**CTMS Training Declaration Part A**

**Patient Configuration and Visit Management**

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| **Name of Person Completing Training:** |  |
| **Role:** |  |
| **Department:** |  |
| **Date Training Complete:** |  |

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| I sign this declaration to acknowledge that I have read and understood the training manual CTMS CCS Training\_Patient Configuration and Visit Management that has been provided to me. I will follow these instructions when using CTMS and will contact the CTMS team if I require any further information or support. I understand that the CTMS system has frequent enhancements which may result in amended versions of the training manual. I acknowledge that although the current system displays multiple steps of navigation, the training manual is to be followed when using the CTMS as the adopted workflow for SWSLHD.  |

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| **Signature:** |  |
| **Date** |  |