



# ICGP Sexual & Reproductive Health Programme

## Certificate in Contraception

*Application Form*

## Application Form

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

Surname \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Qualifications \_\_\_\_\_

Mailing 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 have 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 from only 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.**

*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 an ICGP Practical Training course in Contraception

Date of Course \_\_\_\_\_

**Section 3: Declaration**

Having completed the required training syllabus, I hereby apply for the Certificate in Contraception and have paid online.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please forward completed forms to [womenshealth@icgp.ie](mailto:womenshealth@icgp.ie)

**Certificate in Contraception Application Checklist:**

- Part I: Theory – Completed and **copy** of certificate/attendance enclosed
- Part II: Gynaecological Examination – Completed and certified
- Part III: Practical Training – Completed and certified; logbook or certificate of successful completion attached
- Certification fee paid online = €50