

Type 1 Diabetes: Less guesswork.
More freedom. Better health.



DAFNE Educator Programme Application Form

DAFNE Educator Programme Application Form

As a member of an established DAFNE centre and after discussions with your DAFNE Lead Educator, this form is to be completed once funding has been secured for training.

This form is supported by a DAFNE Training Information document. Fact Sheets detailing what is involved in becoming a DAFNE Educator and the costs can be obtained from the DAFNE website

<http://www.dafne.uk.com/scripts/professionalhealthcare/factsheets.html>

or from Central DAFNE. It is recommended you read these documents before completing the form.

All sections of the form must be completed; this can then be faxed or emailed but the original signed copy must be posted to the following address:

Central DAFNE
Diabetes Resource Centre
North Tyneside General Hospital
Rake Lane
North Shields
NE29 8NH

Email: Dafne@nhct.nhs.uk
Fax: 0191 293 4276

Places will only be confirmed upon receipt of **full** payment. The payment can be made by:

- Official purchase order – preferred method
- Cheque - made payable to Northumbria Healthcare NHS Foundation Trust
- Visa

Once payment has been made you will receive:

- Letter confirming training place
- Detailed training plan and DEP file prior to observation week
- Observation pack and DAFNE patient course curriculum on Monday of observation week
- Professional Development File upon successful completion of DEP

Section A: Centre and Delivery Details

Centre Name:
This **must** be the name by which your centre is known.

Address:
.....
.....
.....
.....
.....
.....

Post Code:

Delivery details

Name:

Position:

Address:
.....
.....
.....

Post Code:

Section B: Payment Method

The following details are required for payment of your training place. Please provide the correct details.

Purchase order number:

Purchase order attached: Yes No

Cheque number:

Cheque attached: Yes No

If visa is the preferred payment method, please contact Central DAFNE for further information on how this payment can be made – 0191 293 4115.

Central DAFNE use only

Payment method:

Date payment received:

Section C: Identified Staff Details

Notes:

It is essential that the identified staff have read the DAFNE Training Information document and Fact Sheets as mentioned in Section A to ensure all staff are fully aware of the **time commitment** they and their service are making.

Specification to become a DAFNE Educator

The following specification is seen as including the qualities for a DAFNE educator, in order to maintain consistently high quality:

Essential

- To be open minded about new ways of managing Type 1 diabetes, which would include a philosophy of self-management and freedom to eat.
- To have recently participated in the education of patients with Type 1 diabetes.
- To have worked as part of a specialist diabetes team for a minimum of 1 year.
- To have relevant teaching qualifications C&G 730, ENB 998 or equivalent teaching qualification.
- To be an effective communicator.

Desirable

- To have experience in teaching groups.
- To have expertise in teaching methods that encourages maximum group participation.
- To demonstrate a willingness to take on skills normally outside the traditional role of a dietitian or nurse.

Please bear in mind that if you have a member of staff who does not exactly meet the specification, this does not necessarily mean they are not suitable, although they may find the DEP more demanding.

Proposed DAFNE educators must be aware of the necessary time commitments to complete the DEP and the QA requirements of DAFNE.

Section D: Educator Details

Contact details and address are required to send pre course information. This will only be dispatched upon receipt of full payment of the training place.

Name:

Position:

Telephone number:.....

Fax number:

Email address:

Bleep (if applicable):

Postal address if different from Section A:

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Special requirements (dietary or other):

Teaching qualifications

- C&G 730
- ENB 998
- Other – please provided details

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Are you the identified Lead Educator?

- Yes
- No

Training dates

The following information is required by Central DAFNE. You must be certain you can commit to the dates. You cannot mix 3-day and 1-day workshops from different programmes.

Date of DEP:

Venue of DEP:

If external observation venue is required, please contact Central DAFNE for assistance.

Date of observation week:

Venue of observation week:

Date of peer review week:

DAFNE Educator Programme Learning Contract

I agree to do the following as part the DAFNE Educator Programme (DEP):

Step 1 (1 hour)

- Read the DEP file prior to commencing Step 3.
- Complete and return this form to Central DAFNE with the application form.

Step 2 (prior to commencing Step 3 (3 to 5 hours))

- Complete background reading.
- Complete your question sheet provided in the DEP file.

Step 3 (5 days)

- Observe a complete 5-day DAFNE patient course.
- Complete observation sheets as detailed in the DEP file.
- Identify and prepare a case study using predefined guidelines provided in the DEP file.

Step 4 (3 days)

- Attend each of the 3-day workshops.
- Develop a personal plan for the delivery of your peer supported course.

Step 5 (25½ – 32½ hours)

- Recruitment and preparation of patients.
- Personal preparation, familiarisation with the DAFNE curriculum and resources, production of lesson plans and additional resources.

Step 6 (5 days)

- Prepare for and deliver sessions as part of a local DAFNE patient course, which will be observed by a DEP Reviewer.
- Agree areas for ongoing professional development with the DEP Reviewer

Step 7 (1-day)

- Attend the 1-day follow-up workshop.

Upon completion of the DEP, I agree to comply with the DAFNE quality assurance and audit programmes.

Name:

Signature:

Date:

Service Managers

I understand the time commitment required and agree to ensure that this time is made available for the above to complete the DEP

Service Manager Name:

Signature:

Date: