**Smoking Cessation 2 Day Advisor Training**

**Registration Form**

Please fill in your details below to register for the 2 day training course, which will allow you to provide level 2 support to individuals looking to quit smoking.

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| --- | --- |
| Name |  |
| Organisation name and address: |  |
| Course Dates: |  |

I am attending on behalf of a (please select):

□ GP Practice □ Pharmacy

□ Other organisation - please state: ………………………………………………………

This course is free of charge. Please note the following expectations:

* All smoking cessation activity must be recorded and monitoring data sent to Public Health at Devon County Council via the supplied Excel spreadsheet or PharmOutcomes as appropriate (this will be explained during the training)
* All organisations offering a stop smoking service should send at least one adviser to refresher training sessions annually
* Individuals have received manager approval to attend this course
* Individuals trained have commitment from their organisation to have appropriate, allocated time within their role to provide evidence-based smoking cessation support

Please sign to demonstrate that you understand and agree with these expectations:

Signed: …………………………..…………………... Date: ………………………………

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**For pharmacies and GP practice staff only:**

Please note, pharmacies and GP practices can only offer the smoking cessation service to clients if they have a contract in place with Public Health, Devon County Council (DCC).

Do you have a contract already in place with Public Health, DCC? □ Yes □ No

Is your organisation already providing a smoking cessation service? □ Yes □ No

Does your organisation have a CO monitor? □ Yes □ No

* If yes, please bring your machine to the training for calibration if needed.

If no, does your GP practice or pharmacy need a CO monitor? □ Yes □ No

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