A882

**Application for Infection Prevention & Control Nurses College**

**Fundamentals of IPC Programme**

**Introduction:**

This foundation programme introduces new and early career practitioners to the key concepts of infection prevention and control (IPC) including Standard and Transmission-based Precautions, and the role of hand hygiene and cleaning, disinfection, and sterilisation of reusable medical devices in preventing healthcare-associated infections. These concepts underpin the practice of IPC in all healthcare settings, and this programme provides a consistent approach to gaining the basic knowledge required when starting out in this important specialty.

The programme is designed to be completed over four months. This is adaptable to workload.

At the end of the course the person being orientated (the orientee) will

* Have an expanded knowledge of key IPC practice areas
* Have created their own written resource to refer back to
* Meet IPC nurses through NZ to liaise with on IPC issues

**Nomination:**

I, ……………………………………….………………… (Manager / Charge Nurse) wish to nominate

……………………………………………………………. ………………………………………………………….

(Surname) (Given Name)

To join the IPCNC-NZNO Fundamentals of Infection Prevention & Control programme.

**Employer Undertaking**

I will support the applicant by enabling them to:

* participate in zoom meetings with their mentor. Zoom meetings will be approximately 1 hour fortnightly.
* be released from normal duties to participate fully in the programme which will run for approximately 4 months.
* be given protected time to complete the 10 modules

Yes

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The below section is to be completed by the learner**

Name:

Phone:

E-mail:

NZNO Membership No.

IPCNC member: (*Circle*): Yes / No

Type of facility / organisation

Name of facility

Current role:

Length of time in IPC role:

I saw the programme advertised:

I undertake to finish the modules as required and fully participate in the zoom meetings with my mentor and group.

I undertake to provide useful feedback to IPCNC about improvements to the programme for future participants.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this completed form to:

Joanne Baigent

Programme coordinator at: [glen-iti@xtra.co.nz](mailto:glen-iti@xtra.co.nz)