



# 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.

<b>Section A: APPLICANT DETAILS</b>	
NAME:	
EMAIL:	
HEALTH SERVICE:	
CLINIC:	
POSITION:	<input type="radio"/> Aboriginal and/or Torres Strait Islander Health Worker/Practitioner <input type="radio"/> Nurse <input type="radio"/> Medical Officer
Are you of Aboriginal or Torres Strait Islander origin?	
<input type="radio"/> No <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander <input type="radio"/> Yes, Aboriginal and Torres Strait Islander <input type="radio"/> Prefer not to answer	
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: _____	
<b>Section B: APPLICANT DECLARATION</b>	
<b><u>I understand that:</u></b>	
<ul style="list-style-type: none"><li>• I must complete the TTANGO theory training AND practical competency assessment prior to beginning patient testing.</li><li>• 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.</li><li>• 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.</li><li>• As a TTANGO operator I will receive email reminders, newsletters, and updates, and I consent to this.</li></ul>	
<b><u>Privacy Policy:</u></b>	
The information provided by you in this form or learning management system is being collected by, or on behalf of, Flinders University's International Centre for Point-of-Care Testing ("the Centre") and its collection, use and storage will be governed by <a href="#">Flinders Privacy Policy</a> . The information you provide will be used by the Centre to: a) facilitate your education and training, b) report required de-identified metrics to State, Territory and Federal Governments that have funded this project and c) report required identifiable metrics to program coordinators for quality management purposes. Please contact the Centre team if you require further information.	
<b><u>User Consent:</u></b>	
By completing this form or logging onto the learning management system, I consent to the Centre collecting and using the information contained in this form for the purposes set out above and subject to the Flinders Privacy Policy.	
Applicant Signature _____	Date _____
<b>Section C: AUTHORISATION BY SUPERVISOR</b>	
I have discussed the TTANGO training with the applicant above and give permission for 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: _____
<b>EMAIL COMPLETED FORM TO TTANGO HELP DESK <a href="mailto:ttango2.team@flinders.edu.au">ttango2.team@flinders.edu.au</a></b>	