

2019 REGISTRATION FORM SECHLT/SUNSHINE COAST (SSC)

Employee Start Date (mm/dd/year):

Employee:	Employee ID:	EMPLOYEE'S COMMUNITY OF CARE (COC):
Email:	Job Title:	<input type="checkbox"/> Coastal – Sechelt/Sunshine Coast
Phone:	Site/Dept.:	<input type="checkbox"/> Other: _____
Union: <input type="checkbox"/> BCGEU <input type="checkbox"/> BCNU <input type="checkbox"/> CUPE <input type="checkbox"/> HEU <input type="checkbox"/> HSA <input type="checkbox"/> Excluded		<input type="checkbox"/> Acute <input type="checkbox"/> Community <input type="checkbox"/> Residential
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual		<input type="checkbox"/> Internal Hire <input type="checkbox"/> External Hire
Manager:	Educator:	Requester:

Please SELECT all applicable date(s)/session(s) requested for new hire.

DATE SELECT	SELECT	TIME	SESSIONS (DAY 1)	TARGET AUDIENCE
<input type="checkbox"/> Jan 14 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Feb 11 <input type="checkbox"/> Aug 19 <input type="checkbox"/> Mar 11 <input type="checkbox"/> Sep 16 <input type="checkbox"/> Apr 08 <input type="checkbox"/> Oct 21 <input type="checkbox"/> May 13 <input type="checkbox"/> Nov 18 <input type="checkbox"/> Jun 10 <input type="checkbox"/> Dec 09	<input type="checkbox"/>	0800 – 1045	Welcome to VCH! <ul style="list-style-type: none"> Welcome from Senior Leaders Patient/Client/Resident Lived Experience Exploring VCH Values (Employee Engagement) Taking Care of Me (Employee Wellness) Meet with Union Groups (<i>exception: excluded staff</i>) Marketplace & Refreshments 	ALL STAFF
	<input type="checkbox"/>	1045 – 1200	Best Practice, Best Care (Professional Practice)	ALL CLINICAL STAFF
	<input type="checkbox"/>	1245 – 1530	Promoting a Culture of Safety at VCH	

DATE SELECT	SELECT	TIME	SESSIONS (DAY 2)	TARGET AUDIENCE
<input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 16 <input type="checkbox"/> Feb 12 <input type="checkbox"/> Aug 20 <input type="checkbox"/> Mar 12 <input type="checkbox"/> Sep 17 <input type="checkbox"/> Apr 09 <input type="checkbox"/> Oct 22 <input type="checkbox"/> May 14 <input type="checkbox"/> Nov 19 <input type="checkbox"/> Jun 11 <input type="checkbox"/> Dec 10	<input type="checkbox"/>	0800 – 1100	Day 3 Prerequisites – Online Learning (Nurses)	ALL NURSING STAFF (*PREREQUISITE SESSION FOR DAY 3)

DATE SELECT	SELECT	TIME	SESSIONS (DAY 3)	TARGET AUDIENCE
<input type="checkbox"/> Jan 16 <input type="checkbox"/> Jul 17	<input type="checkbox"/>	0800 – 0915	IV Therapy Care and Maintenance	RN, LPN, RPN, ESN
<input type="checkbox"/> Feb 13 <input type="checkbox"/> Aug 21	<input type="checkbox"/>	0915 – 1100	Medication Safety	RN, LPN, RPN, ESN
<input type="checkbox"/> Mar 13 <input type="checkbox"/> Sep 18	<input type="checkbox"/>	1115 – 1230	Safe Transfusion	RN, LPN, RPN, ESN
<input type="checkbox"/> Apr 10 <input type="checkbox"/> Oct 23	<input type="checkbox"/>	1300 – 1415	Code Blue Response	RN, LPN, RPN, ESN
<input type="checkbox"/> May 15 <input type="checkbox"/> Nov 20	<input type="checkbox"/>	1430 – 1515	'Pump It Up!' – Part 1: Infusion Pumps	RN, LPN, RPN, ESN
<input type="checkbox"/> Jun 12 <input type="checkbox"/> Dec 11	<input type="checkbox"/>	1515 – 1600	'Pump It Up!' – Part 2: PCA and Epidural Pumps	RN (others as required)

DATE SELECT	SELECT	TIME	SESSIONS (DAY 4)	TARGET AUDIENCE
<input type="checkbox"/> Jan 17 <input type="checkbox"/> Jul 18	<input type="checkbox"/>	0800 – 0930	Site Tour	ALL CLINICAL STAFF
<input type="checkbox"/> Feb 14 <input type="checkbox"/> Aug 22	<input type="checkbox"/>	0950 – 1050	Seek & Find	ALL CLINICAL STAFF
<input type="checkbox"/> Mar 14 <input type="checkbox"/> Sep 19	<input type="checkbox"/>	1050 – 1200	Equipment: (<i>SEE SCHEDULE FOR DETAILS</i>)	ALL CLINICAL STAFF
<input type="checkbox"/> Apr 11 <input type="checkbox"/> Oct 24	<input type="checkbox"/>	1300 – 1400	Hello...Let's Go!: Safe Patient Handling	ALL CLINICAL STAFF PROVIDING HANDS-ON CARE

To Submit:

1. Download (hover over top right corner of page and click the download icon) and save the form to your desktop.
2. Open the document with Adobe Acrobat Reader.
3. Complete the form.
4. Click the submit button below and follow the prompts to email the form.
5. If step 4 fails, attach the completed form to an email addressed to VCHOrientation@vch.ca