

Dear [Recipient] ,

[HEADING]

### TEMPLATE WORK INSTRUCTION

Lothian Health Board (“**NHS Lothian**”) and [**Insert Recipient Full Legal Name**] (the “**Recipient**”) have entered into an agreement with an effective date of [**Insert date**] (the “**Agreement**”). This work instruction, when completed, agreed and executed on behalf of each of NHS Lothian and the Recipient shall constitute a Work Instruction for the purposes of the Agreement and shall be subject to the terms and conditions set out in the Agreement.

#### WORK INSTRUCTION NUMBER [INSERT]

TITLE: - [**INSERT TITLE**] (**NAME OF TRAINING/EDUCATION/COMPETENCY ASSESSMENT**)

- **SERVICES:**

[Insert a description of the training and/or competency assessment to be provided by NHS Lothian to the Recipient. This should include, for example:

- a general description of the training to be delivered and/or competency assessment to be undertaken; and
- information as to qualification(s) of the individuals from NHS Lothian who will deliver the training and/or carry out the competency assessment;
- the number of Recipient employees/staff who are to receive the training and/or undergo the competency assessment;
- any resources that the Recipient will need to make available to NHS Lothian in order for the relevant training to be delivered and/or competency assessment to be undertaken, e.g. equipment such laptop, projector screen, pens, paper, relevant medical equipment, e.g. bandages, etc.;
- a finite list of resources that will be provided by NHS Lothian, e.g. training reference materials, relevant medical equipment, e.g. bandages, etc.;
- such other information as NHS Lothian considers relevant.]

- **PROPOSED DATES AND/OR ESTIMATED NUMBER OF HOURS/DAYS:**

[Insert the date or dates on which the training and/or the competency assessment are to be provided and/or insert the number of hours/days that will likely required to be deliver the training and/or complete the competency assessment.]

Dear [Recipient] ,

**[HEADING]**

- **LOCATION:**

**[Insert the location at which the training and/or the competency assessment will be delivered/undertaken.]**

- **DELIVERABLES:**

**[Insert details of any deliverables to be provided to the Recipient and/or the employees following provision of the relevant Services, e.g. a certificate of attendance at training or certificate of competency attainment.]**

- **FEES:**

**[Insert:**

- **details of any fees that are payable in respect of the provision of the relevant Services and, if a fixed fee is not provided, that the amount of fees can be readily calculated, e.g. £x per member of Recipient staff to receive the Services; and**
- **when such fees shall be payable by the Recipient, i.e. in advance or in arrears (i.e. once the relevant Services have been delivered.)**

Lothian NHS Board

[Department and address]

Telephone

www.nhsllothian.scot



[Recipient's name & address]

Date 24 May 2024

Your Ref

Our Ref

Enquiries to

Extension

Direct Line

Email

Dear [Recipient] ,

[HEADING]

.....  
**SIGNED BY AND ON BEHALF OF  
LOTHIAN HEALTH BOARD**

.....  
**DATE**

.....  
**SIGNED BY AND ON BEHALF OF  
[INSERT RECIPIENT FULL LEGAL  
NAME]**

.....  
**DATE**



**Headquarters**  
Waverley Gate  
2-4 Waterloo Place  
Edinburgh EH1 3EG

**Chair Professor John Connaghan CBE  
Chief Executive Calum Campbell**  
*Lothian NHS Board is the common  
name of Lothian Health Board*