



# Application Form for CIDR Training

## Course Details

Please enter the name of the course for which you are applying & your preferred dates (see website).

Name of Course \_\_\_\_\_

Date(s) in order of preference 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Contact Details

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Organisation \_\_\_\_\_ HSE Region \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Credit for continuing professional development is available for members of A.M.L.S. and R.C.P.I.

Member of A.M.L.S.?  Yes  No Member of R.C.P.I.?  Yes  No

Sandwiches will be provided for lunch. Please indicate below if you have any special dietary requirements:

Vegetarian  Coeliac  Wheat intolerant  Other, \_\_\_\_\_

## Course Prerequisites

Please ensure that you have met all of the appropriate prerequisites. Please tick as appropriate.

### For all courses:

I am familiar with the infectious disease notification process

I am familiar with Microsoft Office and Microsoft Internet Explorer

I have completed Data Protection training  Date \_\_\_\_\_

### For Advanced application training for Public Health users:

I have completed Introduction to CIDR for Public Health users  Date \_\_\_\_\_

### For Introduction to Business Objects:

I have completed CIDR application training

### For Advanced Business Objects:

I have completed Introduction to Business Objects  Date \_\_\_\_\_

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

Completed form to be signed by Local CIDR Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Completed form should be faxed to CIDR Training administration at HPSC on (01) 856 1299 or forms can be sent by post to CIDR Training Administration, HPSC, 25-27 Middle Gardiner Street, Dublin 1. Email is not an acceptable method of application. If you have any questions about this form or CIDR training please see [www.hpsc.ie/cidr](http://www.hpsc.ie/cidr).



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