**Appendix 2: Annual self-declaration competency assessment**

Date completed: Date returned (office use only):

Name: Job title:

Ward / clinic of work: Email:

Have you been directly involved in any medication errors? YES NO If YES please provide the Datix number and give your reflections on the incident(s)

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**DECLARATION**

I declare I am competent in the areas where I am currently administering medication

Signature………………………………………………….….Date……………..………………………….

Ward manager or clinical lead signature: Date…………………………………………

To be completed and returned by the end of each December annually. Failure to submit forms may result in removal from the Trust band 4 administration database.

E-mail or post completed forms to: [Mary-Ann.Pike@salisbury.nhs.uk](mailto:Mary-Ann.Pike@salisbury.nhs.uk) (Chief Pharmacists Office, Pharmacy)