



North West Universities: NMP collaboration
 Application form for V150 Community Practitioner Nurse
 Prescribing courses

Notes for applicants:

The application process requires all applicants to meet criteria for appropriate governance of a prescribing role.

All the sections of this form must be **completed** fully before submission to the relevant University. PLEASE PRINT CLEARLY. Failure to complete the form fully and accurately may delay the commencement of the course.

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

Applicants should be aware that they may be required to meet their employing organisation’s own criteria in advance of submission of an application. These criteria may include submission of a completed application form several months in advance of course start dates. Applicants are advised to contact Non-Medical Prescribing Leads in the employing organisation as early as possible in the process.

Section 1: to be completed by applicant

University applying to: (please circle)	Bolton Central Lancashire Chester Cumbria	Edge Hill Liverpool John Moores Manchester Metropolitan
Preferred start date: (enter below) 	How is the course being funded? <input type="checkbox"/> CPD–Apply (record unique no.) <input type="checkbox"/> Other (please state)	

Section 1a: personal details to be completed by applicant

First Name(s):	
Surname:	
Title (Mr/Mrs/Ms/Dr/other):	
Previous Surname:	
Date of Birth:	
National Insurance No:	
NMC registration no:	

Job title:			
Employer / Trust:			
Work Address:			
Postcode:			
Work Telephone number:			
Work Email address:			
Home Address:			
Postcode:			
Home telephone number:			
Home email address:			
Mobile phone number:			
Country of birth:			
Nationality:			
Country of domicile/area of permanent residence:			
Applicants not born in the United Kingdom only	Date of first entry to the UK	Day: ____ Month: ____ Year: ____	
	Date of most recent entry to the UK (apart from holidays)	Day: ____ Month: ____ Year: ____	
	Date from which you have been granted permanent residence in the UK	Day: ____ Month: ____ Year: ____	
	If you are a non-British EU national who is not living in the UK, will you have been living in the EU for 3 years by 1 st September of the year in which the course begins?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Professional and Academic Qualifications: (include all degrees, modules and courses leading to registration, most recent first)	<u>Course</u>	<u>Academic Level</u>	<u>Date obtained</u>
Please note: transcripts of the most recent and highest level academic study to be submitted to the University with the completed application form.			

<p>Do you have the required amount of post registration clinical experience? Normally a minimum of 2 years post-registration clinical experience in the clinical field in which you intend to prescribe.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Have you previously commenced but not completed a nurse prescribing / non-medical prescribing course?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If yes, please give details including date of course, university and reason for non-completion:</p>	

Section 1b: Criminal conviction check: applicant self-declaration

All prospective students should be aware that for courses in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974.

During your application for Community Practitioner Nurse Prescribing training the University will ask you and your employer to confirm you have had a satisfactory, enhanced criminal convictions check (obtained from the Disclosure and Barring Service or the Scottish Criminal Records Office Disclosure Document Service) *or* if an independent practitioner, to apply for and supply an enhanced criminal convictions check. Please check with the University for their policy on this.

Furthermore, if you are convicted of a criminal offence after you have applied, you must tell the University.

Applicant Self Declaration (enter X in the appropriate box):

- I have a criminal conviction
- I have not had a criminal conviction since my last criminal conviction check
- I have never had a criminal conviction

I confirm that I have a satisfactory enhanced DBS check (or equivalent in Scotland), which has been obtained by my employing organisation within the three years prior to entry to the programme.

DBS issue no: _____ (enter issue no)

Issue date of DBS disclosure: _____ (enter date)

Signed (applicant):

Date:

Section 2: to be completed by line manager / employer

This is divided into three sub-sections: suitability of the applicant to prescribe, release of staff for the course and enhanced **DBS** check. All parts **MUST** be completed.

Section 2a: suitability of the applicant to prescribe (to be completed by line manager / employer)

Is the applicant a first level Registered Nurse eligible to undertake V150 NMP preparation?	Yes / No
Does the applicant have evidence of the ability to study at degree level?	Yes / No
What is the applicant's highest level of academic attainment? Please tick ✓ below: <input type="checkbox"/> MA/MSc <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other (please provide details)	Yes / No
Does the applicant have appropriate numeracy skills to undertake drug calculations (to be further developed within the context of prescribing and assessed on the course)?	Yes / No
Has the applicant successfully completed the numeracy assessment tool? (This is a mandatory pre-course assessment. Please contact Trust NMP Lead to organise this)	Yes / No
Does the applicant have a recognised qualification/experience and ability in diagnostics and physical examination skills to enable him/her to apply nurse prescribing skills to their intended area of prescribing practice?	Yes / No
Does the applicant have sufficient experience (normally at least 2 years) post registration to be deemed to be competent in the area of intended clinical practice?	Yes / No
Does the applicant have a named mentor / practice assessor, who is a practising nurse prescriber and sign-off mentor and has agreed to provide supervision to the applicant for the required 10 days of learning in practice?	Yes / No
Is there a clinical need within the applicant's role to justify prescribing?	Yes / No
Has the organisation considered the options of supply and administration within the context of Patient Group Directions?	Yes / No
Does the applicant have the commitment of his/her employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course?	Yes / No
Will the applicant be prescribing regularly from central funding in order to provide maximum benefit to patient?	Yes / No
If the applicant has previously commenced a non-medical prescribing programme, have the reasons for non-completion been discussed in order to ensure this application is appropriate?	Yes / No
As the applicant's Line Manager I confirm the above:	
Signed: _____ Date: _____	

Section 2b: (to be completed by line manager / employer) confirmation of:

1. release from practice for duration of course (20 days) and
2. applicant's suitability to prescribe
3. applicant's prescribing role on successful completion of the programme

1. Line Manager / Employer agreement to a minimum release from practice for both taught theory and medical supervision (10 days theory *equivalent* and 10 days practice)

As this is a recordable qualification with the NMC, contact day attendance and recorded achievement of all theory and practice hours are mandatory. Students will be unable to record their qualification until all learning hours and assessments are achieved.

2. Line Manager / Employer confirmation of good health and character to enable safe and effective practice

The applicant's line manager should confirm that the applicant is of good health and character to enable safe and effective practice.

3. Line Manager / Employer confirmation of applicant's prescribing role on successful completion of the programme

The applicant's line manager should confirm their intention that the applicant will have a prescribing role on successful completion of the programme.

As line manager, I confirm that the applicant has received an **appraisal of their suitability to prescribe** and is of **good health and character** to enable safe and effective practice. I confirm **full release support**, totalling a minimum of 20 days equivalent, to undertake the programme of preparation as a prescriber, and that the applicant **will have a prescribing role** on completion of the programme.

Name (please print):

Job title:

Organisation:

Email address:

Signed:

Date:

Section 2c: Disclosure and Barring Service check (to be completed by line manager / employer)

Requirements for NMC registrants:

The NMC (circular 09/2007) requires “all registrants must have an up to date CRB check i.e. within the last three years, before they commence educational preparation to prescribe as a Nurse Independent Prescriber”.

NMC Standards (2006 p.10) require employers to have the “necessary clinical governance infrastructure in place (including a Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so”.

Therefore the NMC require registrants to provide evidence of a recent enhanced DBS to the University *on application to the educational programme*. The NMC identify this as the responsibility of the employer and the DBS must have been obtained by the applicant’s employing organisation within three years of the programme start date. The Universities do not undertake DBS checks on NMC registrants.

Line manager declaration

I understand that the University will not undertake a DBS check and that all applicants are required to have an enhanced DBS check **within the last three years prior to entry** to the programme.

I can confirm that the applicant has a satisfactory enhanced **DBS** check (or Scottish equivalent) **obtained by their employing organisation** and within the period identified above.

DBS issue no: _____ (*enter issue no*)

Issue date of **DBS** disclosure: _____ (*enter date*)

Signed (manager):

Date:

Section 3: to be completed by the Practice Assessor

This section is divided into four parts: general information about the Practice Assessor and area of clinical practice, eligibility criteria, confirmation of practice placement quality and confirmation of sign-off and current mentor status.

Section 3a: details of the Practice Assessor

Name:	
Area of practice:	
Title/position:	
Qualifications:	
NMC registration no:	
Trust:	
Work address:	
Post code:	
Telephone number:	
Email address:	

I agree to facilitate 10 days/ 75 hours clinical practice supervision.

Name (please print):

Signed:

Date:

Section 3b: eligibility criteria for Practice Assessors

Practice Assessors must meet all the criteria below. Please circle the appropriate response below to confirm that you fit the criteria. All parts MUST be completed.

The Practice Assessor must be a registered nurse who:	Please circle the appropriate response
Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice	Yes / No
Is a practising prescriber	Yes / No
Has sign-off and current mentor status* with the employing organisation <i>* (a trained mentor who meets the requirements of the NMC for sign-off mentor status, and has undertaken the required up-dates to remain on the employing organisation's mentor register)</i>	Yes / No
Has the support of the employing organisation to act as the practice assessor who will provide supervision, support and opportunities to develop competence in prescribing practice	Yes / No
Normally works with the trainee prescriber or practises in a clinical area which directly relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role	Yes / No
Practises in a clinical area which will provide the trainee prescriber with an appropriate learning environment and which is subject to the University's audit process.	Yes / No
<p>As the applicant's Practice Assessor I confirm I meet the above criteria:</p> <p>Signed: _____ Date: _____</p>	

Section 3c: practice placement quality (to be completed by Practice Assessor)

As part of the quality assurance process for practice placements, Practice Assessor to please read and confirm the placement area meets statutory requirements (Ongoing Quality Monitoring Exercise, QAA 2007 standards). Please contact the relevant programme leader for advice regarding this process if required.

Standard statement	Please tick (✓)
1. Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity	
2. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities	
3. Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas	
4. We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) when they are in placements	
5. We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action	
6. We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements	
7. Our practice placement supervisors are aware of the student's placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience	
8. We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract	
9. We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received	
10. We provide students with an orientation/induction to each practice placement	
11. Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning	
12. Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through: observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users' rights, privacy and dignity	
13. Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice	
14. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working	
15. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria	
16. We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated	
17. We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas	
18. The guidance and support we offer as a placement provider are sensitive to equality of opportunity	
I confirm all the above standards can be met whilst the student undergoes prescribing supervision. (Please identify exceptions below, <i>see next page</i>)	
Signature:	Date:

Section 3d: practice assessor current sign-off mentor status (to be confirmed by Practice Education Facilitator)

The NMC require that the nominated Practice Assessor for the V150 programme has current sign-off mentor status with their employing organisation. This means that the Practice Assessor must have completed the necessary sign-off mentor training and has undertaken up-dates to remain on the employing organisation's register of sign-off and current mentors.

Confirmation of the Practice Assessor's sign-off and current mentor status must be provided by the Practice Education Facilitator(s) who maintain the register of sign-off mentors. Confirmation can be provided by email (recommended), using work email addresses, and **using the wording below**. A copy of the email confirmation should be submitted with this application. Alternatively, confirmation can be provided by the completion of section 3d below. **Mentors and applicants seeking this confirmation should check the process that has been established within their organisation for confirmation of sign-off and current mentor status.**

As Practice Education Facilitator, I can confirm that *(insert the name of the nominated Practice Assessor)* has **sign-off and current mentor status**.

Name of Practice Education Facilitator *(please print)*:

Organisation:

Email address:

Signed:

Date:

Section 4: to be completed by the Trust Non-Medical Prescribing Lead

(Please note this is the person responsible for non-medical prescribing in your organisation)

Non-Medical Prescribing Lead

Name (please print):

Employing organisation:

Telephone Number:

Email address:

Applicants within the Health Education England – North West region only:

- Non-Medical Prescribing Leads facilitate access to the **numeracy tool** which must be completed and passed before submitting this application form to the University.

Numeracy tool completed and passed:

YES

NO

Date completed: _____

Non-Medical Prescribing Lead for all applicants:

I agree with the above professional training for registration as an Independent/Supplementary prescriber.

Signed:

Date:

Notes for applicants:

All the sections of this form **must be completed fully** before submission to the relevant University. Failure to complete the form accurately will result in the application form being returned, **and may delay the commencement of the course.**

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

Universities will contact the applicant on receipt of this application. If applicants are uncertain whether their application has been received, they should contact the University using the contact details on the page below.

Applicants are encouraged to keep a copy of the completed application in case this is needed for future reference.

University contact details

(Application forms should be returned to one university of choice only)

University of Bolton

Emma Street
Senior Lecturer
Room T3 – 12, Eagle Tower
The University of Bolton
Deane Road
Bolton BL3 5AB
Email: es8@bolton.ac.uk
Tel: 01204 903780

Edge Hill University

Jane Duckworth
Faculty of Health
Edge Hill University
Ormskirk Campus
St Helens Road
Ormskirk L39 4QP
Sharon Email: duckworj@edgehill.ac.uk
Tel: 01695 650723

University of Central Lancashire

Health CPD, Brook Hub
School of Community Health & Midwifery
University of Central Lancashire
Preston PR1 2HE
E-mail: healthcpd@uclan.ac.uk
Tel: 01772 893839

Liverpool John Moores University

Sharon Gibson, Admissions and Information
Officer
Faculty of Education, Health and Community
Tithebarn Building
79 Tithebarn Street
Liverpool L2 2ER
Email: S.Gibson@ljmu.ac.uk
Tel: 0151 231 5844

University of Chester

Anne Ashford
Admissions Department
University of Chester
Riverside Campus
Castle Drive
Chester CH1 1SL
Email: a.ashford@chester.ac.uk
Tel: 01244 512573

Manchester Metropolitan University

Direct Admissions
2nd Floor
Business School and Student Hub
All Saints Campus
Manchester M15 6BH
Email: direct@mmu.ac.uk
Tel: 0161 247 2966

University of Cumbria

Postgraduate and CPD Admissions
University of Cumbria
Bowerham Road
Lancaster LA1 3JD
Email: pgadmissions@cumbria.ac.uk
Tel: 01524 384360