**Smoking Cessation Database Training**

**Name:** Click here enter name

**Designation:**  Click here to enter job title

**Health board:**  Click here to enter health board

**Authorised by smoking cessation coordinator:** Click here to enter name

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| \***Training Module** | **Learning Activities** | **Evidence** | **Select One Option** | **Venue** |
| **Basic** | *Hands on PC training – full comprehensive training - Includes; recording client data, generating scheduled follow-ups and overview of system reports & extracts* | *To enable personnel to confidently utilise the database by recording and extracting system data to perform their duties*  |     | Options |
| **Reports & Extracts** | *Hands on PC training using the national database. Utilising system developed reports and extracts to retrieve and organise data effectively* | *To enable personnel to develop management reports and provide general analysis* |    | Options |
| **Top-up** | *A refresher session; This will be lead by the demands of those in attendance. Any aspect of the database may be discussed/reviewed* | *To familiarize staff who, haven’t used the system for a period of time, to update their knowledge and gain confidence to effectively use the system to perform their duties* |  | Options |

*\*Training modules will be delivered separately; no two sessions will be combined*