

SHSC Training – Staff Nomination Form

Agency & Contact*:

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Ref	Name	Shiftworker? Y/N	Module [^]	Insert preferred dates (or Session IDs)		
				1 st Preference	2 nd Preference	3 rd Preference
1			1 - SHSC			
			2 - CMS			
2			1 - SHSC			
			2 - CMS			
3			1 - SHSC			
			2 - CMS			
4			1 - SHSC			
			2 - CMS			
5			1 - SHSC			
			2 - CMS			
6			1 - SHSC			
			2 - CMS			
7			1 - SHSC			
			2 - CMS			
8			1 - SHSC			
			2 - CMS			
9			1 - SHSC			
			2 - CMS			
10			1 - SHSC			
			2 - CMS			
11			1 - SHSC			
			2 - CMS			

* Please provide contact details for a liaison point if there are any questions during the allocation process.

Copy additional rows as needed

[^] Note Module 1 must be completed before undertaking Module 2

Ref	Name	Shiftworker? Y/N	Module [^]	Insert preferred dates (or Session IDs)		
				1 st Preference	2 nd Preference	3 rd Preference
12			1 - SHSC			
			2 - CMS			
13			1 - SHSC			
			2 - CMS			
14			1 - SHSC			
			2 - CMS			
15			1 - SHSC			
			2 - CMS			
16			1 - SHSC			
			2 - CMS			
17			1 - SHSC			
			2 - CMS			
18			1 - SHSC			
			2 - CMS			
19			1 - SHSC			
			2 - CMS			
20			1 - SHSC			
			2 - CMS			
21			1 - SHSC			
			2 - CMS			
22			1 - SHSC			
			2 - CMS			

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Copy additional rows as needed

[^] Note Module 1 must be completed before undertaking Module 2