demonstrates the ability to accurately document the result on the appropriate chart		
Reports the result to the registered nurse		
Discuss importance of referring to a senior member of staff if complications arise which are outside own remit of competence		
Is able to identify the normal range for CBG		
Is able to identify and discuss the possible implications of an abnormally high CBG and the correct actions to take in this situation		
Is able to identify and discuss the possible implications of an abnormally low CBG and the correct actions to take in this situation		

Declaration of Competency

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CANDIDATE: I am competent to perform the above competency having met all of the criteria.		
Signature	Print Name:	Date:

DEVELOPMENT PLAN (to be utilised if the competency is not achieved)

Candidate name	Ward/Department
Contact details	Job title

CANDIDATE: My learning needs are:	Date:
CANDIDATE: Indicate how you plan to meet your learning needs:	By When:
ASSESSOR: Evidence of developmental opportunities given;	Date:

Date completed:
Signature:
Once the development plan is completed, a new assessment using a new copy of the assessment documentation should be undertaken. If failure occurs again the assessment process will continue as per flow chart.

Medical Devices Self-Assessment

Local Devices

Verification of training is undertaken by self-assessment against the statements below, relevant to your area of work:

	Signature	Date
I confirm that I have undergone training in the following and consider myself to be proficient in the safe and appropriate use of the devices listed overleaf:		
Intended use of the device		
Storage, transportation and decontamination of the device		
Consumables compatible with the device		
Pre-use checks of the device		
Calibration of the device (if appropriate)		
Set up of the device		
Fault recognition – error codes		
Process to follow in event of device failure/fault		

Responsibilities in the use of medical devices:

If you are in any doubt regarding your ability you should seek further training – accessible via your Medical Devices Link Nurse
 If you have not received training in the use of a device then you must seek training before using – accessible via your Medical Devices Link Nurse.

It is the responsibility of the individual to maintain skills and training, and to seek further training if required.

STATEMENT OF COMPETENCE

<p>I confirm that I have read and understood the above statements with regard to my responsibilities in the use of medical devices and I will adhere to the Trust's Management of Medical Devices policy.</p> <p>I confirm that I have received appropriate training in the safe use of and am confident to use the listed devices</p> <p>I will seek out appropriate training in the use of a device and will not operate it unless I have received training or am under the supervision of an expert user</p> <p>I understand that by under-taking a self-certification of competence I accept full accountability for using the devices listed overleaf.</p>		
Signature	Print Name:	Date:

Medical Devices Self-Assessment Unregistered Staff

Verification of training is undertaken by self-assessment against the statements below, relevant to your area of work:

	Signature	Date
I confirm that I have undergone training in the following and consider myself to be proficient in the safe and appropriate use of the devices listed overleaf:		
Intended use of the device		
Storage, transportation and decontamination of the device		
Consumables compatible with the device		
Pre-use checks of the device		
Calibration of the device (if appropriate)		
Set up of the device		
Fault recognition – error codes		
Process to follow in event of device failure/fault		

Responsibilities in the use of medical devices:

If you are in any doubt regarding your ability you should seek further training – accessible via your Medical Devices Link Nurse
 If you have not received training in the use of a device then you must seek training before using – accessible via your Medical Devices Link Nurse.

It is the responsibility of the individual to maintain skills and training, and to seek further training if required.

STATEMENT OF COMPETENCE

<p>I confirm that I have read and understood the above statements with regard to my responsibilities in the use of medical devices and I will adhere to the Trust's Management of Medical Devices policy.</p> <p>I confirm that I have received appropriate training in the safe use of and am confident to use the listed devices</p> <p>I will seek out appropriate training in the use of a device and will not operate it unless I have received training or am under the supervision of an expert user</p> <p>I understand that by under-taking a self-certification of competence I accept full accountability for using the devices listed overleaf.</p>		
Signature	Print Name:	Date:

