

Acknowledgement of Course Completion

Following completion of the following online course/s, I am able to acknowledge that I now feel competent in using the functionality of the ieMR. I acknowledge that further onsite training may be required.

Signed:

Date:

Your role	Work location	Web-based training completed
Administration	Cairns Hospital Community Based Health Service	<input type="checkbox"/> ESM - Scheduling
Allied Health Practitioner Allied Health Student	Cairns Hospital	<input type="checkbox"/> Allied Health <input type="checkbox"/> Managing Deterioration
	Community Based Health Service	<input type="checkbox"/> Community Clinician
Doctor, Intern, Resident Student Doctor	Cairns Hospital – Inpatient Wards And Clinics	<input type="checkbox"/> Digital Hospital Doctor <input type="checkbox"/> Doctor/Surgeon - Supplementary
	Cairns Hospital – Emergency Department	<input type="checkbox"/> Emergency Doctor <input type="checkbox"/> Doctor/Surgeon - Supplementary <input type="checkbox"/> Managing Deterioration
	Community Based Health Service	<input type="checkbox"/> Community Clinician
Surgeon	Cairns Hospital	<input type="checkbox"/> Digital Hospital Surgeon <input type="checkbox"/> Doctor/Surgeon - Supplementary <input type="checkbox"/> Managing Deterioration
Midwife Student Midwife	Cairns Hospital	<input type="checkbox"/> Maternity
Nurse Student Nurse	Cairns Hospital – Inpatient Wards	<input type="checkbox"/> Ward Nurse <input type="checkbox"/> Managing Deterioration
	Cairns Hospital – Emergency Department	<input type="checkbox"/> Emergency Nurse <input type="checkbox"/> Managing Deterioration
	Cairns Hospital - Theatres	<input type="checkbox"/> Surgical Nurse <input type="checkbox"/> Managing Deterioration
	Community Based Health Service	<input type="checkbox"/> Community Clinician
I am a student:	Studying at <input type="text"/>	<input type="checkbox"/> Student Allied Health <input type="checkbox"/> Student Doctor <input type="checkbox"/> Student Nurse

Managing Deterioration

Name:

Role:

Department:

Start date:

Payroll number (if known):

On completion of your online training:

Queensland Health Employees – Fill in your details and which course/s you have completed, print and sign this form prior to scanning and emailing to ieMR-Cairns-Training@health.qld.gov.au

Students of Allied Health, Maternity and Nursing - Fill in your details and which course/s you have completed, print and sign this form to hand to your clinical placement co-ordinator prior to commencing your placement.

Please be aware that additional support is available including onsite training, training manuals, quick reference guides, additional online courses and LearningLIVE within PowerChart.