|  |  |
| --- | --- |
|  | **North West Universities NMP collaboration****Application Form for Community Practitioner Nurse****Prescribing (V150) courses** |

|  |
| --- |
| **Notes for applicants** |

The application process requires that applicants meet all criteria for appropriate governance of a prescribing role. Please complete this form electronically, add your name to all pages, enter dates in DD/MM/YYYY format, ensure all sections are signed and dated by the relevant person and scan the form for submission to the chosen university.

**You must complete all sections fully and accurately before submission to avoid delays in starting the course. However, submission of an application does not guarantee the offer of a place on a course or your preferred cohort.**

Universities may require applicants to meet additional entry criteria and 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 relevant University admissions team. You can find links to course webpages, privacy notices and contact details here: [www.hecooperative.co.uk/nmp-area/nmp-courses-uk/2](http://www.hecooperative.co.uk/nmp-area/nmp-courses-uk/2/)

You may be required to meet your employing organisation’s criteria before submitting an application. This may include the submission of a completed application form several months in advance of the course start date. Please contact your organisation’s Non-Medical Prescribing Lead as early as possible in the process. Please retain a copy of your completed application form for future reference.

|  |
| --- |
| **Section 1** (to be completed by the applicant) |
| Chosen university | [ ]  Greater Manchester (Bolton) | [ ]  Chester | [ ]  Lancashire |
| Preferred start date | Click or tap here to enter text. |
| How will the course be funded?(The applicant is responsible for ensuring they have funding in place.)  | [ ] Employer[ ] Self-funding[ ] Other (please specify) Click or tap here to enter text. |

|  |
| --- |
| **Section 1a: personal details** (to be completed by the applicant) |
| First name(s) | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Title (Mr/Mrs/Ms/Dr/other) | Click or tap here to enter text. |
| Previous surname | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. |
| Home address | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Home email address | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| NMC registration number*(Level 1 registration)* | Click or tap here to enter text. |
| Job title | Click or tap here to enter text. |
| Employer/Trust (or state if self-employed) | Click or tap here to enter text. |
| Work address | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Work telephone number | Click or tap here to enter text. |
| Work email address | Click or tap here to enter text. |

**Applicant name:** Click or tap here to enter text.

|  |  |
| --- | --- |
| Country of birth | Click or tap here to enter text. |
| Nationality | Click or tap here to enter text. |
| Country of domicile/area of permanent residence | Click or tap here to enter text. |

|  |
| --- |
| **Applicants not born in the United Kingdom** |
| Date of first entry to the UK | Click or tap to enter a date. |
| Date of most recent entry to the UK (apart from holidays) | Click or tap to enter a date. |
| Date from which you have been granted permanent residence in the UK | Click or tap to enter a date. |
| If you are a non-British EU national not living in the UK, will you have been living in the EU for three years by 1 September of the year in which the course begins? | [ ]  Yes[ ]  No |

|  |
| --- |
| **Professional and academic qualifications**Provide details of your qualifications that led to professional registration. Please check with your chosen University whether transcripts/certificates must be submitted as part of your application. |
| Date obtained | Qualification/s leading to professional registration | Academic level (ie, degree, diploma, master’s) | Course provider |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Please also provide details of other postgraduate and CPD courses (most recent first). GCSEs/A-Levels are not required. |
| Date obtained | Course title | Academic level | Course provider |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Do you consider that you have the competence, experience and academic ability to study at the level required to undertake the community practitioner nurse prescribing programme? | [ ]  Yes[ ]  No |
| Are you applying for the course at degree level (FHEQ6) or at master’s level (FHEQ7)? (To be eligible for master’s level study, you are usually required to have a degree. Check with the University for details.) | [ ]  Degree level (6)[ ]  Master’s level (7) |
| Have you previously commenced but not completed a non-medical prescribing course? | [ ]  Yes[ ]  No |
| If yes, please give course dates, university name and reason for non-completion. | Click or tap here to enter text. |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **Section 1b: criminal conviction check** (to be completed by the applicant) |
| 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. As part of your application, you and your employer must confirm that you have had a satisfactory enhanced criminal convictions check (from the Disclosure and Barring Service (DBS) in England/Wales) or an AccessNI check (in Northern Ireland) within the last three years. Applicants from Scotland must be current members of the Protection of Vulnerable Groups (PVG) scheme. If you are an independent practitioner, you must apply for and supply an enhanced DBS disclosure; check with your chosen University for their policy on this. If you are convicted of a criminal offence after you have applied, you must tell the University.**Applicant self-declaration** (tick 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**All applicants**[ ]  I have a satisfactory enhanced DBS check (or equivalent in Scotland) obtained within three years of the programme start date[ ]  My enhanced DBS check has been obtained by my employing organisation |
| **DBS disclosure number** | Click or tap here to enter text. | **Issue date:** | Click or tap here to enter text. |
| [ ]  I have subscribed to the DBS update service and consent to the university carrying out a status check**.****Signed** (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please note**: The University will advise if a copy of the DBS certificate is to be submitted by the applicant. |

|  |
| --- |
| **Section 1c: personal statement** (to be completed by the applicant) |
| **All applicants** must provide a short statement that identifies how they expect prescribing to benefit their role. They must also demonstrate how they have worked in partnership with service users to reach shared decisions in the design and evaluation of care. In addition, applicants must 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. |
| Click or tap here to enter text. |
| **Signed** (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **Section 2** (to be completed by line manager). **All parts MUST be completed.** |
|  |
| **Section 2a: suitability of the applicant to prescribe and confirmation of good health and character to enable safe and effective practice** |
| Is the applicant a Registered Nurse (level 1), midwife or SCPHN eligible to undertake V150 Community Practitioner Nurse Prescribing preparation? | [ ]  Yes[ ]  No |
| Is there a clinical need within the applicant’s role to justify prescribing? | [ ]  Yes[ ]  No |
| Does the applicant have the commitment of their employer to enable access to a prescribing budget and make other necessary arrangements for prescribing on qualification? | [ ]  Yes[ ]  No |
| Does the applicant have a suitable supervision arrangement to complete 65-75\* hours of learning in practice?* Practice Assessor (see eligibility criteria in section 3a and 3b) *and*
* Practice Supervisor (see eligibility criteria in section 3c)
 | [ ]  Yes[ ]  No |
| Does the applicant have the competence, experience and academic ability to study at the level required to undertake the community practitioner nurse prescribing programme? | [ ]  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:[ ]  Degree [ ]  Postgraduate Certificate [ ]  Postgraduate Diploma [ ]  MA/MSc[ ]  Other (please specify) Click or tap here to enter text. | [ ]  Yes[ ]  No |
| Does the applicant have appropriate numeracy skills to undertake drug calculations? | [ ]  Yes[ ]  No |
| Does the applicant demonstrate the necessary competencies to work in partnership with service users to reach shared decisions in the design and evaluation of care? | [ ]  Yes[ ]  No |
| Does the applicant have up to date clinical, pharmacological and pharmaceutical knowledge relevant to the scope of practice of a Community Practitioner Nurse Prescriber? | [ ]  Yes[ ]  No |
| Is the applicant capable of safe, effective practice (at an appropriate level of proficiency for the programme) in clinical/health assessment, diagnostics/care management, planning and evaluation of care? | [ ]  Yes[ ]  No |
| **As the applicant’s Line Manager, I confirm the above.****Signed** (line manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 2b:** **confirmation of suitability to prescribe and** **release from practice** (to be completed by line manager) |
| **Line Manager 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.

**Line Manager 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 the NMC 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 between 8-10\* study 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 for the 8-10\* study days required of the course and 65-75\* hours 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.

(continues on next page) |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| As the applicant’s 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. 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 8-10\* study days and 65-75\* hours of learning, supervision and assessment in clinical practice and that the applicant **will have a prescribing role** on the successful completion of the programme and annotation on the NMC register.\* Please confirm the number of contact days with the preferred university. |
| **Name** | Click or tap here to enter text. |
| **Job title** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Signed** (line manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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**.I can confirm that the applicant has a satisfactory enhanced **DBS** check (or equivalent in their home nation) **obtained by their employing organisation** and within the period identified above. |
| **DBS disclosure number** | Click or tap here to enter text. | **Issue date of DBS disclosure:** | Click or tap here to enter text. |
| [ ]  I can confirm that the applicant has subscribed to the DBS update service.**Signed** (line manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **Section 3** (to be completed by the applicant’s Practice Assessor and Practice Supervisor) |

By completing section 3, Practice Assessors and Practice Supervisors are confirming that they meet the NMC’s [*Standards for student supervision and assessment*](https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/)*.*

The Royal Pharmaceutical Society (RPS) has published [*A competency framework for designated prescribing practitioners*](https://www.rpharms.com/resources/frameworks/prescribers-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:

* Part 3a is the details of and eligibility criteria for the Practice Assessor
* Part 3b is the details of the learning environment
* Part 3c is the details and eligibility criteria for the Practice Supervisor

|  |
| --- |
| **Section 3a: details of and eligibility criteria for the Practice Assessor** (to be completed by the Practice Assessor) |
| Name of Practice Assessor | Click or tap here to enter text. |
| Clinical area of practice | Click or tap here to enter text. |
| Title/position | Click or tap here to enter text. |
| Professional qualifications | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Prescribing qualification | Click or tap here to enter text. | Date of annotation: | Click or tap here to enter text. |
| NMC registration number | Click or tap here to enter text. |
| Employing organisation | Click or tap here to enter text. |
| Work address | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Work email address | Click or tap here to enter text. |
| I agree to facilitate the 65-75\* hours 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 a Community Practitioner Nurse Prescriber.**Signed** (Practice Assessor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **All of the following criteria must be met** (to be completed by the Practice Assessor). |
| **The Practice Assessor must be an NMC-registered practitioner who:** | **Please tick** |
| Is in good standing with the NMC, 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 of 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 [*A competency framework for all prescribers*](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework). |[ ]
| Has experience or training in teaching and/or supervising in practice. |[ ]
| Normally works with the applicant. (If this is not possible, 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). |[ ]
| 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 to act as the Practice Assessor |[ ]
| 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. |[ ]
| 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. |[ ]
| As the applicant’s Practice Assessor, I confirm I meet the above criteria and I am able to demonstrate that I meet all competencies within [*A competency framework for designated prescribing practitioners*](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework).**Signed** (PA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By signing this form, I agree to my name and email address being shared with the Health and Education Co-operative for the purpose of registration to use the Designated Prescribing Practitioner e-learning resource. I understand that I can access their privacy notice at: [www.hecooperative.co.uk](http://www.hecooperative.co.uk).You can also self-register to access this resource at [www.hecooperative.co.uk/product-and-resource-information/dpp](http://www.hecooperative.co.uk/product-and-resource-information/dpp) if you would like to develop your understanding of the roles and responsibilities involved or the regulatory standards for prescribing training. |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **Section 3b: the learning environment** (to be completed by the Practice Assessor). |

As part of the quality assurance process, the Practice Assessor must confirm the learning environment meets the following requirements.

|  |  |
| --- | --- |
| **Standard statement**  | **Please tick** |
| All of our learning environments are with CQC-registered providers (or equivalent) that have no conditions orrecommendations relating to medicines management, prescribing or support for learners. |[ ]
| Our policies and procedures within our learning environment areas reflect health and safety legislation, employment legislation and equality of opportunity. |[ ]
| Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and promote equality, inclusivity and diversity. |[ ]
| Our staff understand and manage specific risks to students and risk assessments are carried out in our learning environments. |[ ]
| 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. |[ ]
| We have mechanisms in place in our learning environments to ensure early recognition of poor student performance and for taking appropriate and prompt action. |[ ]
| 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. |[ ]
| We provide students with regular opportunities to discuss their progress towards meeting their learning contract with their practice supervisors and assessors. |[ ]
| 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. |[ ]
| We provide students with an orientation/induction to each learning environment. |[ ]
| Our learning environments ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning. |[ ]
| 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. |[ ]
| Our staff, who act as supervisors and/or assessors of students, demonstrate evidence-based practice, teaching and assessment. |[ ]
| We provide learning opportunities in environments that are appropriate to the level and need of the student and provide opportunities for interprofessional working. |[ ]
| 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. |[ ]
| We are committed to creating a safe learning culture that encourages participation and open discussion to support learning.  |[ ]
| I confirm all the above standards will be met whilst the student undertakes the period of learning and assessment in practice. (If there are any exceptions, please identify these on a separate page.)**Signed** (Practice Assessor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **Section 3c: details of and eligibility criteria for** **Practice Supervisors (PS)** (to be completed by the Practice Supervisor) |

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 | Click or tap here to enter text. |
| Clinical area of practice | Click or tap here to enter text. |
| Title/position | Click or tap here to enter text. |
| Professional qualifications | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Prescribing qualification\* | Click or tap here to enter text. | Date of annotation\* | Click or tap here to enter text. |
| Regulator | [ ]  NMC [ ]  HCPC [ ]  GPhC [ ]  PSNI [ ]  GMC |
| Professional registration number | Click or tap here to enter text. |
| Employing organisation | Click or tap here to enter text. |
| Work address | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| Post code | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Work email address | Click or tap here to enter text. |

\*non-medical prescribers only

|  |  |
| --- | --- |
| **The Practice Supervisor must be a registered prescriber who:** | **Please tick** |
| Has been an active prescriber for at least 12 months and 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 [*A competency framework for all prescribers*](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework). |[ ]
| Has an understanding of the proficiencies and programme outcomes 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. |[ ]
| As the applicant’s Practice Supervisor, I can confirm that I meet the above criteria, I am familiar with [*A competency framework for designated prescribing practitioners*](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework) and ***either***:[ ]  I can already demonstrate these competencies; ***or***[ ]  I am working towards achieving them.**Signed** (PS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By signing this form, I agree to my name and email address being shared with the Health and Education Co-operative for the purpose of registration to use the Designated Prescribing Practitioner e-learning resource. I understand that I can access their privacy notice at: [www.hecooperative.co.uk](http://www.hecooperative.co.uk).You can also self-register to access this resource at [www.hecooperative.co.uk/product-and-resource-information/dpp](http://www.hecooperative.co.uk/product-and-resource-information/dpp) if you would like to develop your understanding of the roles and responsibilities involved or the regulatory standards for prescribing training. |

**Applicant name:** Click or tap here to enter text.

|  |
| --- |
| **Section 4a** (to be completed by the Non-Medical Prescribing (NMP) Lead or equivalent)Where there is no formally appointed NMP Lead, the person responsible for the governance of non-medical prescribing in the applicant’s organisation must sign this section. This person must also identify the nominated person for each practice setting who will actively support the student and address their concerns. |
| **Non-Medical Prescribing Lead/other nominated prescribing governance lead** |
| Name (please print): | Click or tap here to enter text. |
| Role/title: | Click or tap here to enter text. |
| Employing organisation: | Click or tap here to enter text. |
| Telephone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| **All applicants:**I agree with the above professional undertaking training to become a community practitioner nurse prescriber.**Signed** (NMP Lead/equivalent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 4b** (to be completed by the governance lead for the proposed learning environment)Where the applicant proposes to undertake their period of learning in practice in an organisation other than the one in which they are employed, this section must be completed by the person responsible for prescribing governance in that organisation. |
| **Governance lead for the proposed learning environment** |
| Name (please print): | Click or tap here to enter text. |
| Role/title: | Click or tap here to enter text. |
| Employing organisation: | Click or tap here to enter text. |
| Telephone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| I confirm that the applicant has been approved to undertake supervised practice in this organisation, that they will be supervised at all times and will be indemnified to complete their period of learning, supervision and assessment in clinical practice**Signed** (Governance lead): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 4c** (to be completed by the NMP Lead for NHS applicants within the HEE (North West) region only:Non-Medical Prescribing Leads facilitate access to a **numeracy assessment** which must be completed and passed to the employer’s satisfaction before submitting this application form to the University. |
| Numeracy assessment passed: | [ ]  Yes [ ]  No | Date completed: | Click or tap to enter a date. |
| **Signed** (NMP Lead/equivalent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |