



APPLICATION FOR TTANGO GENEXPERT TRAINING

This form must be completed for each trainee nominated to receive TTANGO STI POC test operator training on the GeneXpert. Training comprises a theoretical and practical component and upon completion the trainee will be assigned a unique GeneXpert Operator ID at which point they can commence routine testing.

Section A: APPLICANT DETAILS	
Name:	
Email:	
Phone Number:	
Health Service:	
Clinic:	
What is your role?	<input type="radio"/> Aboriginal and/or Torres Strait Islander Health Worker/Practitioner <input type="radio"/> Nurse <input type="radio"/> Medical Officer <input type="radio"/> Other (<i>Please Specify</i>) _____
Have you been previously trained in the use of the GeneXpert device? <input type="radio"/> Yes <input type="radio"/> No	
If 'Yes': <input type="radio"/> TTANGO <input type="radio"/> Respiratory Infection/Covid-19 <input type="radio"/> Other: _____	
If TTANGO or Respiratory Infection/Covid-19, please provide your GeneXpert login: _____	
Section B: APPLICANT DECLARATION	
I understand that:	
<ul style="list-style-type: none">• I must complete the TTANGO theory training AND practical competency assessment prior to beginning patient testing.• Once I am allocated my unique GeneXpert login, following completion of training and competency assessment, it is to be used by myself only and not shared with other staff.• The TTANGO training will only cover STI testing on the GeneXpert and if I am required to also perform Respiratory Infection/Covid-19 POC testing, I must undertake additional training.• As a TTANGO operator I will receive email reminders, newsletters, and updates, and I consent to this.	
Applicant Signature _____ Date _____	
Section C: AUTHORISATION BY SUPERVISOR	
I have discussed the TTANGO training with the applicant above and give permission for him/her/them to complete the training and competency assessment for the use of the GeneXpert device for STI POC testing.	
Supervisor Name: _____	Phone: _____
Supervisor Role: _____	Email: _____
Supervisor Signature: _____	Date: _____
EMAIL COMPLETED FORM TO TTANGO HELP DESK ttango2@flinders.edu.au	