**APPLICATION FORM**  March 2019

|  |  |
| --- | --- |
|  | North West Universities: NMP collaborationApplication form for Non-Medical Prescribing(V300, Independent/Supplementary prescribing) |

|  |
| --- |
| **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) | BoltonCentral LancashireChesterCumbriaEdge Hill  | Huddersfield (PhIF funded applicants only)Liverpool John Moores ManchesterManchester MetropolitanSalford |
| Preferred start date:(enter below)………………………………………………. | How is the course being funded?□ Employer funding ……………………………………………………..□ Pharmacy Integration Fund *(please circle PhIF pathway below and see*  *additional notes on p.11)* General Practice Phase 2 / Care Homes / Urgent Care □ Self-funding□ 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: |  |
| Regulatory body forregistration: (please tick) | □ Nursing and Midwifery Council (NMC)□ Health and Care Professions Council (HCPC)□ General Pharmaceutical Council (GPhC)□ Pharmaceutical Society of Northern Ireland (PSNI) |
| NMC/ HCPC / GPhC / PSNIRegulatory body registration no: |  |

|  |  |
| --- | --- |
| Job title: |  |
| Employer/Trust or state if self-employed: |  |
| Work Address: |  |
| Postcode: |  |
| Work Telephone number: |  |
| Work Email address: |  |
| Date of commencing role above: |  |
| Home Address:  |  |
| Postcode: |  |
| Home telephone number: |  |
| Home email address: |  |
| Mobile phone number: |  |
| Country of birth: |  |
| Nationality: |  |
| Country of domicile/area ofpermanent residence: |  |
| Applicants not born in theUnited Kingdom only  | Date of first entry to the UK  | Day: \_\_\_\_ Month: \_\_\_\_Year: \_\_\_\_ |
| Date of most recent entry tothe 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 1st September of the year in which the course begins? | □ YES□ NO |
| Professional and Academic Qualifications: (include alldegrees, short courses and coursesleading to registration, most recent first) | Course  | Academic Level | Date obtained |
| **Please note:** transcripts of the most recent and highest level academic study to be submitted to the University with the completed application form. |

|  |  |
| --- | --- |
| Do you have the required amount of post registration clinical experience? NMC registrants: registered nurse (Level 1), midwife or SCPHN, registered with the NMC for a minimum of one year prior to application for entry to the programme, normally one years’ relevant experience in the clinical field in which it is intended to prescribePharmacists: at least two years’ appropriate patient-orientated experience post-registration, in a relevant UK practice settingHCPC registrants: eligibility to prescribe, 3 years’ relevant post qualification experience | □ YES□ NO |
| Are you applying for the course at degree level 6 or Masters level?(to be eligible for M level study you are normally required to have a Level 6 degree. Please check with the University for details) | □ Degree level 6 (HE6)□ Masters level (HE7) |
| Have you previously commenced but not completed a non-medical prescribing course? | □ YES□ NO |
| If yes, please give details: |  |

|  |
| --- |
| **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 non-medical 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 neverhad 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date of **DBS** disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signed (applicant): Date:** |

|  |
| --- |
| **Section 1c: to be completed by applicant** |

|  |
| --- |
| ***All applicants:*** a short statement should be provided which identifies an area of clinical or therapeutic practice in which to develop independent/supplementary prescribing practice. It is also a prerequisite of admission to the course, that the applicant is able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection and learning. ***Self-employed applicants:*** it is a requirement that self-employed applicants provide additional information relating to those specific elements of the entry criteria normally signed off by a NHS manager and NMP Lead. Please provide the following information:* At least one professional reference which considers the points identified in Section 2a of this application document;
* If the referee above is not a registrant of the NMC, GPhC or HCPC, applicants will need a clinical reference from a registrant with recent clinical knowledge of the applicant and who must also provide their registration PIN no for confirmation;
* Your anticipated prescribing role on completion of the programme, including condition(s) for which you intend to prescribe;
* How you have remained up to date with clinical, pharmacological and pharmaceutical knowledge relevant to your intended area of practice (Pharmacists only);
* The clinical governance processes that will be employed to support the safety of your prescribing;
* Budget arrangements for your prescribing – e.g. using an NHS prescriber code, or private prescription
 |

|  |
| --- |
| *continue on separate sheet as required* |
| I understand that any offer of a place on the programme I have applied for is subject to approval by my employer (employed applicants only) and to acceptance of the education provider’s terms and conditions.I agree to the University providing information to my employer regarding my progression and completion of the programme – this will include attendance, withdrawal from the programme, confirmation of passing the module and details of the qualification awarded. It would also include notification if unsuccessful in completing the programme, and including non-submission of assessments and if plagiarism is proven.Signed (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 2: to be completed by line manager / employer;** Applicants applying as an independent practitioner should complete this section themselves. All parts MUST be completed |

|  |
| --- |
| **Section 2a:** suitability of the applicant to prescribe  |

|  |  |
| --- | --- |
| Is the applicant a regulated Health Care Professional eligible to undertake NMP preparation? (please note, nurses must be Level 1 registered nurses) | Yes / No |
| Does the applicant have relevant post registration clinical experience or part-time equivalent? * NMC registrants: registered nurse (Level 1), midwife or SCPHN, registered with the NMC for a minimum of one year prior to application for entry to the programme, normally one years’ relevant experience in the clinical field in which it is intended to prescribe
* Pharmacists: at least two years’ appropriate patient-orientated experience post-registration, in a relevant UK practice setting
* HCPC registrants: eligibility to prescribe, 3 years’ relevant post qualification experience
 | Yes / No |
| Does the applicant have evidence of the ability to study at degree level? What is the applicant’s highest level of academic attainment? ­ Please tick  below:□ MA/MSc □ Degree □ Diploma □ Certificate □ 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 a numeracy assessment tool? (This is a mandatory pre-course assessment for students in the North West only. Please contact Trust NMP Lead to organise this) | Yes / No |
| Has the applicant an identified area of clinical or therapeutic practice in which to develop their independent/supplementary prescribing practice? | Yes / No |
| **Pharmacists only:** has the pharmacist applicant relevant clinical or therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training? | Yes / No |
| Is the applicant capable of safe and effective practice at a level of proficiency appropriate to the progamme to be undertaken and their intended area of practice in: clinical/health assessment, diagnostics/care management, planning and evaluation of care? **(not applicable to pharmacists)**  | Yes / No / Not applicable |
| Has the applicant up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice and appropriate for the development of their independent/supplementary prescribing practice? | Yes / No |
| Does the applicant have a prescriber willing to supervise and assess the applicant for the 12-day (90 hours) ‘learning in practice’ element of the preparation?* NMC registrants: a Practice Assessor and Practice Supervisor (please see section 3)
* GPhC registrants: a Designated Prescribing Practitioner (please see section 3)
* HCPC registrants: a Designated Medical Practitioner (please see section 3)
 | Yes / No |
| Is there a clinical need within the applicant’s role to justify prescribing? | 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 /Not applicable |
| **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 (38 days) and2. applicant’s suitability to prescribe Applicants applying as Independent Practitioners require at least one reference from an appropriate registered professional with recent clinical knowledge of the applicant) (some HEIs may require two references) to confirm that the applicant is of good health and character to enable safe and effective practice as a prescriber |

|  |
| --- |
| 1. **Line Manager / Employer agreement to a minimum release from practice for both taught theory and clinical practice supervision and assessment (26 days theory *equivalent* and 12 days practice): a**s this is a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.

Some universities operate a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves flexibility of release time required, but this *does not reduce* the total mandatory time needed for study by the student. 1. **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.

As line manager, I confirm that the applicant has received an **appraisal of their suitability to prescribe** andis of **good health and character** to enable safe and effective practice. I confirm **full release support**, totalling a minimum of 38 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 of all applicants). |

|  |
| --- |
| **Requirements for all employed applicants:** Employers should undertake an appraisal of a registrant’s suitability to prescribe before they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including relevant Disclosure and Barring Service check) to enable the registrant to prescribe once they are qualified to do so”.Therefore, all applicants are required to provide evidence to the University of an enhanced DBS check obtained by the applicant’s employing organisation within three years of the programme start date. Please note, obtaining a DBS check is the responsibility of the employer, and Universities do not undertake DBS checks on employed applicants. |
| **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:** |
| **Requirements for applicants applying as Independent Practitioners:**Universities will also require **applicants applying as Independent Practitioners** to provide evidence of a satisfactory enhanced DBS check, obtained within three years of the programme start date. The applicant has responsibility for applying for enhanced DBS check and for payment of this. Some Universities may be able to facilitate application for DBS at the applicant’s own cost.  |
| **Independent practitioner self declaration:** |
| I can confirm that I have an enhanced **DBS** check (or Scottish equivalent) **obtained** within three years of the programme start date. DBS issue no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter issue no)*Issue date of **DBS** disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter date)* **Signed (applicant): Date:** |

|  |
| --- |
| **Section 3: to be completed by the applicant’s supervisors and assessors of practice**  |

Applicants must ensure that the relevant parts of this section are fully completed:

* NMC registered applicants: parts 3a, 3c, 3d and 3f
* GPhC registered applicants: parts 3a, 3e, 3f
* HCPC registered applicants: parts 3a, 3b and 3f

|  |
| --- |
| **Section 3a:** details of:the Designated Medical Practitioner (DMP) (for HCPC registered applicants)the Practice Assessor (for NMC registered applicants)the Designated Prescribing Practitioner (DPP) (for GPhC registered applicants)  |

|  |  |
| --- | --- |
| Name of DMP/Practice Assessor/DPP |  |
| Area of practice: |  |
| Title/position: |  |
| Qualifications: |  |
| Professional Registration: | HCPC □ GPhC □ NMC □ GMC □ |
| Registration no: |  |
| Employing organisation: |  |
| Work address: |  |
| Post code: |  |
| Telephone number: |  |
| Work email address: |  |
| Name (please print): **Signed: Date:**  |

|  |
| --- |
| **Section 3b:** eligibility criteria for **DMPs (assessors for HCPC registrants)** |

Doctors must meet all of the criteria below. Please tick the box to confirm that you fit the criteria.

|  |  |
| --- | --- |
| **The doctor must be a registered medical practitioner who:** | ***Please tick (*** ***)*** |
| Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice |  |
| Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) **or** is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer |  |
| Has experience or training in teaching and / or supervising in practice |  |
| Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes |  |
| Normally works with the trainee prescriber. *If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another appropriately qualified and experienced prescriber to take on a role supporting and supervising the applicant as a student, providing feedback to the DMP, who must retain the primary responsibility for supervision and assessment of the students. Please note that learning in practice must relate to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.* |  |
| Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice |  |
| Is sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the students to undertake the programme. |  |
| Agree to facilitate 12 days/ 90 hours clinical practice supervision and undertake assessment of the applicant’s competence to prescribe |  |
| For more information on the role of the DMP please see ‘Training non-medical prescribers in practice: a guide to help doctors prepare for and carry out the role of designated medical practitioner’. Available at: [http://www.webarchive.org.uk/wayback/archive/20140627112130/http://www.npc.nhs.uk/non\_medical/resources/designated\_medical\_practitioners\_guide.pdf](http://www.webarchive.org.uk/wayback/archive/20140627112130/http%3A/www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf)  |
| **As the applicant’s Designated Medical Practitioner, I confirm I meet the above criteria:****Signed: Date:** |

|  |
| --- |
| **Section 3c:** eligibility criteria for **Practice Assessors (assessors for NMC registrants)** |

Practice Assessors must meet all of the criteria below. Please tick the box to confirm that you meet the criteria.

|  |  |
| --- | --- |
| **The Practice Assessor must be a registered independent prescribing practitioner who:** | ***Please tick (*** ***)*** |
| Has normally had at least 3 years recent clinical and prescribing experience for a group of patients/clients in the relevant field of practice |  |
| Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) **or** is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer**or** is a non-medical prescriber who holds an Independent prescribing qualification  |  |
| Has experience or training in teaching and / or supervising in practice |  |
| Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes |  |
| Is sufficiently impartial to the outcome for the applicant and, wherever possible, should not be the same person sponsoring the applicant to undertake the programme. |  |
| Has the support of the employing organisation or GP practice to act as the Practice Assessor to conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning |  |
| Can ensure there are sufficient opportunities for the Practice Assessor to periodically observe the student in order to inform decisions for assessment and progression |  |
| Can ensure there are sufficient opportunities to gather and coordinate feedback from practice supervisors and other relevant people, in order to be assured about their decisions as Practice Assessor for student assessment and progression |  |
| Agrees to work in partnership with the nominated academic assessor to evaluate and recommend the student for progression in line with programme standards |  |
| **As the applicant’s Practice Assessor, I confirm I meet the above criteria:****Signed: Date:** |

|  |
| --- |
| **Section 3d:** eligibility criteria for **Practice Supervisors (supervisors for NMC registrants)** |

In addition to a Practice Assessor, all NMC registrants are required to identify a Practice Supervisor who must meet all of the criteria below. The NMC requires that Practice Assessors are not simultaneously the Practice Supervisor for the same student.

|  |  |
| --- | --- |
| Name of Practice Supervisor*(please print)* |  |
| Area of practice: |  |
| Title/position: |  |
| Qualifications: |  |
| Independent prescribing qualification - date | Date of annotation ……………………………………… |
| Professional Registration: | HCPC □ GPhC □ NMC □ GMC □ |
| Registration no: |  |
| Employing organisation: |  |
| Work address: |  |
| Post code: |  |
| Telephone number: |  |
| Work email address: |  |
| **The Practice Supervisor must be a registered independent prescribing practitioner who:** | ***Please tick (*** ***)*** |
| Agrees to support and supervise the applicant as a student, providing feedback on their progress towards, and achievement of, proficiencies and skills for safe and effective practice as an Independent Nurse Prescriber |  |
| Agrees to contribute to the student’s record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the student and contribute to student assessments to inform decisionsfor progression |  |
| Can ensure sufficient opportunities to engage with practice and academic assessors to share relevant observations on the conduct, proficiency and achievement of the student  |  |
| **As the applicant’s Practice Supervisor, I confirm the information provided above and that I meet the above criteria:****Signed: Date:**  |

|  |
| --- |
| **Section 3e:** eligibility criteria for **DPPs (assessors for GPhC registrants)** |

Designated Prescribing Practitioners must meet all of the criteria below. Please tick the box to confirm that you fit the criteria.

|  |  |
| --- | --- |
| **The Designated Prescribing Practitioner must be a registered independent prescribing practitioner who:** | ***Please tick (*** ***)*** |
| Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice |  |
| Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) ***or*** is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer***or*** is a non-medical prescriber who holds an Independent prescribing qualification |  |
| Has experience or training in teaching and / or supervising in practice |  |
| Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes |  |
| Normally works with the trainee prescriber. *If this is not possible (such as in community pharmacy), arrangements must be agreed for another prescriber to take on the role of the DPP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role* |  |
| Has the support of the employing organisation or GP practice to act as the designated prescribing practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice |  |
| Is sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the students to undertake the programme. |  |
| Agrees to facilitate 12 days/ 90 hours clinical practice supervision and undertake assessment of the applicant’s competence to prescribe |  |
| For more information on the role of the DPP please see ‘Training non-medical prescribers in practice: a guide to help doctors prepare for and carry out the role of designated medical practitioner’. Available at: [http://www.webarchive.org.uk/wayback/archive/20140627112130/http://www.npc.nhs.uk/non\_medical/resources/designated\_medical\_practitioners\_guide.pdf](http://www.webarchive.org.uk/wayback/archive/20140627112130/http%3A/www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf)  |
| **As the applicant’s Designated Prescribing Practitioner, I confirm I meet the above criteria:****Signed: Date:** |

|  |
| --- |
| **Section 3f**: practice placement quality (to be completed by all DMPs/DPPs/Practice Assessors) |

As part of the quality assurance process for practice placements, DMP 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 students 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.** (If there are any exceptions, please identify these on a separate page)**Signature: Date:** |

|  |
| --- |
| **Section 4: to be completed by the Non-Medical Prescribing Lead**Where there is no formally appointed Non-Medical Prescribing Lead, the person responsible for the governance of non-medical prescribing in the applicant’s organisation and the nominated person for each practice setting to actively support students and address student concerns must be identified. Independent applicants and self-employed applicants should identify an appropriate business owner/partner. |

|  |
| --- |
| **Non-Medical Prescribing Lead/other**  |
| 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 a **numeracy assessment** 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/other - 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.

Applicants funded by the Pharmacy Integration Fund (PhIF) should include a statement of support (email) from their PhIF-funded education pathway Education Supervisor to confirm eligibility to access a PhIF-funded place.

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**
Gilly Keogh, Programme Lead
Room T3 – 22, Eagle Tower
The University of Bolton
Deane Road
Bolton BL3 5AB
Email: g.keogh@bolton.ac.uk

**Tel:** 01204 903253

**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

**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

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

Tel: 01524 384360

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

**Tel:** 01695 650723

**University of Huddersfield (PhIF funded applicants only)**

**Adam Yates**

**Queensgate**

**Huddersfield HD1 3DHEmail:**

**E-mail:** a.yates@hud.ac.uk

**Tel: 01484 473867**

**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 Manchester**

Stacey Winship

Postgraduate Admissions

Division of Pharmacy

G.129, Stopford Building

The University of Manchester

Manchester M13 9PL

Email: pgtaught.pharmacy@manchester.ac.uk

Tel: 0161 270 1798

**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 Salford**
Pat Killeen
Administration

School of Midwifery, Nursing, Social Sciences and Social Work
University of Salford
Fredrick Road
Salford M6 6PU
Email: p.a.killeen@salford.ac.uk