

Reproductive & Sexual Health Committee



Certificate in Contraception

Application Form

ICGP Reproductive & Sexual Health Committee – Certificate in Contraception

Application Form

Section 1: Trainee's Personal Details (please print clearly)

Surname _____	Telephone _____
First Name _____	Email _____
Date of Birth _____	Qualifications _____
Postal Address _____	Medical Registration Number _____
_____	Current Position _____

Section 2: Training Details (please print clearly)

PART I: THEORETICAL COURSE

Date of Course _____ Course Organiser _____

Please enclose a COPY of your Certificate/Proof of attendance

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 _____

PART III: PRACTICAL INSTRUCTION IN CONTRACEPTION (please select either option A or B)

Option A – Practical Training under supervision of Contraception Tutor

Please ensure that your tutor is on the RSH Contraception Tutor database and enclose a signed copy of the logbook

Option B – Attendance at the ICGP Practical Training Course in Contraception

Date of Course _____
Please attach a copy of your successful course completion letter

Section 3: Declaration

Having completed the required training syllabus, I hereby apply for the Certificate in Contraception and enclose my cheque for €_____ made payable to: **ICGP, RSH Committee** (for those who have paid online please indicate so).

Signed _____ Date _____

Please forward completed forms and payment to:

Jana Pickard, Administrator, Irish College of General Practitioners, 4–5 Lincoln Place, Dublin 2

Certificate in Contraception Application Checklist

Part I: Theory – Completed and copy of certificate/attendance enclosed	<input type="checkbox"/>
Part II: Gynaecological Examination – Completed and certified	<input type="checkbox"/>
Part III: Practical Training – Completed and certified; logbook or certificate of successful completion enclosed	<input type="checkbox"/>
Certification fee enclosed or paid online = €50	<input type="checkbox"/>