

<input type="checkbox"/> PHT Sharps Policy http://pompi3/sites/policies/Clinical/Safe%20handling%20and%20Disposal%20of%20Sharps.doc <input type="checkbox"/> PHT Blood & Blood Products Policy http://pompi3/sites/policies/Clinical/Blood%20and%20blood%20products%20policy.doc			
<input type="checkbox"/> PHT Adverse Events & Near Misses <input type="checkbox"/> PHT Staff Code of Conduct for Handling & Storage of Confidential Information. <input type="checkbox"/> Supervised clinical practice by colleague who has obtained evidence of competency. <input type="checkbox"/> Final Assessment by Named Phlebotomy Assessors. <input type="checkbox"/> Certificate of Competency on successful completion			

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Record of Achievement.

To verify competence please ensure that you have the appropriate level signed as a record of your achievement in the boxes below either by the educator/trainer if attendance on study session and or the workplace assessor when performed in practice.

Level 1	Level 2	Level 3	Level 4
Date: 18/2/22	Date: 18/2/22	Date:	Date:
Signature of Educator/Trainer	Signature of Educator/Trainer	Signature of Educator/Trainer	Signature of Educator/Trainer

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