

## Baby Lifeline Training – Trainer Assessment Form

In setting up these vitally important training courses, we are very keen to invite enthusiastic, skilled trainers and are grateful to you for volunteering to help. Please complete the following short questionnaire (11 questions) which will allow you to highlight relevant experience and will allow us to assess if you will be suitable to help us as we develop this training programme.

**Full Name:**

1.	a) Present job title		
	b) Organisation		
	c) How long in post?		years
	d) Location		
	e) E-mail Address		
	f) Telephone Number		
2.	a) Please list any specific clinical interests you have		
	b) Do you have any recent experience (past 3 years) of <b>pre-hospital maternity care</b> (including teaching or attending pre-hospital maternity emergencies)?	If <b>YES</b> –give details	
	c) <b>For Obstetricians:</b> Please list any ATSMs completed		
	d) <b>For doctors:</b> Please indicate subspecialty training completed		
3.	Are you a recognised instructor for any <i>emergency skills/drills training courses?</i> (i.e. BLS, NLS, ALS, MOET, POET, PROMPT)	If YES – give details	1.
			2.
			3.
			4.
4.	If 'YES' to question 3, when did you last teach on a <i>skills/drills course?</i>		Months / Years ago
5.	If 'NO' to question 3 – what experience do you have in <i>hands-on teaching skills?</i>		
6.	Do you have experience in teaching <i>multidisciplinary groups</i> (e.g. pre-hospital clinicians, paramedics, obstetricians, midwives, anaesthetists)?	If YES – give details	
7.	Do you have experience of <i>small group teaching</i> in the last 2 years?	If YES – give details	

8.	a) Do you have recent experience of <i>giving a lecture</i> on REGIONAL COURSES?	If YES – give details	
	b) Do you have recent experience of <i>giving a lecture</i> NATIONAL or INTERNATIONAL MEETINGS?	If YES – give details	
9.	Any other relevant teaching?	Give a brief outline	
10.	Which of the courses would you consider teaching on (rate in order of interest)? 1 = most interested 3 = least interested		Rating (1-3)
	Enhanced Maternal Care		
	Childbirth Emergencies in the Community		
	Other (please specify)		
11.	<p>Please include a brief (1-2 paragraph) <b>biography</b>.</p> <p>This will be included in our delegate packs should you be selected to join the faculty.</p>		

**When returning this form, please include the following to support your application:**

- Any relevant evidence of positive feedback from lecturing/teaching you have undertaken.
- Evidence of completion of BLS and NLS updates if available.
- Evidence of completion of other relevant courses (e.g. RC-UK General Instructor course, 'Train the Trainer' courses or similar, Breech Birth Network study days)

**Thank you again for expressing an interest in supporting our courses**