

My No. : ETR/F/ETU.Tr./2016

Education, Training and Research Unit
Ministry of Health & Indigenous Medicine
'Suwasiripaya'
385, Rev.Baddegama Wimalawansa Thero
Mawatha,
Colombo 10.

26 June, 2016.

All the Provincial Directors of Health Services,
All the Regional Directors of Health Services
Deputy Director General of National Hospital of Sri Lanka
Directors of Teaching Hospitals
Directors of Specialized Campaigns
Director of General Hospital, Sri Jayawardenapura
Directors of TH/PGH/DGH & General Hospitals
Secretary Ministry of Sports
Chancellor General Sir John Kotelawala Defence University
Director Wijaya Kumaranatunga Memorial Hospital
Heads of the Institutions
Directors of Medical Services, Army, Navy, Air Force
Chief Medical Officer, Sri Lanka Police Hospital
All the Principals of Schools of Nursing

Six Months Emergency Care Training for Nursing Officers – 2016 (3rd Batch)

Ministry of Health has taken steps to conduct 3rd Emergency Care Post Basic Training Programme for nursing officers, at the Post Basic College of Nursing, Colombo. The duration of this training programme is 06 months. Applications are hereby invited from the Nursing Officers of Grade I, Grade II and Grade III, who are presently serving in the Emergency Treatment Units (ETU) or similar units. The training programme is planned to be commenced in September 2016.

02. Required Qualifications;

1. Age should be less than 48 years to 09th July, 2016.
2. The applicants should be presently working in ETU or similar units and have not undergone, any other post basic in-service training within last 02 years. The nursing officers, who have already obtained Emergency Care training, at Post Basic College of Nursing can not apply for this programme.
3. After completion of this training programme, nursing officers should agree to serve in ETU or similar Emergency Care Units for two years in mandatory manner. Before commencing of the training programme each trainee, has to sign an agreement with the Ministry of Health in this regard. The relevant documents pertaining to this agreement will be sent in due time.

03. Selection of nurses for this training shall be based on duration of service in an ETU in current institution. When there are several applicants from same institution, with similar service period, the carrier seniority shall be considered.

04. In special circumstances, a request of a head of an institution to Director, Nursing (Education) or Deputy Director General (Education, Training and Research) may be considered for this training programme, on justifiable service need.
05. The travelling and other allowances to the selected officers should be paid by the relevant Provincial Health Departments or by the nominating institutions as per the Establishment Code and Financial Regulations.
06. Selected Nursing Officers should compulsorily report to the Post Basic School of Nursing, Colombo on the scheduled date for the training. If any nursing officer is unable to attend to this training on reasonable grounds, it should be informed to us through their Heads of the Institutions, before commencement of the training programme and next suitable officer from the same institution shall be selected for this training, by the ETR unit.
07. It should be noted that 80% attendance requirement will be strictly considered during the training period.
08. Applications should be prepared as per the specimen form appended have with, duly certified by the Head of the Institution, and should be sent by registered post to the below mentioned address on or before 09th July, 2016.through the Head of the Institution.

Director, Nursing.(Education)
Ministry of Health & Indigenous Medicine
'Suwasiripaya'
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10.

09. The words "Applications for Six Months Emergency Care Training for Nursing Officers – 2016 (3rd Batch) (ETR Unit)" should be written legibly on the top left-hand corner of the envelop. Applications which are received after the closing date will be rejected. The responsibility over applications that are lapsed or lost during the post will not be borne by Education, Training and Research Unit.

Dr.P.G.Mahipala
Director General of Health Services

- Copies to:
1. Secretary, Ministry of Health & Indigenous Medicine
 2. Director, Nursing (Medical Services)
 3. Director, Nursing (Public Services)
 4. Principal, Post Basic College of Nursing, Colombo

Six Months Emergency Care Training for Nursing Officers – 2016 (3rd Batch)

01. (a) Name with initials:
(b) Name denoted by initials:
(c) Identity card number:.....
02. Address:
.....
03. Telephone No. : Official:
Mobile:
Email :.....
04. Present place of work: TH/PGH//DGH/BH.:.....
Province: District:
05. Reg. No. in Medical Council/Nursing Council:
06. (a) Date of Birth: Y.....M.....D..... Age as at: 09 / 07 / 2016: Y..... M..... D.....
(b) Service period as at: 09 / 07 / 2016: Y.....M.....D.....
07. (a) Present Grade :
(b) Date of appointment to the present grade:
08. Continued service period in the **Emergency Care / or Similar Units** up to date :
Years: Months: Days:
09. Whether no pay leave have obtained, if so the period and reason:
10. Whether attended to any in service training during last **02** years, the relevant training and period :
.....

I hereby certify that the particulars given by me in this application are true and accurate and declare my compliance to be served at least **2** years period in a **Emergency Treatment Unit (ETU)** following the successful completion of this training. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected.

Date: _____ Signature of the Applicant

Recommendation of the word Sister/ In charge Nursing officer

I hereby certify that this nursing officer is currently working in **ETU** orunit from to date.

Date: _____ Signature of the Ward Sister

Recommendation made by the Supervising Officer and confirmation of the service period attached to the present unit

Hereby certify that this nursing officer has obtained a continuous service period of years up to date and aforesaid information are true and accurate.

Date: _____ Signature of the Chief Nursing Officer

Recommendation of the Head of Institution

I hereby recommend / not recommend the application and agree / do not agree to attach this officer in a **ETU** for **02** years period followed by the training.

Date : _____ Signature of the Head of the Institution