

ANNUAL SELF DECLARATION OF COMPETENCE FORM

In the last year I have been involved enough to feel confident/competent to administer chemotherapy via the:

Oral route
 Intravenous route
 Other routes
(tick all relevant)

I have read the most recent version of the Trust Chemotherapy Policies (date and version no)

I have updated my knowledge on chemotherapy over the last year (please list teaching sessions, lectures, courses or study days attended or articles read as evidence on update)

I feel competent to ADMINISTER CHEMOTHERAPY

Practitioner's Name
(PRINT):.....

Signature:

Ward/Unit:

Date:

I am satisfied/not satisfied with the self declaration of
(Practitioner's name) to continue to administer chemotherapy.
(If not satisfied discussion with nurse must take place and an action plan developed)

Managers Name
(PRINT):.....

Signature:

Ward/Unit:

Date:.....