

Enrolment Form

Course: Preregistration Pharmacist Training Programme



Please complete this form in blue or black ink and in CAPITALS

Trainee details

First name:	Last name:
Title: Mr / Mrs / Miss / Ms / Dr	Gender: Male / Female
Personal email address*:	
Home address:	
Post code:	
Tel:	
Date of Birth:	Are you registered disabled? Yes / No
Do you consider yourself to have a disability? Yes / No	
Do you wish to discuss any needs for additional support with a member of Buttercups staff? Yes / No	
Ethnicity (select ONE only):	
Asian or Asian British: Chinese / Bangladeshi / Indian / Pakistani / Other Asian Background	
Black or Black African: African / Caribbean / Other black background	
White: British / Irish / Other white background	
Mixed: White and Asian / White and black African / White and black Caribbean / Any other	

***E-mails will be sent throughout the preregistration year - please provide an e-mail address you access regularly (university e-mail addresses will not be accepted.)**

Workplace details

Company name:	
Company address:	
Post code:	
Tel:	Fax:
Email address:	Working hours:

Invoice address – if different from above

Company name:	
Invoicing address:	
Post code:	
Tel:	Fax:

First Aid Training

First Aid Training will be delivered by an accredited provider and will meet the relevant Preregistration Trainee Pharmacist performance standard.

If this is not required a discount of £110+VAT will be given.

Does the trainee require first aid training?	YES / NO
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(If no answer is given it will be assumed that training is required.)

Prereg Tutor Information

Name of Prereg Tutor:	
*Personal email address of tutor:	
Registration number:	
Signature of Tutor:	
Tutor training event Is the tutor interested in attending the tutor training day i July 2010?	Yes / No

***This e-mail address will be used for general correspondence and to provide feedback on your trainee in early 2011.**

Data protection consent:

Under UK and European Data Protection legislation, data from which living individuals can be identified are classed as 'personal data'. The handling of personal data has to comply with legal requirements covering such things as the way in which this information is acquired, how it is processed and the extent to which it is disclosed or transferred to others. Buttercups Training needs to store data about you and your course progress.

The data you provide on this form will be used by Buttercups Training for administrative and statistical purposes. By submitting your personal data you are giving your consent for it to be used for these purposes. It will be used in accordance with the relevant legislation, including the Data Protection Act 1998. If you have any questions about the use of the data collected here or other personal information, please contact Buttercups Training on 0115 937 4936.

Please fill in this form and return it to Buttercups Training to consent to us storing your data electronically.

I hereby give my consent to the storage of personal information about me and my course progress. I understand that this information may remain available and in storage after I have finished my course of study.

Name of Trainee:
Signature of Trainee:
Date:

Please indicate how you heard about the Buttercups Pre-registration Programme (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Chemist and Druggist | <input type="checkbox"/> Promotional material |
| <input type="checkbox"/> Pharmaceutical Journal | <input type="checkbox"/> Recommended by a colleague |
| <input type="checkbox"/> Other (please state) | |

If you have any questions please contact us.