



National Hand Hygiene Train the Trainer Programme Training Agreement Form

Please tick and sign all boxes

Name of Hospital

Department

Name and Designation of Head of Department or Head of Service

I have read and understood the requirements in supporting a nominated Hand Hygiene Trainer for the department as outlined in the Hand Hygiene Trainer Programme Guide

Signed

(Head of Service / Department)

Name of Hand Hygiene Trainer

I am interested in becoming a local Hand hygiene trainer in my service. I have read and understood the Hand Hygiene Train the Trainer role outlined in the Hand hygiene Trainer Programme Guide

I will attend the Hand Hygiene Train the Trainer Programme on

In advance of the training I will complete the Hand Hygiene and Breaking the Chain of Infection training modules on HSEland

Date

Signed

(Hand Hygiene Trainer)