**Expression of interest application for simulation-based introduction to IUD insertion for GPs**

Thank you for your interest in IUD simulation-based training at the Women’s.

Training is offered to suitable qualified GPs who are able to incorporate an IUD procedure into their current practice.

Please fill-up this form and email the form on [GP.liaison@thewomens.org.au](mailto:GP.liaison@thewomens.org.au) to express your interest. All selected GPs are contacted via email.

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| --- | --- |
| **Contact details** | |
| **Name** |  |
| **Email** |  |
| **Mobile** |  |

Practice details:

|  |  |  |
| --- | --- | --- |
| **Practice name** |  |  |
| **address** |  |  |
|  |  |  |
|  |  |  |
| **phone number** |  |  |

Does your current practice currently insert IUDs? Yes No

Is your practice accredited? Yes No

Do you practice as a GP? Yes No

Do you have unrestricted medical registration? Yes No

Detail how you would incorporate this training into your practice

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Do you have a Practice Nurse with either experience in inserting IUDs or who is willing to assist with IUD insertion? Yes No

Do you have a clinical space to insert IUDs? Yes No

Do you have, or will you have, a clinic bed suitable for an IUD procedure?

Yes No

Have you contacted your medical indemnity insurer for details on insurance requirements for IUD insertion?

Yes No

Prior preparation:

1. Please complete the e-learning module Long Acting Reversible Contraception available through RANZCOG to prepare for the training see: <https://www.climate.edu.au/>. Email a copy of the completion certificate to [GP.liaison@thewomens.org.au](mailto:GP.liaison@thewomens.org.au) two days prior to the training session date.