



**North West Universities NMP collaboration**  
**Application 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** 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 - course webpage links and contact details are provided on page 13 of this form.

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 the course start date. 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 the applicant)**

University applying to: (please circle)	Bolton Central Lancashire Chester Cumbria Edge Hill Huddersfield (PhIF-funded applicants only)	Liverpool John Moores Liverpool Manchester Manchester Metropolitan Salford
Preferred start date: (enter below)  .....	How is the course being funded? <input type="checkbox"/> Employer funding <input type="checkbox"/> Pharmacy Integration Fund (PhIF, please indicate which pathway below) Primary care pharmacy education pathway (PCPEP) / Clinical pharmacists in general practice education (CPGPE) / Medicine optimisation in care homes (MOCH) / Integrated Urgent Care (IUC) <input type="checkbox"/> Self-funding <input type="checkbox"/> Other (please state) .....	

**Section 1a: personal details (to be completed by the applicant)**

First name(s):	
Surname:	
Title (Mr/Mrs/Ms/Dr/other):	
Previous surname:	
Date of birth:	
National Insurance number:	
Regulatory body for registration: (please tick)	<input type="checkbox"/> Nursing and Midwifery Council (NMC) <input type="checkbox"/> Health and Care Professions Council (HCPC) <input type="checkbox"/> General Pharmaceutical Council (GPhC) <input type="checkbox"/> Pharmaceutical Society of Northern Ireland (PSNI)
NMC / HCPC / GPhC / PSNI Regulatory body registration no: (nurses must have Level 1 registration)	

**Applicant name:**

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 of permanent residence:	

Applicants not born in the United Kingdom	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 three years by 1st September of the year in which the course begins?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Professional and Academic Qualifications:	Date obtained	Course title	Academic Level	Course provider
(include all degrees, short courses and courses leading to registration; most recent first)				

**Please note:** applicants should check with the University of their choice whether evidence of the most recent and highest level academic study is to be submitted to the University

**Applicant name:**

Do you have the required amount of post-registration clinical experience? <ul style="list-style-type: none"> <li>• NMC registrants: registered nurse (Level 1), midwife or SCPHN, registered with the NMC for a minimum of one year prior to applying for entry to the programme, normally one years' relevant experience in the clinical field in which it is intended to prescribe</li> <li>• HCPC registrants: eligibility to prescribe, three years' relevant post-qualification experience in the clinical area in which you will be prescribing, working at advanced practitioner or equivalent level</li> <li>• Pharmacists: at least two years' appropriate patient-facing experience post-registration, in a relevant UK practice setting</li> </ul>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you applying for the course at degree level 6 or at master's level? (To be eligible for master's level study you are normally required to have a Level 6 degree. Please check with the University for details)		<input type="checkbox"/> Degree level (HE6) <input type="checkbox"/> Master's level (HE7)
Have you previously commenced but not completed a non-medical prescribing course?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give details (including the course dates, university name and reason for non-completion).		

<b>Section 1b: criminal conviction check (to be completed by the applicant)</b>
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All applicants 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 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 certificate. 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

**All applicants**

- I confirm that I have a satisfactory enhanced DBS check (or equivalent in Scotland) which has been obtained within three years of the programme start date

**Applicants who are seeking prescribing training as part of their employed role\***

- my enhanced DBS check has been obtained by my employing organisation  
*(\*Self-employed and/or independent practitioners are not required to meet this criterion, but must provide the information below and complete the relevant section in 2c)*

**DBS issue no:** \_\_\_\_\_ **Issue date of DBS disclosure:** \_\_\_\_\_

**Signed** (applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note:** the University will advise if a copy of the DBS certificate is to be submitted by the applicant.

**Applicant name:**

**Section 1c: personal statement** (to be completed by the applicant)

**All applicants** must provide a short statement that identifies the area of clinical or therapeutic practice in which they have been working and in which they intend to develop prescribing practice. They must also demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development (CPD), including the development of networks for support, reflection and learning.

**Pharmacists** must also indicate how they have remained up to date with clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice.

**Self-employed applicants** must additionally provide information relating to entry criteria that are usually signed off by an NHS manager and NMP Lead. Please provide the following information:

- at least one professional reference that addresses the points identified in Section 2a of this application document;
- if the referee above is not a registrant of the NMC, HCPC, GPhC or PSNI, applicants must obtain a clinical reference from a registrant with recent clinical knowledge of the applicant and who must also provide their professional registration number for confirmation;
- details of your anticipated prescribing role on completion of the programme, including condition(s) for which you intend to prescribe;
- the clinical governance processes that will be employed to support the safety of your prescribing;
- budgetary arrangements for your prescribing, e.g. using an NHS prescriber code or private prescription.

*continue on a separate sheet as required*

**Signed** (applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant name:**

**Section 2** (to be completed by line manager/employer. Applicants applying as a self-employed and/or 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 that nurses must be Level 1 registered nurses)	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
Does the applicant have a prescriber willing to supervise and assess the applicant for the 12-day (90 hours) of learning in practice period <ul style="list-style-type: none"> <li>• NMC registrants: a Practice Assessor and Practice Supervisor (please see sections 3a, 3b and 3c)</li> <li>• HCPC registrants: a Practice Educator (please see section 3a and 3b)</li> <li>• GPhC/PSNI registrants: a Designated Prescribing Practitioner (please see sections 3a and 3b)</li> </ul>	Yes / No
Does the applicant have relevant post-registration clinical experience or part-time equivalent? <ul style="list-style-type: none"> <li>• NMC registrants: registered nurse (Level 1), midwife or SCPHN, registered with the NMC for a minimum of one year prior to applying for entry to the programme, normally one years' relevant experience in the clinical field in which it is intended to prescribe</li> <li>• HCPC registrants: eligibility to prescribe, three years' relevant post-qualification experience in the clinical area in which s/he will be prescribing, working at advanced practitioner or equivalent level</li> <li>• Pharmacists: at least two years' appropriate patient-orientated experience post-registration, in a relevant UK practice setting</li> </ul>	Yes / No
Does the applicant have evidence of the ability to study at degree/master's level? 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?	Yes / No
Has the applicant an identified area of clinical or therapeutic practice in which to develop their independent/supplementary prescribing practice?	Yes / No
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
<b>For nurse, midwife and allied health professional applicants only:</b> is the applicant capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of practice in clinical/health assessment, diagnostics/care management, planning and evaluation of care?	Yes / No
<b>Pharmacists only:</b> does the pharmacist have relevant clinical or therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training?	Yes / No
<b>As the applicant's Line Manager</b> (delete if self-employed), <b>I confirm the above:</b>	
<b>Signed</b> (line manager): _____ <b>Date:</b> _____	

**Applicant name:**

**Section 2b: confirmation of**

1. **applicant's suitability to prescribe** and
  2. **release from practice** for completion of the course (26 theory days and 90 hours (12 days' equivalent) period of learning, supervision and assessment in clinical practice).
- (to be completed by line manager/employer)

Applicants seeking prescribing training as self-employed and/or independent practitioners must complete and sign the declaration below and 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 confirmation of good health and character to enable safe and effective practice:**
  - the applicant's line manager must confirm that the applicant is of good health and character to enable safe and effective prescribing practice. The applicant must be in good standing with their professional regulatory body and must not be under investigation for practice-related issues.
2. **Line Manager / Employer agreement for release from practice for the applicant to undertake course theory and clinical practice:**
  - this period of training may lead to a recordable qualification with a professional regulatory body so contact day attendance and recorded achievement of all theory and practice hours are mandatory irrespective of the mode of programme delivery. Students will be unable to record their qualification until all learning hours and assessments are achieved and there is a time limit in which they must do this.
  - 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 the flexibility of release time required, but this *does not reduce* the total mandatory time needed for study by the student.
  - If the employer is not able to agree to full release support totalling a minimum of 26 theory days and 90 hours (12 days equivalent) period of learning, supervision and assessment in clinical practice, an agreement with the applicant must be in place to identify the commitment of the employer and of the learner for completion of the course.

As the applicant's 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. The applicant is in good standing with their professional regulatory body, does not have conditions relating to their practice, and is not under investigation for practice-related issues.

I confirm that **an agreement is in place** to enable the applicant to complete 26 theory days equivalent and 90 hours (12 days equivalent) period of learning, supervision and assessment in clinical practice and that the applicant **will have a prescribing role** on completion of the programme.

**Name** (please print):

**Job title:**

**Organisation:**

**Email address:**

**Signed** (line manager): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant name:**

**Section 2c: Disclosure and Barring Service (DBS) check** (the relevant declaration must be completed on all applications)

**Employed applicants** (to be completed by line manager/employer)

Employers must 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 the relevant DBS 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 three years of the programme start date** 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:** \_\_\_\_\_ **Issue date of DBS disclosure:** \_\_\_\_\_

**Signed** (line manager): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Self-employed and/or independent practitioners** (to be completed by the applicant)

Universities will also require **applicants applying as self-employed/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 the enhanced DBS check and for payment of this. Some Universities may be able to facilitate application for DBS at the applicant's own cost.

**Self-employed and/or independent practitioner applicant declaration**

I can confirm that I have an enhanced **DBS** check (or Scottish equivalent) **obtained within three years of the programme start date** and I will submit a copy of the disclosure certificate as part of the application process if required by the University.

**Signed** (applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant name:****Section 3** (to be completed by the applicant's supervisor and assessor of practice)

The Royal Pharmaceutical Society (RPS) has published *A competency framework for designated prescribing practitioners* ([www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)), which details the knowledge, skills and behaviours required of the designated practitioner responsible for the trainee prescriber's period of learning in practice. The term Designated Prescribing Practitioner is used to cover all of the regulators' titles (Designated Medical Practitioner, Designated Prescribing Practitioner, Practice Supervisor, Practice Assessor and Practice Educator).

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

- NMC-registered applicants: parts 3a, 3b and 3c must be completed by the applicant's Practice Assessor and Practice Supervisor
- HCPC and GPhC/PSNI-registered applicants: parts 3a and 3b must be completed by the applicant's Practice Educator or Designated Prescribing Practitioner

**Section 3a: details of and eligibility criteria for**

- **the Practice Assessor (PA)** (for NMC-registered applicants) *or*
- **the Practice Educator (PE)** (for HCPC-registered applicants) *or*
- **the Designated Prescribing Practitioner (DPP)** (for GPhC-registered applicants).

To be completed by the Practice Assessor, Practice Educator or Designated Prescribing Practitioner.

Name of PA/PE/DPP:					
Area of practice:					
Title/position:					
Qualifications:					
Prescribing qualification	Date of annotation				
Professional Statutory Regulatory Body:	<input type="checkbox"/> NMC	<input type="checkbox"/> HCPC	<input type="checkbox"/> GPhC	<input type="checkbox"/> PSNI	<input type="checkbox"/> GMC
Registration no:					
Employing organisation:					
Work address:					
Postcode:					
Telephone number:					
Work email address:					

I agree to facilitate the 90 hours (12 days equivalent) period of learning, supervision and assessment in clinical practice. I will oversee, support and assess the competence of the applicant's clinical practice with patients in collaboration with academic and workplace partners. I agree to assess their suitability for the award based on their completion of the period of learning in practice and demonstration of the requisite competencies of an Independent/Supplementary prescriber.

Name (please print):

**Signed** (PA/PE/DPP): \_\_\_\_\_ **Date:** \_\_\_\_\_



**Applicant name:**

**Section 3a (continued): all of the following criteria must be met** (to be completed by the Practice Assessor, Practice Educator or Designated Prescribing Practitioner).

<b>The Practice Assessor/Practice Educator/Designated Prescribing Practitioner must be a registered independent prescribing practitioner who:</b>	<b>Please tick (✓)</b>
Is a GP, specialist registrar, clinical assistant or a consultant who is usually on the relevant GMC specialist register working in a clinically active and relevant setting <b>or</b> is a non-medical prescriber, registered with a UK regulatory body, and who holds an Independent or equivalent prescribing annotation.	
Is in good standing with their professional regulatory body, has no conditions relating to their practice and is not under investigation for issues related to professionalism or practice.	
Is an active prescriber who normally has at least three years' recent clinical and prescribing experience for a group of patients/clients in the relevant field of practice and attained the professional skills and knowledge to oversee, support and assess prescribers-in-training.	
Is able to demonstrate that they meet all competencies within <i>A competency framework for all prescribers</i> ( <a href="http://www.rpharms.com/resources/frameworks/prescribers-competency-framework">www.rpharms.com/resources/frameworks/prescribers-competency-framework</a> ).	
Has experience or training in teaching and/or supervising in practice.	
Normally works with the applicant. <i>If this is not possible (such as in community pharmacy), the applicant must ensure that arrangements are in place for another appropriately qualified and experienced prescriber to take on the role of supporting and supervising the applicant as a prescriber in training. 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.</i>	
Is sufficiently impartial to the outcome for the applicant and, wherever possible, should not be the same person sponsoring them to undertake the programme.	
Has the support of the employing organisation or GP practice to act as the Practice Assessor, Practice Educator or Designated Prescribing Practitioner.	
Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes.	
Agrees to retain the primary responsibility for the overall supervision and assessment of the applicant as a prescriber in training while working in collaboration with academic and workplace partners during the applicant's period of learning in practice.	
<b>Additional eligibility criteria for Practice Assessors (NMC-registered applicants only)</b>	
Can ensure there are sufficient opportunities 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 the Practice Supervisor and other relevant people in order to be assured about decisions relating to 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.	
<p>As the applicant's Practice Assessor/Practice Educator/Designated Prescribing Practitioner, I confirm I meet the above criteria and I am able to demonstrate that I meet all competencies within <i>A competency framework for designated prescribing practitioners</i> (<a href="http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework">www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework</a>).</p> <p><b>Signed (PA/PE/DPP):</b> _____ <b>Date:</b> _____</p>	

**Applicant name:**

**Section 3b: the learning environment** (to be completed by **all** Practice Assessors/Practice Educators/Designated Prescribing Practitioners).

As part of the quality assurance process, all Practice Assessors/Practice Educators/Designated Prescribing Practitioners must confirm the learning environment meets the following requirements.

Standard statement	Please tick (✓)
1. All of our learning environments are with CQC-registered providers.	
2. Our policies and procedures within our learning environment areas reflect health and safety legislation, employment legislation and equality of opportunity.	
3. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and promote equality, inclusivity and diversity.	
4. Our staff understand and manage specific risks to students and risk assessments are carried out in our learning environments.	
5. We ensure that students have access to appropriate clinical equipment, books, journals, educational and IT facilities, including internet access, (where practicable) when they are in our learning environments.	
6. We have mechanisms in place in our learning environments to ensure early recognition of poor student performance and for taking appropriate and prompt action.	
7. Our learning environment supervisors and/or assessors are aware of student's learning outcomes so that they are able to agree with the student an individual learning contract for the period of learning in practice.	
8. We provide students with regular opportunities to discuss their progress towards meeting their learning contract with their practice supervisors and assessors.	
9. We take action on evaluation/feedback information that students give us on the quality of their learning experience during their period of learning in practice.	
10. We provide students with an orientation/induction to each learning environment.	
11. Our learning environments ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning.	
12. Our learning environments 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 supervisors and/or assessors of students, demonstrate evidence-based practice, teaching and assessment.	
14. We provide learning opportunities in environments that are appropriate to the level and need of the student and provide opportunities for interprofessional 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 are committed to creating a safe learning culture that encourages participation and open discussion to support learning.	
<p><b>I confirm all the above standards will be met whilst the student undertakes the period of learning and assessment in practice.</b> (If there are any exceptions, please identify these on a separate page.)</p>	
<p><b>Signed (PA/PE/DPP):</b> _____ <b>Date:</b> _____</p>	

**Applicant name:****Section 3c: details of and eligibility criteria for Practice Supervisors (PS) (to be completed by the Practice Supervisor for NMC-registered applicants only)**

In addition to a Practice Assessor, all NMC-registered applicants must have a Practice Supervisor who meets the criteria below. The Practice Assessor should not also act as the Practice Supervisor for the same student.

Name of Practice Supervisor			
Area of practice:			
Title/position:			
Qualifications:			
Prescribing qualification		Date of annotation:	
Statutory Professional Regulatory Body:	<input type="checkbox"/> NMC	<input type="checkbox"/> HCPC	<input type="checkbox"/> GPhC <input type="checkbox"/> PSNI <input type="checkbox"/> GMC
Registration no:			
Employing organisation:			
Work address:			
Post code:			
Telephone number:			
Work email address:			

<b>The Practice Supervisor must be a registered prescriber who:</b>	<b>Please tick (✓)</b>
Is an active prescriber who has current clinical and prescribing experience for a group of patients/clients in the area in which they are providing support, supervision and feedback.	
Is able to demonstrate that they meet all competencies within the <i>Competency framework for all prescribers</i> ( <a href="http://www.rpharms.com/resources/frameworks/prescribers-competency-framework">www.rpharms.com/resources/frameworks/prescribers-competency-framework</a> ).	
Has an understanding of the proficiencies and programme outcomes that they are supporting students to achieve.	
Agrees to support and supervise the student, providing feedback on their progress towards, and achievement of, proficiencies and skills for safe and effective practice as an Independent Prescriber.	
Agrees to periodically record relevant observations on the conduct, proficiency and achievement of the student, and to share these observations with practice and academic assessors to inform decisions for progression.	
Will appropriately raise and respond to student conduct and competence concerns.	
<p>As the applicant's Practice Supervisor, I can confirm that I meet the above criteria, that I am familiar with the <i>Competency framework for designated prescribing practitioners</i> (<a href="http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework">www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework</a>) and that <b>either:</b></p> <ul style="list-style-type: none"> <li>• I can already demonstrate these competencies; <b>or</b></li> <li>• I am working towards achieving them (delete as applicable).</li> </ul> <p><b>Signed (PS):</b> _____ <b>Date:</b> _____</p>	

**Applicant name:****Section 4** (to be completed by the Non-Medical Prescribing Lead or equivalent)

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 students' concerns must be identified. Self-employed/independent practitioner applicants must identify an appropriate business owner/partner.

**Non-Medical Prescribing Lead/other nominated prescribing governance 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 a **numeracy assessment** which must be completed and passed before submitting this application form to the University.

Numeracy assessment completed and passed:

 YES NO

Date completed: \_\_\_\_\_

**All applicants:**

I agree with the above professional undertaking training to become an Independent/Supplementary prescriber.

**Signed** (NMP Lead/equivalent): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes for applicants:**

**All sections of this form must be completed fully** before submission to the relevant University. **Failure to complete the form fully and 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.

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

Please note that submission of an application does not guarantee the offer of a place on a course.

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.

**Applicant name:**

**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  
Deane Road  
Bolton BL3 5AB  
Email: [g.keogh@bolton.ac.uk](mailto:g.keogh@bolton.ac.uk)  
Tel: 01204 903253  
Level 6 and Level 7 [www.bolton.ac.uk](http://www.bolton.ac.uk)

**University of Central Lancashire**

Health CPD, Brook Hub  
School of Community Health & Midwifery  
Preston PR1 2HE  
E-mail: [healthcpd@uclan.ac.uk](mailto:healthcpd@uclan.ac.uk)  
Tel: 01772 893839  
Level 6 and Level 7 [www.uclan.ac.uk](http://www.uclan.ac.uk)

**University of Chester**

Anne Ashford, Admissions Department  
Riverside Campus  
Castle Drive  
Chester CH1 1SL  
Email: [a.ashford@chester.ac.uk](mailto:a.ashford@chester.ac.uk)  
Tel: 01244 512573  
Level 6 and Level 7 [www1.chester.ac.uk](http://www1.chester.ac.uk)

**University of Cumbria**

Postgraduate and CPD Admissions Team  
Bowerham Road  
Lancaster LA1 3JD  
Email: [pgadmissions@cumbria.ac.uk](mailto:pgadmissions@cumbria.ac.uk)  
Tel: 01524 384360  
Level 6 and Level 7 <https://tinyurl.com/utc94yy>

**Edge Hill University**

CPD Admissions, Faculty of Health, Social Care and  
Medicine  
Ormskirk Campus, St Helens Road  
Ormskirk L39 4QP  
Email: [cpdenquiries@edgehill.ac.uk](mailto:cpdenquiries@edgehill.ac.uk)  
Tel: 01695 657249  
Level 6 (<https://tinyurl.com/utth364>)  
Level 7 (<https://tinyurl.com/vynm5hj>)

**University of Huddersfield**

(PhIF funded applicants only)  
Adam Yates  
Queensgate  
Huddersfield HD1 3DH  
E-mail: [a.yates@hud.ac.uk](mailto:a.yates@hud.ac.uk)  
Tel: 01484 473867  
Level 7 [www.hud.ac.uk](http://www.hud.ac.uk)

**University of Liverpool**

Teri Harding  
School of Health Sciences  
Whelan Building  
The Quadrangle, Brownlow Hill  
Liverpool L69 3GB  
Email: [cpdshs@liverpool.ac.uk](mailto:cpdshs@liverpool.ac.uk)  
Level 7 <https://tinyurl.com/wgmjkt4>

**Liverpool John Moores University**

Sharon Gibson, Admissions and Information Officer  
Faculty of Education, Health and Community  
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