

Enrolment Form

Preregistration Pharmacist Training Programme



ACCREDITED TRAINING PROVIDER

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

Trainee details

First name:	Last name:
Title: Mr / Mrs / Miss / Ms	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:
E-mail address:	Trainee's Working hours:

Invoice address – if different from above

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

Programme:

Complete the table below to confirm which one of the two Buttercups Preregistration Pharmacist Programmes you are enrolling on. You must sign in the relevant box.

Each trainee may only enrol on **one** programme.

Option	Description	Signature
1	Eight individual study days September 2011 – May 2012	
2	Three residential events (2 days in September 2011, 3 days in January 2012 and 3 days in April 2012)	

We strongly recommend only those trainees who will need to travel less than 90 mins each way to Derby city centre attend the individual study day programme (option 1) however, both programmes are available to all trainees.

Additional Accommodation: (Residential Programme only)

The first study day of each residential event will start at 9.45am promptly. If you intend to travel to Derby the evening before the event starts and want Buttercups to arrange accommodation at the Hallmark Hotel on a bed and breakfast basis for **£65+VAT per night** please indicate this by signing in the box below.

Date of arrival in Derby	Start Date of Event	Please arrange additional accommodation
Wednesday 7 th September	Thursday 8 th September	
Tuesday 10 th January	Wednesday 11 th January	
Tuesday 17 th April	Wednesday 18 th April	

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 £100 will be given and the trainee will only attend 7 study days.

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

Dietary Requirements

Please let us know any dietary requirements:

Dietary Requirements	
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Prereg Tutor Information

Name of Prereg Tutor:	
*Personal email address of tutor:	
Registration number:	
Signature of Tutor:	
Tutor training event – Tuesday 5th July 2011 Is the tutor attending the complimentary tutor training day?	Yes / No

****This e-mail address will be used for general correspondence and to provide feedback on your trainee in early 2012.***

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 Preregistration 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.