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>>> POCT OPERATOR DATA FORM

Zaponex Treatment Access System®



This form should be used to apply for registration as a POCT Operator with the ZTAS® POCT service. Please complete all sections.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

We will use the information provided on this form in accordance with the terms of the ZTAS privacy notice which is available from the ZTAS website www.ztas.co.uk.

For completion by a Certified* POCT Operator

* A Certified POCT Operator is a ZTAS-registered user who has attended a POCT Operator Training Course. This user has been certified for operation of the POCT analyser in conjunction with ZTAS POCT software as used under the ZTAS POCT service.

Name	<input type="text"/>	<input type="text"/>	S	U	R	N	A	M	E	<input type="text"/>
ZTAS User ID	<input type="text"/>	Position	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
POCT location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

I acknowledge that I have trained the below-mentioned nominee in the operation of the POCT analyser and ZTAS POCT software according to the instructions outlined in the POCT Operator Training Course.

Date	<input type="text"/>	Signature	<input type="text"/>
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For completion by the Nominee

The nominee **must** be a ZTAS-registered User and be fully trained by the above-mentioned certified POCT Operator.

Name	<input type="text"/>	<input type="text"/>	S	U	R	N	A	M	E	<input type="text"/>
ZTAS User ID	<input type="text"/>	Position	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
POCT location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

This document is my statement of intent to operate a POCT System used in the ZTAS POCT service. Signing of this form constitutes my commitment to adhere to the instructions as outlined in the POCT Operator's Training Course.

Date	<input type="text"/>	Signature	<input type="text"/>
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Please note: A 'Registered POCT Operator' is not entitled to train other staff members in the use of a ZTAS POCT system (made up of the analyser and the ZTAS POCT Software). Upon receipt of this signed form, the ZTAS will issue you with a User ID card, and you will be enrolled in the continued competency training program. Your registration as a 'Registered POCT Operator' is only effective once you have received your User ID card, and is contingent on your continued completion of the yearly online training. Your personal information, as provided above, will be submitted to the UK based affiliate of the Manufacturer of the POCT instrument for enrolment in the continued competency training program.

Please send this Form to ZTAS by email on info@ztas.co.uk