

Training Request

HEALTH INFORMATION TEAM (HIT)

This form is for QAIHC member organisations to request training from QAIHC's Health Information Team (HIT).

Health information data related training is one of the core functions of the QAIHC's HIT. The HIT provides complete training package for all primary health data related matters. This form is based on QAIHC training strategy document, kindly go through this document for further details about the types of training. Please note that training request will need approval from General Manager of Policy & Research Division of QAIHC. **Please complete page 1.** Page 2 is for QAIHC internal use only.

Organisation Details

Staff Name:	
Organisation:	
Position: (CEO/Chair or Delegate)	
Phone:	Email:

Training Details

Tentative date/s for training:
No. of people attending training:

Please select relevant training provided by QAIHC HIT: (Select one)

Note: **In person training:** HIT will visit member organisation to conduct training. **Online training:** Funded by QAIHC.

Training	In person	Online
QAIHC funded In-person training	<input type="checkbox"/>	<input type="checkbox"/>
Member organisation funded training	<input type="checkbox"/>	<input type="checkbox"/>
Train the trainer (training, takes 3-4 hours, 1-2 employees can attend)	<input type="checkbox"/>	<input type="checkbox"/>
Topbar training (for reception staff)	<input type="checkbox"/>	<input type="checkbox"/>
Topbar+CAT4 training (for GPs, Practice Managers and Aboriginal Health Workers)	<input type="checkbox"/>	<input type="checkbox"/>
Use of PenCS tools for evidence-based decision making and continuous quality improvement (CQI)	<input type="checkbox"/>	<input type="checkbox"/>
Data validation/accuracy	<input type="checkbox"/>	<input type="checkbox"/>
Data governance	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Medical Record (EMR) Software	<input type="checkbox"/>	<input type="checkbox"/>
Other data relevant topic (please specify details below):	<input type="checkbox"/>	<input type="checkbox"/>

QAIHC INTERNAL USE:

To be completed by Manager/Senior Data Officer of the Research & Evidence team.

Manger's Name:	
Training request approvaed: <input type="radio"/> Yes <input type="radio"/> No	
Signature:	Approval date:

To be completed by by General Manager of Policy & Research Division, QAIHC.

General Manger's Name:	
Training request approvaed: <input type="radio"/> Yes <input type="radio"/> No	
Signature:	Approval date: