

CERTIFICATE IN CONTRACEPTION PART II: GYNAECOLOGICAL EXAMINATION

Section (i) Declaration (*mandatory*)

I certify that I, _____ (trainee's name) completed the training stated below and that I am competent in the following skills:

- Digital and speculum vaginal examination
- Assessing size, position, and mobility of uterus

Signed: _____ (Trainee)

Section (ii) Training (please select ONE of the options below)

Option A: Three month period in a Gynaecological and Obstetric Post.

Date	Post	Department, Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed (O&G Consult.): _____ Name _____ (PRINT)

Qualification _____ Location _____

Option B: Attendance and training at four or more sessions at a gynaecology clinic under supervision of a consultant gynaecologist.

Date	Location	Consultant Name	Consultant Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Option C: Certification by General Practitioner Trainer (*applicable to trainees on GP Specialist training Programme*).

The following to be completed by the General Practitioner Trainer

I certify that _____ (trainee's name), completed training in the following skills:

- Digital and speculum vaginal examination
- Assessing size, position, and mobility of uterus

Signed _____

Name _____ (PRINT)

Qualification _____

Location _____

Telephone _____

Email _____